

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

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

C Name of organization
HOMEWOOD AT WILLIAMSPORT MD INC
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
PO BOX 250
City or town, state or province, country, and ZIP or foreign postal code
WILLIAMSPORT, MD 217950250

D Employer identification number
52-0619001
E Telephone number
(301) 582-1626
G Gross receipts \$ 18,348,307

F Name and address of principal officer
WENDY S CRAMPTON
16107 ELLIOTT PARKWAY
WILLIAMSPORT, MD 21795

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

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

J Website: WWW HOMEWOOD COM

K Form of organization
Corporation Trust Association Other

L Year of formation 1930

M State of legal domicile MD

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE COMPASSIONATE, PROFESSIONAL, CARING SERVICE TO ENHANCE THE QUALITY OF LIFE FOR RESIDENTS, CLIENTS AND CO-WORKERS

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

Table with 4 columns: Description, Prior Year, Current Year, Net Assets or Fund Balances. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue, 13 Grants and similar amounts paid, 14 Benefits paid, 15 Salaries, 16a Professional fundraising fees, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses, 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2019-11-13
WENDY S CRAMPTON V PRESIDENT FINANCE
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2019-11-13
Check if self-employed: PTIN: P00957675
Firm's name: SMITH ELLIOTT KEARNS & COMPANY LLC
Firm's EIN: 52-0783935
Firm's address: 19405 EMERALD SQUARE STE 1400 HAGERSTOWN, MD 21742
Phone no: (301) 733-5020

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE COMPANY PRIMARILY PROVIDES A CONTINUUM OF CARE FOR ELDERLY PERSONS IN A BEAUTIFULLY LANDSCAPED RETIREMENT COMMUNITY AND A HEALTH CARE CENTER THE FACILITY CONTAINS 216 INDEPENDENT LIVING COTTAGES AND APARTMENTS, 50 ASSISTED LIVING SUITES, AND AN 82-BED HEALTH CARE CENTER FOR SKILLED AND SPECIAL MEMORY CARE

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 18,296,430 including grants of \$) (Revenue \$ 18,128,628)
See Additional Data

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

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

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

4e Total program service expenses ▶ 18,296,430

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	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
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		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		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		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		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		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		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		No
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, line 10? If "Yes," complete Schedule D, Part VI	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		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		No
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		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		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 and XII is optional	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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, Parts I and IV		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		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 (see instructions)		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		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		No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		No

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		No
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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)		
28a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
28b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
28c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
35b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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	0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b			
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? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a			No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
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 as charitable contributions?		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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b Did the sponsoring 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? Note. See the instructions for additional information the organization must report on Schedule O		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the 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? <i>If "No," provide an explanation in Schedule O</i>		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15			No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16			No

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



Section A. Governing Body and Management

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

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: HEATHER M GROSS CONTROLLER 16107 ELLIOTT PARKWAY WILLIAMSPORT, MD 217950250 (301) 582-1626

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GEORGE C MCCULLOUGH JR SECR/TREAS/VP	1 00 46 00	X		X				0	423,730	188,063
(2) CANDACE L MCMULLEN PRES /VP-OPE	1 00 46 00	X		X				0	415,834	172,433
(3) RICHARD C MARSHALL III CHAIR	1 00 1 00	X		X				0	0	0
(4) LYNN P BRUMBELOW VICE CHAIR	1 00 1 00	X		X				0	0	0
(5) THOMAS BANKS DIRECTOR	1 00 0 00	X						0	0	0
(6) DR ALLEN W DITTO DIRECTOR	1 00 0 00	X						0	0	0
(7) LINDA HOOD DIRECTOR	1 00 0 00	X						0	0	0
(8) ROGER MELLOTT DIRECTOR	1 00 1 00	X						0	0	0
(9) RANDY SCOTT DIRECTOR	1 00 2 00	X						0	0	0
(10) ERNEST W ANGELL PARENT PRESI	1 00 46 00			X				0	920,818	396,666
(11) LINFORD J YODER VP-HUMAN RES	1 00 46 00			X				0	314,613	142,418
(12) J RICHARD LENEHAN EXECUTIVE DI	40 00				X			175,624	0	20,000

Part VIII Statement of Revenue

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

Table with 5 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Contributions, Gifts, Grants and Other Similar Amounts, and 1h Total.

Table for Program Service Revenue with columns for Business Code, Total revenue, Related or exempt function revenue, Unrelated business revenue, and Revenue excluded from tax. Rows include 2a-2f and 2g Total.

Table for Other Revenue with columns for Business Code, Total revenue, Related or exempt function revenue, Unrelated business revenue, and Revenue excluded from tax. Rows include 3-12 for various income sources and 12 Total revenue.

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees	195,624	195,624		
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	7,421,294	7,421,294		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	292,497	292,497		
9 Other employee benefits	1,777,821	1,777,821		
10 Payroll taxes	548,157	548,157		
11 Fees for services (non-employees)				
a Management				
b Legal	83,569	83,569		
c Accounting	17,230	17,230		
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	113,241	113,241		
13 Office expenses	483,529	483,529		
14 Information technology	75,906	75,906		
15 Royalties				
16 Occupancy	1,355,539	1,355,539		
17 Travel	49,144	49,144		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,167	7,167		
20 Interest	568,064	568,064		
21 Payments to affiliates	954,996	954,996		
22 Depreciation, depletion, and amortization	2,005,071	2,005,071		
23 Insurance	113,890	113,890		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CLIENT CARE	1,444,773	1,444,773		
b DIETARY CARE	583,751	583,751		
c PROVISION FOR BAD DEBTS	104,355	104,355		
d DUES, LICENSES, & SUBSCRI	44,297	44,297		
e All other expenses	56,515	56,515		
25 Total functional expenses. Add lines 1 through 24e	18,296,430	18,296,430	0	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,850	1	1,850
	2 Savings and temporary cash investments	1,962,534	2	271,747
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	610,839	4	1,006,293
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	2,913,241	7	2,737,441
	8 Inventories for sale or use	60,072	8	48,485
	9 Prepaid expenses and deferred charges	459,826	9	370,449
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 62,104,444		
	b Less accumulated depreciation	10b 33,469,395	28,916,403	10c 28,635,049
	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		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	128,306	15	1,622,890
16 Total assets. Add lines 1 through 15 (must equal line 34)	35,053,071	16	34,694,204	
Liabilities	17 Accounts payable and accrued expenses	1,248,102	17	1,278,698
	18 Grants payable		18	
	19 Deferred revenue	1,123,262	19	1,193,209
	20 Tax-exempt bond liabilities	16,938,531	20	16,357,867
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		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	5,169,301	25	5,367,330
	26 Total liabilities. Add lines 17 through 25	24,479,196	26	24,197,104
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	10,573,875	27	10,497,100
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	10,573,875	33	10,497,100	
34 Total liabilities and net assets/fund balances	35,053,071	34	34,694,204	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,325,250
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,296,430
3	Revenue less expenses Subtract line 2 from line 1	3	28,820
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,573,875
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-105,595
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,497,100

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 52-0619001

Name: HOMEWOOD AT WILLIAMSPORT MD INC

Form 990 (2018)

Page **13**

Form 990, Special Condition Description:

Special Condition Description
EXTENDED TO 11152019

Form 990 (2018)

Form 990, Part III, Line 4a:

MAINTENANCE OF NURSING AND ASSISTED LIVING FACILITIES AND PROVISION OF SERVICES TO RESIDENTS, INCLUDING FREE CARE TO THOSE WHOSE PERSONAL FUNDS HAVE BEEN DEPLETED MAINTENANCE OF RESIDENT COMMUNITIES AND SERVICES TO RESIDENTS

SCHEDULE A
(Form 990 or
990EZ)

Public Charity Status and Public Support

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

HOMEWOOD AT WILLIAMSPORT MD INC

Employer identification number

52-0619001

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	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 section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

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

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	254,327	229,064	197,796	267,956	211,906	1,161,049
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	16,782,297	17,376,057	17,841,531	18,118,887	18,128,628	88,247,400
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	17,036,624	17,605,121	18,039,327	18,386,843	18,340,534	89,408,449
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)						89,408,449

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	17,036,624	17,605,121	18,039,327	18,386,843	18,340,534	89,408,449
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	322	306	428	1,269	5,462	7,787
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	322	306	428	1,269	5,462	7,787
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 VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)	17,036,946	17,605,427	18,039,755	18,388,112	18,345,996	89,416,236
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	99.990%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	100.000%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	0%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	0%
19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 52-0619001

Name: HOMEWOOD AT WILLIAMSPORT MD INC

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
HOMEWOOD AT WILLIAMSPORT MD INC

Employer identification number
52-0619001

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		395,309		395,309
b Buildings		55,371,439	28,994,241	26,377,198
c Leasehold improvements				
d Equipment		186,573	148,125	38,448
e Other		6,151,123	4,327,029	1,824,094
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				28,635,049

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

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

Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

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

Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
PREPAID OCCUPANCY FEES	5,290,337
INTEREST RATE SWAP	76,993
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	5,367,330

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	18,214,569
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	-110,681	
e	Add lines 2a through 2d		2e	-110,681
3	Subtract line 2e from line 1		3	18,325,250
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 XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	18,325,250

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	18,185,749
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 XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	18,185,749
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 XIII)	4b	110,681	
c	Add lines 4a and 4b		4c	110,681
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	18,296,430

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 52-0619001

Name: HOMEWOOD AT WILLIAMSPORT MD INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	ALL COMPANIES OF THE HOMEWOOD CONSOLIDATED GROUP ARE NOT-FOR-PROFIT CORPORATIONS AS DESCRIBED IN INTERNAL REVENUE CODE SECTION 501(C)(3) AND ARE EXEMPT FROM FEDERAL INCOME TAX PURSUANT TO SECTION 509(A)(3) OF THE INTERNAL REVENUE CODE. HOMEWOOD FOLLOWS GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, WHICH PROVIDES GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL STATEMENTS. HOMEWOOD'S POLICY IS TO CHARGE PENALTIES AND INTEREST TO INCOME TAX EXPENSE AS INCURRED. HOMEWOOD'S INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AND STATE AND LOCAL TAXING AUTHORITIES, GENERALLY FOR A PERIOD OF THREE YEARS AFTER THE RETURNS ARE FILED.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	INTEREST PAID ON DEPOSITS INCLUDED IN REVENUE ON F/S -6,326 PROVISION FOR BAD DEBTS EXPENSE INCLUDED IN REVENUE ON F/S -104,355

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	INTEREST PAID ON DEPOSITS INCLUDED IN REVENUE ON F/S 6,326 PROVISION FOR BAD DEBTS EXPENSE INCLUDED IN REVENUE ON F/S 104,355

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" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
HOMEWOOD AT WILLIAMSPORT MD INC

Employer identification number
52-0619001

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p>					
<p>a Receive a severance payment or change-of-control payment?</p>	4a		No		
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b		No		
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>					
<p>a The organization?</p>	5a		No		
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>					
<p>a The organization?</p>	6a	Yes			
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 6A	THE EXECUTIVE COMPENSATION COMMITTEE WILL REVIEW BEST PRACTICE BENCHMARK INFORMATION INCLUDING FINANCIAL RATIOS AND TREND ANALYSIS WITH COMPARABLE MULTI-FACILITY CONTINUING CARE RETIREMENT COMMUNITIES. PERFORMANCE BENCHMARKS USED: A) MISSION B) OPERATING MARGIN RATIO C) BUDGET COMPARED TO ACTUAL D) DAYS IN ACCOUNTS RECEIVABLE E) RESIDENT/CO-WORKER SATISFACTION SURVEYS F) CENSUS G) DEBT SERVICE RATIO. IN ORDER TO BE ELIGIBLE, EXCESS INCOME OVER BUDGET, EXCLUDING CONTRIBUTIONS, MUST BE 200,000 OR GREATER.



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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
HOMEWOOD AT WILLIAMSPORT MD INC

Employer identification number
52-0619001

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	WASHINGTON COUNTY MARYLAND	52-6001037	937766AD5	12-13-2007	12,000,000	SEE PART VI		X		X		X
B	COUNTY COMMISSIONERS OF WASHINGTON COUNTY MARYLAND	52-6001037	937752AC7	12-22-2011	9,425,000	SEE PART VI		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	3,310,476		1,284,827					
2 Amount of bonds legally defeased								
3 Total proceeds of issue	12,000,000		9,425,000					
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	486,829		201,530					
8 Credit enhancement from proceeds			228,840					
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	11,083,171		8,994,630					
11 Other spent proceeds								
12 Other unspent proceeds	430,000							
13 Year of substantial completion	2009		2012					
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X		X				
15 Were the bonds issued as part of an advance refunding issue?		X		X				
16 Has the final allocation of proceeds been made?	X		X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X				

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X				
b Exception to rebate?	X		X					
c No rebate due?		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X					
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X					
b Name of provider			M & T BANK					
c Term of hedge			440 0000000000 %					
d Was the hedge superintegrated?			X					
e Was the hedge terminated?				X				

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X				

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X				

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K - PURPOSE OF ISSUE DESCRIPTION	WASHINGTON COUNTY, MARYLAND SCHEDULE K, PART I, BOND ISSUES, LINE A, COLUMN (F) DESCRIPTION OF PURPOSE CONSTRUCTION OF 80 BED NURSING HOME & IMPROVEMENTS TO FACILITY COUNTY COMMISSIONERS OF WASHINGTON SCHEDULE K, PART I, BOND ISSUES, LINE B, COLUMN (F) DESCRIPTION OF PURPOSE CONVERSION OF FORMER NURSING HOME INTO 35 UNIT INDEPENDENT LIVING APARTMENTS

Additional Data

Software ID:

Software Version:

EIN: 52-0619001

Name: HOMEWOOD AT WILLIAMSPORT MD INC

Return Reference	Explanation
SCHEDULE K - PURPOSE OF ISSUE DESCRIPTION	WASHINGTON COUNTY, MARYLAND SCHEDULE K, PART I, BOND ISSUES, LINE A, COLUMN (F) DESCRIPTION OF PURPOSE CONSTRUCTION OF 80 BED NURSING HOME & IMPROVEMENTS TO FACILITY COUNTY COMMISSIONERS OF WASHINGTON SCHEDULE K, PART I, BOND ISSUES, LINE B, COLUMN (F) DESCRIPTION OF PURPOSE CONVERSION OF FORMER NURSING HOME INTO 35 UNIT INDEPENDENT LIVING APARTMENTS

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

HOMEWOOD AT WILLIAMSPORT MD INC

Employer identification number

52-0619001

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	THE COMPANY PRIMARILY PROVIDES A CONTINUUM OF CARE FOR ELDERLY PERSONS IN A BEAUTIFULLY LANDSCAPED RETIREMENT COMMUNITY AND A HEALTH CARE CENTER THE FACILITY CONTAINS 216 INDEPENDENT LIVING COTTAGES AND APARTMENTS, 50 ASSISTED LIVING SUITES, AND AN 82-BED HEALTH CARE CENTER FOR SKILLED AND SPECIAL MEMORY CARE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990	<p>FORM 990, REGARDING CORPORATE STRUCTURE HOMEWOOD AT WILLIAMSPORT MD, INC 52-0619001 YEAR ENDED DECEMBER 31, 2018 STATEMENT REGARDING CORPORATE STRUCTURE THE HOMEWOOD GROUP OF COMPANIES CONSISTS OF A PARENT CORPORATION, SIX SUBSIDIARY OPERATING COMPANIES AND A SUBSIDIARY FOUNDATION AS OF DECEMBER 31, 2018 THIS CORPORATION STRUCTURE RESULTS FROM THE RESTRUCTURING OF A FORMER SINGLE CORPORATION EFFECTIVE JANUARY 1, 1996 THE COMPANIES CONSTITUTING THE HOMEWOOD GROUP ARE AS FOLLOWS PARENT HOMEWOOD RETIREMENT CENTERS, INC 52-1892688 SUBSIDIARIES HOMEWOOD AT WILLIAMSPORT MD, INC 52-0619001 (FORMER SINGLE CORPORATION BEFORE RESTRUCTURING) HOMEWOOD AT HANOVER PA, INC 52-1931788 HOMEWOOD AT MARTINSBURG PA, INC 52-1931790 HOMEWOOD AT FREDERICK MD, INC 52-1931794 HOMEWOOD FOUNDATION, INC 52-1892689 HOMEWOOD AT SPRING HOUSE ESTATES, INC 20-5189952 (BECAME PART OF THE GROUP IN 2007) HOMEWOOD AT SHENANDOAH VALLEY, INC 26-2624652 (BECAME PART OF THE GROUP IN 2008) AS REQUIRED BY THE INTERNAL REVENUE SERVICE, EACH COMPANY IN THE HOMEWOOD GROUP FILES A SEPARATE FORM 990 HOMEWOOD RETIREMENT CENTERS, INC , THE PARENT COMPANY, SERVES EACH OF THE SUBSIDIARY COMPANIES WITH ADMINISTRATIVE SUPPORT, CENTRALIZED ACCOUNTING INCLUDING BILLING AND COLLECTION, COMPUTER AND TECHNICAL SUPPORT, HUMAN RESOURCES, PURCHASING, AND FUNDRAISING THROUGH THE HOMEWOOD FOUNDATION ACCORDINGLY, ALL ITS FUNCTIONAL EXPENSES ARE REPORTED AS "MANAGEMENT AND GENERAL" ON ITS FORM 990 THE SUBSIDIARY OPERATING COMPANIES HAVE THE SOLE PURPOSE OF PROVIDING SERVICES TO CLIENTS ACCORDINGLY, ALL OF THEIR FUNCTIONAL EXPENSES ARE REPORTED AS "PROGRAM SERVICES" ON THEIR RESPECTIVE FORM 990 THE SUBSIDIARY FOUNDATION IS INVOLVED IN PROMOTIONAL AND PUBLIC RELATIONS SUPPORT FOR THE OPERATING COMPANIES AND FUNDRAISING ACTIVITIES FOR THE BENEVOLENT FUND IN ADDITION, THE FOUNDATION MANAGES INVESTMENTS AND MAKES GRANTS TO THE OPERATING COMPANIES IN SUPPORT OF CHARITY SERVICES THE FOUNDATION CLASSIFIES GRANTS AS "PROGRAM SERVICES- AND ALLOCATES OTHER EXPENSES BETWEEN "MANAGEMENT AND GENERAL- AND "FUNDRAISING"</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 1, PART I, LINE 6</p>	<p>SUMMARY FROM 2018 SOCIAL ACCOUNTABILITY REPORT "HOMEWOOD'S SPIRIT OF GIVING" HOMEWOOD RETIREMENT CENTERS 2018 SOCIAL ACCOUNTABILITY REPORT HOMEWOOD RETIREMENT CENTERS, INC IS A FAITH-BASED, NOT-FOR-PROFIT 501(C) (3) ORGANIZATION ESTABLISHED TO "PROVIDE COMPASSIONATE, PROFESSIONAL, AND CARING SERVICE, AND ENHANCE THE QUALITY OF LIFE FOR RESIDENTS, CLIENTS, AND CO-WORKERS (MISSION STATEMENT) " HOMEWOOD RETIREMENT CENTERS HAS CONSISTENTLY PARTICIPATED IN AND HAS HELPED TO DEVELOP PROGRAMS THAT SERVE THE BROADER COMMUNITY, THOSE WITH LIMITED RESOURCES, AS WELL AS ITS OWN RESIDENTS WE ARE PLEASED TO PROVIDE THIS SUMMARY FROM OUR ANNUAL SOCIAL ACCOUNTABILITY REPORT AS A NOT-FOR-PROFIT, TAX-EXEMPT ORGANIZATION, HOMEWOOD RETIREMENT CENTERS FROM ITS VERY BEGINNINGS HAS PROVIDED RESOURCES TO HELP SERVE OUR COMMUNITY WHILE ALSO PROVIDING OPPORTUNITIES FOR COMMUNITY MEMBERS TO LEARN FROM AND INTERACT WITH SENIOR CITIZENS IN 2018 HOMEWOOD RETIREMENT CENTERS CELEBRATED 86 YEARS OF SERVICE TO SENIORS FROM OUR GENESIS, WE HAVE ACCEPTED OUR RESPONSIBILITY AS A NON-PROFIT, FAITH-BASED ORGANIZATION, TO BE ACCOUNTABLE TO OUR LOCAL COMMUNITIES FROM OUR HUMBLE BEGINNINGS IN WILLIAMSPORT THROUGH OUR EXPANSION TO HANOVER, EVERETT, MARTINSBURG, AND FREDERICK, WE HAVE TAKEN PRIDE IN ENGAGING THE COMMUNITY AND LIVING OUT OUR MISSION IN CREATIVE AND MEANINGFUL WAYS THE COMPLETE ANNUAL REPORT ON SOCIAL ACCOUNTABILITY IS AVAILABLE TO THE PUBLIC ON REQUEST THE FOLLOWING REFLECTS A SUMMARY OF THE ACTIVITIES IN 2018 THIS YEAR'S REPORT IS CALLED "HOMEWOOD'S SPIRIT OF GIVING " THE SUMMARY INCLUDES ACTIVITIES FOR EACH OF HOMEWOOD'S FIVE SUBSIDIARY OPERATIONS IN WILLIAMSPORT AND FREDERICK, MARYLAND, HANOVER, MARTINSBURG, AND EVERETT, PENNSYLVANIA PROJECTS DESCRIBED ARE ONGOING AND ANNUAL, ONE-TIME, AND SEASONAL EXECUTIVE SUMMARY HOMEWOOD RETIREMENT CENTERS HAS CONSISTENTLY PARTICIPATED IN AND HAS HELPED TO DEVELOP PROGRAMS THAT SERVE THE BROADER COMMUNITY, THOSE WITH LIMITED RESOURCES, AS WELL AS ITS OWN RESIDENTS VOLUNTEER HOURS DONATED BY RESIDENTS, CO-WORKERS AND COMMUNITY MEMBERS CONTRIBUTED THE FOLLOWING IN 2018 (VALUES ARE BASED ON ACCEPTABLE RATES ESTABLISHED BY MARYLAND AND PENNSYLVANIA) HOMEWOOD AT WILLIAMSPORT, WILLIAMSPORT, MARYLAND CONTRIBUTED 13,062 HOURS IN 2018 VALUED AT 359,205 (15,017 HOURS IN 2017 VALUED AT 402,305), HOMEWOOD AT FREDERICK, FREDERICK, MARYLAND CONTRIBUTED 43,048 HOURS IN 2018 VALUED AT 1,183,820 (41,890 HOURS IN 2017 VALUED AT 1,122,233), HOMEWOOD AT PLUM CREEK, HANOVER, PENNSYLVANIA CONTRIBUTED 49,500 HOURS IN 2018 VALUED AT 1,205,325 (49,287 HOURS IN 2017 VALUED AT 1,177,466), HOMEWOOD AT MARTINSBURG, MARTINSBURG, PENNSYLVANIA CONTRIBUTED 41,502 HOURS IN 2018 VALUED AT 1,010,573 (41,080 HOURS IN 2017 VALUED AT 981,401), HOMEWOOD AT SPRING HOUSE ESTATES, EVERETT, PENNSYLVANIA CONTRIBUTED 2,804 HOURS IN 2018 VALUED AT 68,277 (480 HOURS IN 2017 VALUED AT 11,467) A TOTAL OF 149,916 HOURS WERE GIVEN IN 2018 VALUED AT 3,827,200 VERSUS THE 2</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 1, PART I, LINE 6</p>	<p>017 TOTAL OF 147,754 HOURS VALUED AT 3,694,872 IN ADDITION, HOMEWOOD RETIREMENT CENTERS OFFERED A PAID INTERNSHIP FOR A COLLEGE STUDENT PURSUING A DEGREE IN HUMAN RESOURCES THE STUDENT WORKED A TOTAL OF 318 HOURS AND WAS PAID 3,500 SUBSIDIES THE HOMEWOOD FAMILY PRIDE S ITSELF ON ITS ABILITY TO PROVIDE BENEVOLENT CARE TO RESIDENTS WHO HAVE DEPLETED THEIR ASSETS THROUGH NO FAULT OF THEIR OWN, AND FOR SHORTFALLS NOT REIMBURSED UNDER MEDICAID AND MEDICARE FOR 2018, SUBSIDIZED ALLOWANCES TO RESIDENTS UNABLE TO PAY FULLY ESTABLISHED RATES AND PAYMENTS FOR ITEMS NOT REIMBURSED TOTALLED 12,257,545 NOTE THE FOLLOWING HOMEWOOD AT WILLIAMSPORT - 2,645,850 HOMEWOOD AT FREDERICK - 2,199,707 HOMEWOOD AT PLUM CREEK - 3,360,202 HOMEWOOD AT MARTINSBURG - 4,051,786 HOMEWOOD AT SPRING HOUSE ESTATES HAD NO REIMBURSEMENT ACTIVITY IN 2018 BECAUSE OF THE NATURE OF ITS FACILITIES 2018 HOMEWOOD SOCIAL ACCOUNTABILITY SUMMARY FOLLOWING ARE SOME HIGHLIGHTS OF EACH HOMEWOOD SITE'S ENGAGEMENT IN SOCIAL ACCOUNTABILITY FOR 2018 HOMEWOOD AT WILLIAMSPORT CONTRIBUTED 13,062 HOURS VALUED AT 359,205 THIS IS DOWN FROM 15,017 HOURS IN 2017 VALUED AT 402,305 THESE HOURS WERE PROVIDED BY HOMEWOOD RESIDENTS, AUXILIARY MEMBERS, BOARD OF DIRECTORS, AND CIVIC FRATERNAL AND COMMUNITY ORGANIZATIONS HOMEWOOD AT WILLIAMSPORT DEVOTED 4,940 HOURS FOR TRAINING PURPOSES AND INCLUDED, NURSING, REHAB, GERIATRIC ASSESSMENT AND TECHNICAL TRAINING VOLUNTEERS BROUGHT PROGRAMMING TO HOMEWOOD RESIDENTS AND HOMEWOOD RESIDENTS USED THEIR TALENTS TO KNIT AND SEW ITEMS FOR LOCAL HOSPITALS AND WOMEN'S SHELTERS IN TOTAL, 2,645,850 WAS PROVIDED IN SUBSIDIZED ALLOWANCES FOR RESIDENTS OF HOMEWOOD AT WILLIAMSPORT UNABLE TO PAY FULLY ESTABLISHED RATES HOMEWOOD AT FREDERICK CONTRIBUTED 43,048 HOURS VALUED AT 1,183,820 THIS IS UP FROM 41,890 HOURS IN 2017 VALUED AT 1,122,233 THESE HOURS WERE PROVIDED BY HOMEWOOD RESIDENTS, COMMUNITY RESIDENTS, CO-WORKERS, LOCAL CHURCHES, STUDENT SERVICE ORGANIZATIONS, AUXILIARY MEMBERS, BOARD OF DIRECTORS, CIVIC FRATERNAL AND COMMUNITY ORGANIZATIONS AS WELL AS LOCAL SCHOOL STUDENTS HOMEWOOD AT FREDERICK PARTNERED WITH THE FREDERICK RESCUE MISSION FOR THE MISSION'S ADOPT-A-FAMILY PROGRAM TO PROVIDE GIFTS FOR A FAMILY IN NEED DURING THE CHRISTMAS SEASON OTHER PROGRAMS OFFERED TRAINING OPPORTUNITIES FOR STUDENTS IN THE MEDICAL FIELDS, SOCIALIZATION FOR GUIDE DOGS IN TRAINING AND MEETING SPACE FOR A VARIETY OF COMMUNITY ORGANIZATIONS IN TOTAL, 2,199,707 WAS PROVIDED IN SUBSIDIZED ALLOWANCES FOR RESIDENTS OF HOMEWOOD AT FREDERICK UNABLE TO PAY FULLY ESTABLISHED RATES HOMEWOOD AT HANOVER CONTRIBUTED 49,500 HOURS VALUED AT 1,205,325 THIS IS UP FROM 49,287 HOURS IN 2017 VALUED AT 1,177,466 THESE HOURS WERE PROVIDED BY HOMEWOOD RESIDENTS, COMMUNITY MEMBERS, CO-WORKERS, LOCAL CHURCHES, AUXILIARY MEMBERS, HIGH-SCHOOL STUDENTS, LOCAL ORGANIZATIONS, STUDENT ORGANIZATIONS, LOCAL MUSICIANS, COLLEGE STUDENTS, AND CIVIC FRATERNAL AND COMMUNITY ORGANIZATIONS HOMEWOOD AT HANOVER DEVO</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, PART I, LINE 6	TED 1,575 HOURS SPECIFICALLY TO TRAINING NURSING AND OTHER HEALTH-RELATED STUDENTS LOCAL HIGH SCHOOL STUDENTS GAINED INVALUABLE EXPERIENCE IN THE PERFORMING ARTS PRESENTING CONCERTS AND PLAYS FOR RESIDENTS IN TOTAL, 3,360,202 WAS PROVIDED IN SUBSIDIZED ALLOWANCES FOR RESIDENTS OF HOMEWOOD AT HANOVER UNABLE TO PAY FULLY ESTABLISHED RATES HOMEWOOD AT MARTINSBURG CONTRIBUTED 41,502 HOURS VALUED AT 1,010,573 THIS IS UP FROM 41,080 HOURS IN 2017 VALUED AT 981,401 THESE HOURS WERE PROVIDED BY HOMEWOOD RESIDENTS, COMMUNITY MEMBERS, COWORKERS, COLLEGE STUDENTS, LOCAL TECHNICAL STUDENTS, LOCAL PHYSICIANS, COMMUNITY ORGANIZATIONS, NATIONAL ORGANIZATIONS, LOCAL CHURCHES, AUXILIARY MEMBERS, LOCAL JUVENILE PROBATION PARTICIPANTS, RESIDENT FAMILY MEMBERS, AGRICULTURAL ORGANIZATIONS, AND LOCAL HOSPICE ORGANIZATIONS HOMEWOOD AT MARTINSBURG COORDINATED AND PRESENTED TRAINING THAT INCLUDED NURSING, MEDICARE/MEDICAID, SOCIAL SECURITY, SENIOR LIVING, NUTRITION, HOSPICE, CULTURE CHANGE, HANDICAP, AND COMPUTER TRAINING IN TOTAL, 4,051,786 WAS PROVIDED IN SUBSIDIZED ALLOWANCES FOR RESIDENTS OF HOMEWOOD AT MARTINSBURG UNABLE TO PAY FULLY ESTABLISHED RATES HOMEWOOD AT SPRING HOUSE ESTATES CONTRIBUTED 2,804 HOURS VALUED AT 68,277 THIS IS UP FROM 480 HOURS IN 2017 VALUED AT 11,467 THESE HOURS WERE PROVIDED BY HOMEWOOD RESIDENTS, COMMUNITY MEMBERS, CO-WORKERS, LOCAL SERVICE ORGANIZATIONS, AND LOCAL CHURCHES HOMEWOOD AT SPRING HOUSE ESTATES DEVOTED 100 HOURS SPECIFICALLY TO TRAINING THAT INCLUDED HEALTH AND WELLNESS TOPICS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V	FORM 990, PART V, LINE 1(A), REGARDING NUMBER OF U S INFORMATION RETURNS NO U S INFORMATION RETURNS ARE FILED BY HOMEWOOD AT WILLIAMSPORT MD, INC THE PARENT ORGANIZATION, THE HOMEWOOD RETIREMENT CENTERS, INC , PROCESSES ALL THE PAYABLES FOR THE SUBSIDIARY ORGANIZATIONS AND PROCESSES AND FILES ALL OF THE U S INFORMATION RETURNS FORM 990, PART V, LINE 2(A), REGARDING NUMBER OF EMPLOYEES HOMEWOOD AT WILLIAMSPORT MD, INC HAD 290 EMPLOYEES THAT WERE PAID BY THE PARENT ORGANIZATION, HOMEWOOD RETIREMENT CENTERS, INC THE PARENT ORGANIZATION, THE HOMEWOOD RETIREMENT CENTERS, INC , PROCESSES THE PAYROLL FOR ALL OF THE SUBSIDIARY ORGANIZATIONS ALL OF THE PAYROLL TAX REPORTS ARE SUBMITTED BY THE HOMEWOOD RETIREMENT CENTERS, INC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 IS PROVIDED TO THE CHIEF FINANCIAL OFFICER OF THE PARENT ORGANIZATION AND TO THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES FOR REVIEW AND COMMENT BEFORE THE FORM IS FILED THE OTHER MEMBERS OF THE BOARD OF TRUSTEES ARE NOTIFIED THAT THE FORM 990 WILL BE FILED AND IS AVAILABLE UPON REQUEST FOR THEIR REVIEW

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	<p>EXECUTIVE COMPENSATION PHILOSOPHY THE EXECUTIVE COMPENSATION COMMITTEE SERVES IN A GOVERNANCE AND OVERSIGHT ROLE FOR THE HOMEWOOD BOARD OF TRUSTEES TO ENSURE THAT HOMEWOOD MAINTAIN S EXECUTIVE COMPENSATION STRATEGIES AND PRACTICES THAT ARE COMPLIANT WITH REGULATIONS, PRUDENT WITHIN THE HOMEWOOD'S RESOURCES AND ABILITY TO HONOR ITS COMMITMENTS, INTERNALLY EQUITABLE, AND ARE EXTERNALLY COMPETITIVE THE COMMITTEE WILL REVIEW THE EXECUTIVE COMPENSATION PHILOSOPHY ANNUALLY AND MAKE ANY RECOMMENDATIONS TO THE TRUSTEES FOR FINAL APPROVAL THE INDEPENDENT EXECUTIVE COMPENSATION COMMITTEE OF THE HOMEWOOD RETIREMENT CENTERS BOARD OF TRUSTEES, AS DESIGNATED IN THE BY-LAWS, WILL DETERMINE THE TOTAL COMPENSATION PHILOSOPHY AND COMPENSATION PACKAGES FOR SENIOR MANAGEMENT (PRESIDENT/CEO AND VICE PRESIDENTS AND THE FOUNDATION PRESIDENT) THE EXECUTIVE COMPENSATION COMMITTEE WILL BE STRUCTURED, AND WILL OPERATE, IN A MANNER INTENDED TO SATISFY THE REQUIREMENTS OF THE IRS "INTERMEDIATE SANCTION S" RULES HOMEWOOD'S GOAL FOR SALARY RANGES AND INCENTIVE PLANS ARE LINKED TO THE MID-POINT OF THE 60TH PERCENTILE AND A 40% SPREAD IS USED TO ESTABLISH THE RANGE MINIMUM AND MAXIMUM TO THE MARKET LEVELS FOR CCRCS AND SENIOR HOUSING/SERVICES ORGANIZATIONS REFLECTING REGIONAL AND NATIONAL BENCHMARKS DEFERRED OR SUPPLEMENTAL BENEFITS/COMPENSATION PLANS WILL BE USED TO SUPPORT RETENTION AND SMOOTH SUCCESSION PLANNING FOR SENIOR MANAGEMENT WITH BENEFIT LEVELS TARGETED AT 60TH PERCENTILE MARKET LEVELS FOR THE CEO AND FOR THE VICE PRESIDENTS AND THE FOUNDATION PRESIDENT BENEFITS AND PERQUISITES FOR SENIOR MANAGEMENT WILL REFLECT 60TH PERCENTILE MARKET PRACTICES THE EXECUTIVE PAY PLAN ARCHITECTURE USED FOR IMPLEMENTATION OF THIS PHILOSOPHY WILL BE APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE FROM TIME TO TIME THE CEO WILL BE RESPONSIBLE FOR MAKING RECOMMENDATIONS TO THE COMMITTEE CONCERNING SUBORDINATE PAY, ENSURING THAT THOSE RECOMMENDATIONS REFLECT HOMEWOOD'S OVERALL PHILOSOPHY THE EXECUTIVE COMPENSATION COMMITTEE WILL KEEP THE FULL BOARD INFORMED OF KEY DECISIONS, AND WILL CONSIST OF INDEPENDENT DECISION MAKERS WHO DO NOT PERFORM PAID SERVICES FOR HOMEWOOD, WHO ARE NOT RELATED TO THE EXECUTIVES AND WHO OTHERWISE MEET THE "NO CONFLICT-OF-INTEREST" RULES OF THE IRS INTERMEDIATE SANCTIONS RULES TRUSTEES APPROVED SEPTEMBER 20 06, DECEMBER 2012, APRIL 2015, MARCH 22, 2018 EXECUTIVE COMPENSATION PLAN ARCHITECTURE HOMEWOOD'S EXECUTIVE REWARD PLAN IS DESIGNED TO SUPPORT A "BEST PRACTICES" APPROACH TO THE GOVERNANCE OF EXECUTIVE PAY UTILIZING THE FOLLOWING COMPONENTS 1 TOTAL COMPENSATION PRACTICES WILL BE BENCHMARKED TO COMPARABLE CCRCS AND SENIOR HOUSING/SERVICE ORGANIZATIONS WITH SIMILAR MISSIONS AND GROWTH STRATEGIES REFLECTING REGIONAL AND NATIONAL RESULTS AT THE 60TH PERCENTILE MARKET LEVELS FOR TOTAL ANNUAL CASH COMPENSATION, WITH EARNINGS OPPORTUNITIES TIED TO MISSION, PERFORMANCE, AND GROWTH GOALS MULTIPLE SURVEYS WILL BE USED TO IDENTIFY THEMES AND TRENDS TOTAL COMP</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	<p>ENSATION CONSISTS OF BASE COMPENSATION, INCENTIVE COMPENSATION, RETIREMENT COMPENSATION AND PERQUISITES/BENEFITS IN DEVELOPING THE ORGANIZATION'S EXECUTIVE SALARY RANGES, THE COMPETITIVE MARKET DATA IS USED TO ESTABLISH THE RANGE MIDPOINT, AND A 40% SPREAD IS USED TO ESTABLISH THE RANGE MINIMUM AND MAXIMUM (20% ABOVE AND BELOW THE TARGET) THE LOWER PORTION OF THE RANGE IS WHERE LESS EXPERIENCED EXECUTIVES (I.E., NEW TO THE POSITION) ARE COMPENSATED THE MIDDLE OF THE RANGE, IMMEDIATELY AROUND THE TARGET (OR "GOING RATE"), IS WHERE FULLY EXPERIENCED EXECUTIVES WHO MEET ALL PERFORMANCE EXPECTATIONS SHOULD BE REMUNERATED EXECUTIVES WHO ARE HIGHLY EXPERIENCED AND CONSISTENTLY EXCEED JOB EXPECTATIONS SHOULD BE PAID IN THE UPPER PORTION OF THE RANGE MINIMUM NEW OR LITTLE EXPERIENCE, PARTIALLY MEETS EXPECTATIONS MIDPOINT (TARGET) EXPERIENCED, MEETS EXPECTATIONS MAXIMUM FULLY SEASONED, CONSISTENTLY EXCEEDS EXPECTATIONS 2 PERFORMANCE APPRAISAL - THE CHAIR AND VICE CHAIR OF THE BOARD OF TRUSTEES WILL OVERSEE THE PREPARATION AND PRESENTATION OF THE PERFORMANCE APPRAISAL FOR THE CEO ANNUALLY PERFORMANCE APPRAISALS FOR THE CEO WILL NORMALLY BE COMPLETED THE LAST QUARTER OF THE FISCAL YEAR THE CEO IS RESPONSIBLE FOR SETTING THE EVALUATION TIMETABLE FOR OTHER KEY EXECUTIVES EACH POSITION IS EVALUATED, IN WRITING, ANNUALLY 3 THE EXECUTIVE REWARD PLAN WILL GENERALLY USE NON-QUALIFIED DEFERRED COMPENSATION PLANS AS A RETENTION METHOD FOR THE CEO AND VPS/FOUNDATION PRESIDENT WITH BENEFIT LEVELS TARGETED AT 60TH PERCENTILE MARKET LEVELS FOR THE CEO AND VPS/FOUNDATION PRESIDENT THE EXECUTIVE REWARD PLAN WILL ENABLE HOMEWOOD TO ATTRACT, MOTIVATE, AND RETAIN MANAGEMENT TALENT NEEDED TO CARRY OUT ITS MISSION AS WELL AS SMOOTH SUCCESSION OF THE CEO AND VPS/FOUNDATION PRESIDENT THE EXECUTIVE REWARD PLAN WILL GENERALLY USE A MODERATE LEVEL OF INCENTIVE OR "AT RISK" COMPENSATION TO MOTIVATE AND REWARD THE EXECUTIVE TEAM'S PERFORMANCE 4 THE EXECUTIVE COMPENSATION COMMITTEE WILL BE RESPONSIBLE FOR MANAGING THE PARTICIPANTS' TOTAL REWARD PACKAGE, WITH THE CEO BEING RESPONSIBLE FOR MAKING RECOMMENDATIONS TO THE COMMITTEE CONCERNING SUBORDINATE REWARD PACKAGES, REFLECTING HOMEWOOD'S OVERALL PHILOSOPHY IT IS RECOGNIZED THAT THE COMMITTEE MAINTAINS DISCRETIONARY AUTHORITY TO MAKE FINAL DETERMINATIONS AS TO WHETHER AND TO WHAT EXTENT TO PAY INCENTIVE COMPENSATION 5 THE COMMITTEE WILL MEET SEMI-ANNUALLY OR MORE OFTEN AS NEEDED AND KEEP THE FULL BOARD INFORMED, ENSURING THAT THE BOARD KNOWS THE PROCESSES USED BY THE COMMITTEE AND ALL KEY DECISIONS RELATED TO THE CEO'S AND VPS/FOUNDATION PRESIDENT PAY THE COMMITTEE WILL PROTECT THE CONFIDENTIALITY OF INCUMBENT EXECUTIVE DATA IN ALL REPORTS TO THE FULL BOARD 6 THE EXECUTIVE COMPENSATION COMMITTEE SHALL CONSIST OF INDEPENDENT DECISION MAKERS WHO DO NOT PERFORM PAID SERVICES FOR HOMEWOOD, HAVE NO PERSONAL FINANCIAL INTERESTS NOR ANY FAMILY RELATIONSHIPS WITH THE EXECUTIVES AND WHO OTHERWISE SATISFY THE "NO CONFLICT-</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	<p>OF-INTEREST" RULES OF THE IRS INTERMEDIATE SANCTIONS RULES THE CHAIR OF THE BOARD OF TRUS TEES SERVES AS THE CHAIR OF THIS COMMITTEE THE COMMITTEE WILL BE COMPOSED OF NO LESS THAN FIVE (5) MEMBERS FROM THE TRUSTEES COMMITTEE MEMBERS SHALL BE APPOINTED BY THE BOARD CHAI R FROM AMONG THE MEMBERSHIP OF THE BOARD (SEE TRUSTEES BYLAWS) DETAILED MINUTES OF THE ME ETINGS ARE KEPT AND APPROVED AT THE NEXT FOLLOWING COMMITTEE MEETING 7 AFFIRM ANNUALLY C OMPLIANCE WITH THE VARIOUS REQUIREMENTS OF THE IRS INTERMEDIATE SANCTIONS RULES IN ORDER T O ENSURE ENJOYMENT OF THE "REBUTTABLE PRESUMPTION" OF REASONABLENESS OF HOMEWOOD'S EXECUTIVE COMPENSATION PACKAGES 8 WORK DIRECTLY WITH INDEPENDENT ADVISORS AND/OR RECEIVE SALARY SURVEYS FROM THIRD PARTIES 9 A COPY OF THE HOMEWOOD RETIREMENT CENTERS AND FOUNDATION'S ANNUAL FORM 990, AS PROFESSIONALLY PREPARED BY HOMEWOOD'S AUDITORS WILL BE E-MAILED TO TH E EXECUTIVE COMPENSATION COMMITTEE 72 HOURS PRIOR TO FILING FOR REVIEW AND COMMENT ECC AP PROVED NOVEMBER 21, 2006, REVISED 11/6/08, 6/4/10, 4/8/16, 9/8/17 EXECUTIVE COMPENSATION P LAN FRAMEWORK THE EXECUTIVE COMPENSATION FRAMEWORK PROVIDES THE DETAILS AND PROCESS IN MEE TING THE OBJECTIVES OF THE COMPENSATION PHILOSOPHY AND ARCHITECTURE THE REFERENCE TO EXEC UTIVES IN THIS DOCUMENT INCLUDES THE PRESIDENT/CEO AND THE VICE PRESIDENTS/FOUNDATION PRES IDENT 1 HOMEWOOD WILL PRIMARILY USE THE MOST RECENT CEMO (AAHSA), ERI SENIOR CARE AND TH E HCS SURVEYS TO BENCHMARK BASE SALARIES AS WELL AS INCENTIVE COMPENSATION THE AVERAGE OF THE THREE MID POINTS WILL BE USED AS THE METHOD TO DETERMINE THE 60TH PERCENTILE RANGE T HE VPHR WILL PROVIDE SUMMARY DATA OF THE SURVEYS AND A TALLY SHEET OF CURRENT TOTAL COMPEN SATION FOR THE CEO AND VPS/FOUNDATION PRESIDENT THE SURVEYS WILL ALSO BE AVAILABLE FOR R EVIEW ANALYSIS AND SUMMARY OF SURVEY DATA WILL GENERALLY BE ADMINISTERED BY AN INDEPENDEN T THIRD PARTY CONSULTANT 2 HOMEWOOD'S EXECUTIVE COMPENSATION WILL HAVE FOUR COMPONENTS ALL COMPONENTS WILL SUPPORT THE RETENTION, REWARD AND SMOOTH SUCCESSION PLANNING OF EACH P OSITION A) BASE COMPENSATION SALARY INCREASES - IN GRANTING SALARY INCREASES FOR THE CEO , MISSION OBJECTIVES, PERFORMANCE OF THE ORGANIZATION AND THE POSITION'S INCREASED JOB RES PONSIBILITIES, IN ADDITION TO THE COMPETITIVE SALARY POSITION AND RANGE, MAY BE CONSIDERED FOR THE CEO, VPS AND THE FOUNDATION PRESIDENT, SALARY INCREASES ARE ESTABLISHED BY THE C OMPENSATION COMMITTEE AND RANGES ARE REPORTED TO THE BOARD OF TRUSTEES, BASED ON THE ANNUA L INCREASE GUIDELINES RECOMMENDED BY THE COMMITTEE THE CEO WILL BE RESPONSIBLE FOR MAKING RECOMMENDATIONS TO THE COMMITTEE CONCERNING SUBORDINATE PAY, ENSURING THAT THOSE RECOMMEN DATIONS REFLECT HOMEWOOD'S OVERALL PHILOSOPHY B) INCENTIVE COMPENSATION THIS WILL BE IN THE FORM OF TAXABLE COMPENSATION OR ADDITIONAL EMPLOYER CONTRIBUTION TO THE 401A PLAN AS D ETERMINED BY HOMEWOOD THIS MAY ALSO BE AN EMPLOYER CONTRIBUTION TO THE 457(B) PLAN THIS IS VARIABLE PAY BASED ON HOMEW</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 6, PART VI, LINE 15B</p>	<p>WAGE ADMINISTRATION GUIDELINES FOR THE CALENDAR BUDGET YEAR 2018 HOMEWOOD'S WAGE ADMINISTRATION PROGRAM LOOKS AT BASE PAY RATES THAT TAKE INTO CONSIDERATION IF IT IS O INTERNALLY EQUITABLE O EXTERNALLY COMPETITIVE O AFFORDABLE/COST EFFECTIVE O LEGAL/DEFENSIBLE O UN DERSTANDABLE O APPROPRIATE FOR THE ORGANIZATION O APPROPRIATE FOR THE WORKFORCE HOMEWOOD'S WAGE ADMINISTRATION PROGRAM APPLIES PRINCIPLES TO ASSIST IN THE RETENTION AND RECRUITM ENT OF CO-WORKERS HOMEWOOD'S GOAL IS TO PAY WAGES IN THE 60TH PERCENTILE IN THE LONG TERM CARE INDUSTRY FOR MOST POSITIONS TAKING INTO CONSIDERATION THE GEOGRAPHIC AREA SOME POSI TIONS REQUIRE A HIGHER PERCENTAGE DUE TO MARKET CONDITIONS HOMEWOOD WILL USE THE PA LEADI NGAGE STATE WAGE SURVEY TO BENCHMARK STARTING WAGES, IMPLEMENT MARKET WAGE ADJUSTMENTS AND REVIEW WAGE CEILINGS OTHER WAGE SURVEYS WILL ALSO BE USED TO COMPARE DATA IN OUR INDUSTR Y AS WELL AS OTHER INDUSTRIES HOMEWOOD'S GOAL FOR THE STARTING WAGE AND AVERAGE WAGE WILL BE THE 60TH PERCENTILE WHEN EITHER THE AVERAGE WAGE OR STARTING WAGE DOES NOT MEET THIS STANDARD A MARKET WAGE ADJUSTMENT WILL BE CONSIDERED IT IS AT HOMEWOOD'S DISCRETION TO HA VE A HIGHER PERCENTILE THAN THE 60TH FOR SOME POSITIONS A MARKET ADJUSTMENT IS CONSIDERED WHEN A SPECIFIC POSITION IS DETERMINED TO BE BELOW THE 60TH PERCENTILE FOR THAT GEOGRAPHI C AREA THE MARKET ADJUSTMENT IS DETERMINED BY THE DOLLARS NEEDED TO REACH THE 60TH PERCENTILE A FIXED DOLLAR AMOUNT IS GIVEN TO CO-WORKERS IN THAT JOB CATEGORY HOMEWOOD DOES NOT WANT TO HAVE A PRACTICE WHERE POSITIONS ARE IN THE 95TH OR ABOVE PERCENTILE OF THE PA LEA DINGAGE STATE WAGE SURVEY WAGE INCREASES FOR CO-WORKERS AT OR ABOVE THE 95TH PERCENTILE WILL RECEIVE 50% OF THEIR PERFORMANCE WAGE INCREASE HOMEWOOD'S UNDERLYING PHILOSOPHY FOR W AGE INCREASES WILL BE BASED ON PERFORMANCE, ON THE POSITION, ON THE CURRENT PAY RATE AND M ARKET COMPARISONS HOMEWOOD EVALUATES AND CONSIDERS HOW SOMEONE IS CURRENTLY PAID BEFORE D ETERMINING THE APPROPRIATE WAGE ADJUSTMENT THE WAGE ADMINISTRATION PROGRAM IS PROVIDED TO SERVE AS A GUIDELINE IN A SYSTEMATIC APPROACH TO WAGE INCREASES WAGE INCREASES FOR THE C ALENDAR YEAR 2018 ARE SEPARATED INTO THE FOLLOWING THREE COMPONENTS 1 THE AVERAGE WAGE O F EACH JOB CATEGORY (OR ANOTHER DETERMINED WAGE BASED ON WAGE SURVEYS) WILL BE USED AS THE BASIS TO ESTABLISH THE WAGE INCREASE A PAY GRID IS ESTABLISHED FOR EACH POSITION WHICH HAS A DOLLAR/CENTS AMOUNT LINKED TO THE EVALUATION POINTS WAGE ADJUSTMENTS ARE ADMINISTERED BASED ON THE CO-WORKER'S PERFORMANCE AND DOES NOT TAKE INTO CONSIDERATION LONGEVITY EXA MPLE IF ALL CO-WORKERS IN A JOB CATEGORY HAVE THE SAME TOTAL POINTS FROM THE EVALUATION T HEY ALL WILL RECEIVE THE SAME DOLLAR/CENTS PER HOUR INCREASE 2 AN ADDITIONAL INCREASE MA Y BE APPROVED IF PARTICULAR POSITION(S) ARE DETERMINED TO BE BELOW THE MARKET VALUE FOR TH AT AREA THIS INCREASE IS NOT REFLECTIVE OF THE CO-WORKER'S PERFORMANCE OR LONGEVITY IT I S SOLELY BASED ON THE NEED TO</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 6, PART VI, LINE 15B</p>	<p>BECOME MORE COMPETITIVE WITH THE SALARY THE VICE PRESIDENT-HUMAN RESOURCES WILL MAKE INITIAL RECOMMENDATIONS FOR MARKET ADJUSTMENT CONSIDERATION SITE EXECUTIVES WILL THEN MAKE FINAL RECOMMENDATIONS TO THE VICE PRESIDENT-HUMAN RESOURCES FOR SENIOR MANAGEMENT FINAL APPROVAL ALL MARKET ADJUSTMENT REQUESTS BY THE SITE EXECUTIVE(S) MUST BE PROVIDED TO THE VICE PRESIDENT-HUMAN RESOURCES FOR THE BUDGET PROCESS AND PRIOR TO SEPTEMBER 3 THE FOLLOWING WILL BE USED FOR THE DEPARTMENT DIRECTOR POSITIONS AN INCREASE OF UP TO A MAXIMUM OF 30% MAY BE AWARDED WHERE PERFORMANCE EXCEEDS THE NORM IN ALL AREAS AND IS DOCUMENTED IN WRITING IN THE PERFORMANCE APPRAISAL PROCESS THIS INCREASE WOULD BE CONSISTENT WITH OTHER DIRECTOR'S WHOSE PERFORMANCE IS SIMILAR THE PERFORMANCE WAGE ADJUSTMENT GRID WILL USE THE PARAMETER OF THE AVERAGE WAGE BEING SET AT 2.5% FOR THE 2018 YEAR CO-WORKERS ACTIVELY EMPLOYED AS OF JANUARY 1, 2018 MAY BE ELIGIBLE FOR THE WAGE INCREASE GENERALLY, CO-WORKERS WHO HAVE NOT COMPLETED THE INTRODUCTORY PERIOD WOULD RECEIVE A 1.5% ADJUSTMENT (IN LIEU OF A NY ADJUSTMENT, A CO-WORKER WHO IS HIRED IN DECEMBER MAY BE PAID THE NEW 2018 STARTING RATE) WAGE INCREASES WILL BE EFFECTIVE THE PAY PERIOD OF DECEMBER 31, 2017 TO JANUARY 13, 2018 FOR THE JANUARY 19, 2018 PAY DAY PERFORMANCE IS THE KEY FACTOR- NOT LENGTH OF SERVICE- FOR WAGE INCREASE CONSIDERATION THE MERE FACT THAT A CO-WORKER HAS CONTINUED TO BE EMPLOYED BY HOMEWOOD IS NOT JUSTIFICATION FOR A WAGE ADJUSTMENT WAGE ADJUSTMENTS MUST BE BASED UPON A THOROUGH REVIEW OF A CO-WORKER'S PERFORMANCE EACH SUPERVISOR WILL CONDUCT A FORMAL PERFORMANCE EVALUATION ANNUALLY THIS TIME IS USED TO PROVIDE OPPORTUNITY FOR FURTHER DEVELOPMENT TO THE CO-WORKER, SUMMARIZING EVENTS ALREADY DISCUSSED THROUGHOUT THE YEAR THE EVALUATIONS SHOULD BE PRESENTED DURING THE MONTHS OF NOVEMBER AND DECEMBER IF A CO-WORKER'S JOB PERFORMANCE DOES NOT JUSTIFY ANY INCREASE, THE CO-WORKER SHOULD BE PLACED ON PROBATION AND IF IMPROVEMENT IS NOT EVIDENT, TERMINATION OF EMPLOYMENT IS APPROPRIATE STARTING WAGE RATES FOR POSITIONS WILL BE ESTABLISHED THROUGH THE BUDGET PROCESS HUMAN RESOURCES WILL DISTRIBUTE A WORKSHEET TO INITIATE THE PROCESS THESE RATES ARE ESTABLISHED FOR EACH FACILITY WITH FINAL HUMAN RESOURCES APPROVAL STARTING PAY RATES ARE INTENDED TO KEEP EACH POSITION COMPETITIVE WITHIN THE JOB MARKET HR 6/1/2017</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION MAKES THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. MUCH OF THE INFORMATION IS MADE AVAILABLE TO THE RESIDENTS AS PART OF THE DISCLOSURE STATEMENTS REQUIRED BY THE STATES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN FAIR VALUE OF DERIVATIVES -105,595

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
HOMEWOOD AT WILLIAMSPORT MD INC

Employer identification number

52-0619001

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HOMEWOOD RETIREMENT CENTERS INC 16107 ELLIOTT PARKWAY PO BOX 250 WILLIAMSPORT, MD 217950250 52-1892688	MANAGEMENT	MD	501C3	10	NA		No
(2) HOMEWOOD AT HANOVER PA INC 425 WESTMINSTER AVENUE HANOVER, PA 17331 52-1931788	CCRC	MD	501C3	10	HOMEWOOD RETIREMENT CENTERS INC		No
(3) HOMEWOOD AT MARTINSBURG PA INC 437 GIVLER DRIVE MARTINSBURG, PA 16662 52-1931790	CCRC	MD	501C3	10	HOMEWOOD RETIREMENT CENTERS INC		No
(4) HOMEWOOD AT FREDERICK MD INC 7407 WILLOW ROAD FREDERICK, MD 21701 52-1931794	CCRC	MD	501C3	10	HOMEWOOD RETIREMENT CENTERS INC		No
(5) HOMEWOOD FOUNDATION INC 16107 ELLIOTT PARKWAY PO BOX 250 WILLIAMSPORT, MD 217950250 52-1892689	FUNDRAISIN	MD	501C3	12A	HOMEWOOD RETIREMENT CENTERS INC		No
(6) HOMEWOOD AT SPRING HOUSE ESTATES INC 114 VICTORIA AVENUE EVERETT, PA 15537 20-5189952	CCRC	MD	501C3	10	HOMEWOOD RETIREMENT CENTERS INC		No
(7) HOMEWOOD AT THE SHENANDOAH VALLEY INC33859 OLD VALLEY PIKE STRASBURG, VA 22657 26-2624652	N/A	MD	501C3	10	HOMEWOOD RETIREMENT CENTERS INC		No

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

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

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

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

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	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	Yes
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	Yes
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation