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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2009

Open to Public Inspection

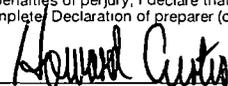
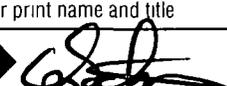
Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

| | | | | |
|--|--|---|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type See Specific Instructions | C Name of organization FRIENDSHIP VILLAGE OF WEST COUNTY Doing Business As FRIENDSHIP VILLAGE CHESTERFIELD | | D Employer identification number 23-7333148 |
| | | Number and street (or P.O. box if mail is not delivered to street address) Room/suite 15201 OLIVE BOULEVARD | | E Telephone number 636-532-1515 |
| | | City or town, state or country, and ZIP + 4 CHESTERFIELD, MO 63017 | | G Gross receipts \$ 22,278,495. |
| | | F Name and address of principal officer CHARLES WALDRON SAME AS C ABOVE | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | | |
| J Website: ▶ WWW.FVCHESTERFIELD.COM | | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | | |
| L Year of formation 1973 M State of legal domicile: MO | | | | |

| Part I Summary | | Prior Year | Current Year |
|--|---|---|----------------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities THE VILLAGE SHALL BE OPERATED BY HIGH MORAL STANDARDS IN CONDUCTING ITS PERSONAL AND BUSINESS | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 18 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 18 |
| | 5 Total number of employees (Part V, line 2a) | 5 | 301 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 20 |
| | 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | | 61,100. |
| | 9 Program service revenue (Part VIII, line 2g) | 14,185,821. | 14,541,737. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 838,202. | 913,214. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 259,037. | 275,997. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 15,283,060. | 15,792,048. |
| | Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | | |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 7,107,330. | 7,016,891. |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | | |
| b Total fundraising expenses (Part IX, column (D), line 25) | | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f, 24) | | 8,496,998. | 8,579,422. |
| 18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25) | 15,604,328. | 15,596,313. | |
| 19 Revenue less expenses - Subtract line 18 from line 12 | -321,268. | 195,735. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 60,990,020. | End of Year 58,505,839. |
| | 21 Total liabilities (Part X, line 26) | 65,626,101. | 62,317,050. |
| | 22 Net assets or fund balances - Subtract line 21 from line 20 | -4,636,081. | -3,811,211. |

| | | | | |
|---|---|---------------------|---|---|
| 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 12/6/12 | |
| | HOWARD CURTIS, CURRENT PRESIDENT Type or print name and title | | | |
| Paid Preparer's Use Only | Preparer's signature  | Date 12/3/12 | Check if self-employed <input type="checkbox"/> | Preparer's identifying number (see instructions) 000292367 |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 CLIFTONLARSONALLEN LLP 8112 MARYLAND AVE, SUITE 400 ST. LOUIS, MO 63105 | | EIN ▶ Phone no. ▶ (314) 966-6622 | |

May the IRS discuss this return with the preparer shown above? (see instructions) **9-16** Yes No

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission SEE SCHEDULE O FOR CONTINUATION FRIENDSHIP VILLAGE OF WEST COUNTY WILL BE OPERATED BY HIGH MORAL STANDARDS IN CONDUCTING ITS PERSONAL AND BUSINESS AFFAIRS, IN MAKING THE VILLAGE EACH RESIDENT'S HOME, IN CARING FOR EACH RESIDENT AND STAFF MEMBER, IN PROVIDING OPPORTUNITIES AND CHALLENGES FOR THE GROWTH

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 [X] 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 [X] No If "Yes," describe these changes on Schedule O

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

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code) (Expenses \$ 7,543,916. including grants of \$) (Revenue \$ 10661292.) THE VILLAGE IS A LIFE CARE SENIOR LIVING COMMUNITY, DESIGNED TO ACCOMMODATE PERSONS 62 YEARS OF AGE OR OLDER IN A DIGNIFIED MANNER. CURRENTLY, THE VILLAGE HAS 289 RESIDENCES AND A LICENSED 121-BED SKILLED NURSING FACILITY (THE "HEALTH CENTER"). THE PRIMARY INTENT OF FRIENDSHIP VILLAGE OF CHESTERFIELD, IS TO ASSURE THE RESIDENTS OF LIFE CARE THROUGHOUT THEIR RETIREMENT YEARS. THE VILLAGE IS DESIGNED TO CREATE AN ENVIRONMENT THAT WILL ENRICH THE LIVES OF THE PEOPLE WHO LIVE AND WORK THERE. THE DESIGN OF THE MAIN COMMON FACILITIES PROVIDES LARGE AREAS FOR DINING AND MEETINGS WITHOUT DETRACTING FROM THE HOMELIKE ENVIRONMENT OF THE VILLAGE.

IN ADDITION TO PROVIDING A RESIDENCE FOR LIFETIME USE BY THE RESIDENT,

4b (Code) (Expenses \$ 4,484,846. including grants of \$) (Revenue \$ 4,156,442.) HEALTH CENTER - THE VILLAGE'S 121-BED HEALTH CENTER IS LICENSED TO PROVIDE SKILLED NURSING CARE. HEALTH CENTER SERVICES ARE AVAILABLE TO ALL RESIDENTS OF THE VILLAGE, AND RESIDENTS MAY BE ADMITTED DIRECTLY TO THE HEALTH CENTER FROM THEIR RESIDENCES, AND NEED NOT COME FROM A HOSPITAL. RESIDENTS ARE ENCOURAGED TO RETURN TO THEIR RESIDENCES AS SOON AS POSSIBLE. RESIDENTS WHO ARE UNABLE TO RETURN TO THEIR RESIDENCES, HOWEVER, HAVE THE BENEFIT OF PERMANENT CARE IN THE HEALTH CENTER.

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 \$ 12,028,762.

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)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | | X |
| 11 | Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> | X | |
| | <ul style="list-style-type: none"> • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> • 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? <i>If "Yes," complete Schedule D, Part VII</i> • 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? <i>If "Yes," complete Schedule D, Part VIII</i> • 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? <i>If "Yes," complete Schedule D, Part IX</i> • Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> • 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? <i>If "Yes," complete Schedule D, Part X</i> | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> | X | |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> | | |
| | | Yes | No |
| 12A | | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| 14b | b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> | | X |
| 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? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20 | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> | | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | | X |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 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> | X | |
| 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 25</i> | X | |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | X | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | X |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | X |
| 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 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> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 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> | | X |
| 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> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> | X | |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 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> | | X |
| 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> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | Yes | No |
|------------|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable | | |
| 1a | 64 | | |
| 1b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | | |
| 1b | 0 | | |
| 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 | 301 | | |
| 2b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | X |
| 3b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | |
| 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)? | | X |
| 4b | If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| 5c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | | |
| 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? | | X |
| 6b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| 7a | 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? | | X |
| 7b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| 7c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| 7d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| 7e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | |
| 7f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | |
| 7g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | |
| 7h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| 9a | Did the organization make any taxable distributions under section 4966? | | |
| 9b | Did the organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter | | |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12 | | |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 | Section 501(c)(12) organizations. Enter | | |
| 11a | Gross income from members or shareholders | | |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | |

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

Section A. Governing Body and Management

| | | Yes | No |
|----|---|-----|----|
| 1a | Enter the number of voting members of the governing body | | |
| 1b | Enter the number of voting members that are independent | | |
| 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? | | X |
| 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? | X | |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | | X |
| 6 | Does the organization have members or stockholders? | | X |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | | X |
| 7b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 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 | | X |

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **MR. TIM CAIN - 636-532-1515**
15201 OLIVE STREET ROAD, CHESTERFIELD, MO 63017

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| ELY BRITTON BOARD ASSISTANT TREASURER | 2.00 | X | | X | | | | 900. | 0. | 0. |
| JOEL A MONTGOMERY, JR BOARD VICE-PRESIDENT | 2.00 | X | | X | | | | 900. | 0. | 0. |
| JOHN B LEWIS BOARD SECRETARY | 2.00 | X | | X | | | | 900. | 0. | 0. |
| LINCOLN VERMEER BOARD MEMBER | 2.00 | X | | | | | | 600. | 0. | 0. |
| BARTH HOLOHAN BOARD MEMBER | 2.00 | X | | | | | | 600. | 0. | 0. |
| LYDIA SEIBERT BOARD MEMBER | 2.00 | X | | | | | | 600. | 0. | 0. |
| J ROBERT WIDBIN BOARD MEMBER | 2.00 | X | | | | | | 600. | 0. | 0. |
| CHARLES WALDRON BOARD PRESIDENT | 2.00 | X | | X | | | | 1,200. | 0. | 0. |
| MARY BETH MCGREEVY BOARD MEMBER | 2.00 | X | | | | | | 600. | 0. | 0. |
| HOWARD CURTIS BOARD ASSISTANT SECRETARY | 2.00 | X | | X | | | | 900. | 0. | 0. |
| SONJA MANNION BOARD MEMBER | 2.00 | X | | | | | | 600. | 0. | 0. |
| REV. MIKE KENNISON BOARD MEMBER | 2.00 | X | | | | | | 600. | 0. | 0. |
| DICK ROGERS RESIDENT BOARD MEMBER | 2.00 | X | | | | | | 600. | 0. | 0. |
| REV. BILL BELMAR BOARD MEMBER | 2.00 | X | | | | | | 600. | 0. | 0. |
| JUDY KOEHLER BOARD MEMBER | 2.00 | X | | | | | | 600. | 0. | 0. |
| FRANK HUELSKOETTER BOARD MEMBER | 2.00 | X | | | | | | 600. | 0. | 0. |
| LES CHERRY TREASURER | 2.00 | X | | X | | | | 900. | 0. | 0. |

Part VIII Statement of Revenue

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|--|---|---|---|---|--|--|
| Contributions, gifts, grants and other similar amounts | 1 a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 61,100. | | | |
| | g Noncash contributions included in lines 1a-1f \$ | | | | | |
| | h Total. Add lines 1a-1f | | 61,100. | | | |
| Program Service Revenue | 2 a <u>APT SERVICE & MEALS</u> | Business Code 623000 | 7646360. | 7646360. | | |
| | b <u>NET MEDICAL CENTER REV</u> | 623000 | 4156444. | 4156444. | | |
| | c <u>ENTRANCE FEES RECOGNIZ</u> | 623000 | 2738933. | 2738933. | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| | g Total. Add lines 2a-2f | | 14,541,737. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 770,102. | | 770,102. | |
| | 4 Income from investment of tax exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6 a Gross Rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | | b Less rental expenses | | | | |
| | | c Rental income or (loss) | | | | |
| | d Net rental income or (loss) | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | (ii) Other | | | | |
| | | b Less cost or other basis and sales expenses | | | | |
| | | c Gain or (loss) | | | | |
| | d Net gain or (loss) | | 143,112. | | 143,112. | |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | a | | | | |
| | | b Less direct expenses | b | | | |
| c Net income or (loss) from fundraising events | | | | | | |
| 9 a Gross income from gaming activities See Part IV, line 19 | a | | | | | |
| | b Less direct expenses | b | | | | |
| | c Net income or (loss) from gaming activities | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | |
| | b Less cost of goods sold | b | | | | |
| | c Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11 a <u>ASSISTED LIVING</u> | 623000 | 75,927. | 75,927. | | | |
| b <u>BEAUTY AND BARBER</u> | 531120 | 36,109. | 36,109. | | | |
| c <u>GARAGE</u> | 531120 | 26,520. | 26,520. | | | |
| d All other revenue | 900099 | 137,441. | 137,441. | | | |
| e Total. Add lines 11a-11d | | 275,997. | | | | |
| 12 Total revenue See instructions | | 15,792,048. | 14,817,734. | 0. | 913,214. | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 166,664. | | 166,664. | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 5,604,010. | 4,898,977. | 705,033. | |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 72,679. | 60,383. | 12,296. | |
| 9 Other employee benefits | 746,496. | 718,008. | 28,488. | |
| 10 Payroll taxes | 427,042. | 393,657. | 33,385. | |
| 11 Fees for services (non-employees) | | | | |
| a Management | 280,002. | | 280,002. | |
| b Legal | 23,512. | | 23,512. | |
| c Accounting | 31,004. | | 31,004. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other | 32,816. | | 32,816. | |
| 12 Advertising and promotion | 197,549. | | 197,549. | |
| 13 Office expenses | 83,419. | | 83,419. | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 429,167. | 346,913. | 82,254. | |
| 17 Travel | 8,781. | 4,049. | 4,732. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 9,345. | 4,477. | 4,868. | |
| 20 Interest | 1,598,472. | | 1,598,472. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 2,071,036. | 1,976,854. | 94,182. | |
| 23 Insurance | 181,462. | 173,210. | 8,252. | |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| a MEDICAL CENTER | 1,221,129. | 1,221,129. | | |
| b DIETARY | 994,511. | 994,511. | | |
| c MAINTENANCE | 792,288. | 792,288. | | |
| d SUPPLIES | 356,259. | 333,288. | 22,971. | |
| e RESIDENT SERVICES | 105,508. | 105,508. | | |
| f All other expenses | 163,162. | 5,510. | 157,652. | |
| 25 Total functional expenses . Add lines 1 through 24f | 15,596,313. | 12,028,762. | 3,567,551. | 0. |
| 26 Joint costs . Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year | |
|------------------------------------|--|---|-----------------|--------------------|-------------|
| Assets | 1 | Cash - non-interest-bearing | 3,514,146. | 1 | 2,138,436. |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 541,320. | 4 | 554,079. |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | 122,098. | 8 | 144,824. |
| | 9 | Prepaid expenses and deferred charges | 16,006. | 9 | 1,541. |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 55,073,018. | | |
| | b | Less accumulated depreciation | 10b 22,093,384. | 10c | 32,979,634. |
| | 11 | Investments - publicly traded securities | 24,859,956. | 11 | 22,565,183. |
| | 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 | 5,409,512. | 15 | 122,142. |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 60,990,020. | 16 | 58,505,839. | |
| Liabilities | 17 | Accounts payable and accrued expenses | 330,238. | 17 | 508,953. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | 28,275,000. | 20 | 27,210,000. |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 2,465,000. | 23 | 1,065,000. |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | 34,555,863. | 25 | 33,533,097. |
| | 26 | Total liabilities. Add lines 17 through 25 | 65,626,101. | 26 | 62,317,050. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 | Unrestricted net assets | | 27 | |
| | 28 | Temporarily restricted net assets | | 28 | |
| | 29 | Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 | Capital stock or trust principal, or current funds | 0. | 30 | 0. |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | 0. | 31 | 0. |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | -4,636,081. | 32 | -3,811,211. |
| | 33 | Total net assets or fund balances | -4,636,081. | 33 | -3,811,211. |
| | 34 | Total liabilities and net assets/fund balances | 60,990,020. | 34 | 58,505,839. |

Part XI Financial Statements and Reporting

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?

b Were the organization's financial statements audited by an independent accountant?

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

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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 | | X |
| 2b | X | |
| 2c | X | |
| 3a | | X |
| 3b | | |

Form 990 (2009)

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

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

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 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 ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|----|---|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 16b 33 1/3% support test - 2008. 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 ▶ <input type="checkbox"/> | | |
| 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 17b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 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 ▶ <input type="checkbox"/> | | |

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|-------------|-------------|-------------|-------------|-------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | | | 61,100. | 61,100. |
| 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 | 11,961,829. | 12,564,814. | 13,182,507. | 14,185,139. | 14,538,285. | 66,432,574. |
| 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 | 11,961,829. | 12,564,814. | 13,182,507. | 14,185,139. | 14,599,385. | 66,493,674. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0. |
| 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 | 5,677,856. | 759,102. | 100,077. | 507,360. | 698,591. | 7,742,986. |
| c Add lines 7a and 7b | 5,677,856. | 759,102. | 100,077. | 507,360. | 698,591. | 7,742,986. |
| 8 Public support (Subtract line 7c from line 6) | | | | | | 58,750,688. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|-------------|-------------|-------------|-------------|-------------|-------------|
| 9 Amounts from line 6 | 11,961,829. | 12,564,814. | 13,182,507. | 14,185,139. | 14,599,385. | 66,493,674. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 431,569. | 882,578. | 1,027,059. | 1,083,102. | 770,102. | 4,194,410. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 431,569. | 882,578. | 1,027,059. | 1,083,102. | 770,102. | 4,194,410. |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | 199,225. | 222,788. | 241,941. | 259,720. | 340,550. | 1,264,224. |
| 13 Total support (Add lines 9, 10c, 11, and 12) | 12,592,623. | 13,670,180. | 14,451,507. | 15,527,961. | 15,710,037. | 71,952,308. |

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

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---------|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | 81.65 % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | 80.96 % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|--------|
| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | 17 | 5.83 % |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | 5.49 % |

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

932023 02-08-10

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

FRIENDSHIP VILLAGE OF WEST COUNTY

Employer identification number

23-7333148

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d..., 3 Number of conservation easements modified..., 4 Number of states..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIV, describe how the organization reports...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116, not to report..., 1b If the organization elected, as permitted under SFAS 116, to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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 XIV

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

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

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

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

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

- 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? Yes No

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

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

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

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

- a Board designated or quasi-endowment _____%
- b Permanent endowment _____%
- c Term endowment _____%

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

- (i) unrelated organizations
- (ii) related organizations

| | Yes | No |
|--------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

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

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

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

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 681,915. | | 681,915. |
| 1b Buildings | | 45,437,459. | 16,550,366. | 28,887,093. |
| 1c Leasehold improvements | | | | |
| 1d Equipment | | 8,083,943. | 4,962,421. | 3,121,522. |
| 1e Other | | 869,701. | 580,597. | 289,104. |

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) 32,979,634.

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

| | | | |
|----|---|----|-------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 15,792,048. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 15,596,313. |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 195,735. |
| 4 | Net unrealized gains (losses) on investments | 4 | 629,135. |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net) Add lines 4 through 8 | 9 | 629,135. |
| 10 | Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9 | 10 | 824,870. |

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

| | | | |
|---|---|----|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 16,337,006. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | 629,135. |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | |
| e | Add lines 2a through 2d | 2e | 629,135. |
| 3 | Subtract line 2e from line 1 | 3 | 15,707,871. |
| 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 | 84,177. |
| b | Other (Describe in Part XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | 84,177. |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | 15,792,048. |

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

| | | | |
|---|--|----|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 15,512,136. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV) | 2d | |
| e | Add lines 2a through 2d | 2e | 0. |
| 3 | Subtract line 2e from line 1 | 3 | 15,512,136. |
| 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 | 84,177. |
| b | Other (Describe in Part XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | 84,177. |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5 | 15,596,313. |

Part XIV Supplemental Information

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

SCHEDULE D PART X LINE 2:

THE VILLAGE HAS ADOPTED ASC 740-10, INCOME TAXES, AS IT RELATES TO
 UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED JUNE 30, 2010 AND HAS EVALUATED
 THEIR TAX POSITIONS TAKEN FOR ALL OPEN TAX YEARS. CURRENTLY, THE 2007 AND
 SUBSEQUENT TAX YEARS ARE OPEN AND SUBJECT TO EXAMINATION BY THE INTERNAL
 REVENUE SERVICE FOR THE ORGANIZATION. HOWEVER, THE VILLAGE IS NOT
 CURRENTLY UNDER AUDIT NOR HAVE THEY BEEN CONTACTED BY THESE TAXING
 AUTHORITIES.

Part XIV Supplemental Information *(continued)*

BASED ON THE EVALUATION OF THE VILLAGE'S TAX POSITIONS, MANAGEMENT

BELIEVES ALL POSITIONS TAKEN WOULD BE UPHOLD UNDER AN EXAMINATION.

THEREFORE, NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAS

BEEN RECORDED FOR THE YEAR ENDED JUNE 30, 2010

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

FRIENDSHIP VILLAGE OF WEST COUNTY

Employer identification number

23-7333148

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

- a Receive a severance payment or change-of-control payment?
- b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- 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

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a The organization?
- b Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a The organization?
- b Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

| | Yes | No |
|----|-----|----|
| 1b | | |
| 2 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | X | |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Part III Supplemental Information

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

PART I, LINE 6: EMPLOYEES THAT ARE CLASSIFIED AS EMPLOYEES OF THE MANAGEMENT COMPANY (LIFE CARE SERVICES) ARE PAID A 15% BONUS BASED ON NET EARNINGS. WHETHER OR NOT THE EMPLOYEE GETS THE BONUS IS CONTINGENT UPON GOALS THAT ARE SET FOR FRIENDSHIP VILLAGE AND THE EMPLOYEES.

SCHEDULE K
(Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).
Attach to Form 990. See separate instructions.

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization

FRIENDSHIP VILLAGE OF WEST COUNTY

Employer identification number
23-7333148

Part I Bond Issues SEE SCHEDULE O FOR COLUMN (F) CONTINUATIONS

| (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 | |
|--|----------------|-------------|-----------------|-----------------|--------------------------------|--------------|----|-------------------------|----|
| | | | | | | Yes | No | Yes | No |
| THE INDUSTRIAL A DEVELOPMENT AUTHORITY OF 43-1170145791524AP6 | | | 07/11/07 | 29,179,788. | FINANCE IMPROVEMENTS AND RE | | X | | X |
| B | | | | | | | | | |
| C | | | | | | | | | |
| D | | | | | | | | | |
| E | | | | | | | | | |

Part II Proceeds

| | A | | B | | C | | D | | E |
|---|-----|-------------|-----|----|-----|----|-----|----|---|
| | Yes | No | Yes | No | Yes | No | Yes | No | |
| 1 Total proceeds of issue | | | | | | | | | |
| 2 Gross proceeds in reserve funds | | 29,486,731. | | | | | | | |
| 3 Proceeds in refunding or defeasance escrows | | 6,681,075. | | | | | | | |
| 4 Other unspent proceeds | | | | | | | | | |
| 5 Issuance costs from proceeds | | 573,200. | | | | | | | |
| 6 Working capital expenditures from proceeds | | | | | | | | | |
| 7 Capital expenditures from proceeds | | 6,020,530. | | | | | | | |
| 8 Year of substantial completion | | 2010 | | | | | | | |

| | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|
| 9 Were the bonds issued as part of a current refunding issue? | X | | | | | | | | |
| 10 Were the bonds issued as part of an advance refunding issue? | X | | | | | | | | |
| 11 Has the final allocation of proceeds been made? | X | | | | | | | | |
| 12 Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | | | | | | | |

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

FRIENDSHIP VILLAGE OF WEST COUNTY

Employer identification number

23-7333148

FORM 990, PART I, DOING BUSINESS AS:

FRIENDSHIP VILLAGE CHESTERFIELD

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AFFAIRS, IN MAKING THE VILLAGE EACH RESIDENT'S HOME, IN CARING FOR EACH
RESIDENT AND STAFF MEMBER, IN PROVIDING OPPORTUNITIES AND CHALLENGES
FOR THE GROWTH OF EACH RESIDENT AND STAFF MEMBER.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OF EACH RESIDENT AND STAFF MEMBER.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FVC WILL PROVIDE: MAINTENANCE OF THE RESIDENCES AND COMMON AREAS;
WEEKLY FLAT LAUNDRY SERVICE; FOOD SERVICE, INCLUDING ONE MEAL FOR EACH
DAY IN THE MONTH AT NO ADDITIONAL CHARGE; THE SERVICES OF A CHAPLAIN
AND RESIDENT SOCIAL DIRECTOR; SCHEDULED TRANSPORTATION SERVICES;
24-HOUR NURSING CARE IN THE HEALTH CENTER SEE ADDITIONAL PROGRAM
DESCRIPTION; BIWEEKLY HOUSEKEEPING; A CALL SYSTEM; VARIOUS
ADMINISTRATIVE SERVICES; AND ALL UTILITIES EXCEPT LONG DISTANCE
TELEPHONE.

FORM 990, PART VI, SECTION A, LINE 3: MANAGEMENT OF THE VILLAGE IS

PERFORMED BY LIFE CARE SERVICES(LCS) UNDER CONTRACT WITH FVC. LCS'S
RESPONSIBILITIES INCLUDE RECRUITING AND EMPLOYING THE EXECUTIVE DIRECTOR
AND HEALTH CENTER ADMINISTRATOR; SUPERVISING THE LICENSING, EQUIPPING, AND
STAFFING OF THE VILLAGE; PREPARING ANNUAL BUDGETS; ESTABLISHING AND

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

FRIENDSHIP VILLAGE OF WEST COUNTY

Employer identification number
23-7333148

OPERATING A SYSTEM OF FINANCIAL CONTROLS FOR THE VILLAGE, INCLUDING
COMPARATIVE ANALYSES WITH OTHER FACILITIES; SUPERVISING THE DELIVERY OF
HEALTH CARE SERVICES WHICH MEET THE GUIDELINES OF THE FEDERAL MEDICARE
(TITLE XVIII) PROGRAM; AND OVERSEEING THE FOOD SERVICE AND QUALITY OF
ACCOMMODATIONS PROVIDED BY THE VILLAGE.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE 990 IS PROVIDED TO
THE ORGANIZATION FOR REVIEW AND COMMENT BY THE EXECUTIVE DIRECTOR AND THE
BOARD OF DIRECTORS. UPON FINAL APPROVAL BY THE BOARD AND EXECUTIVE THE
RETURN IS AUTHORIZED TO BE TRANSMITTED ELECTRONICALLY TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS AND KEY
EMPLOYEES ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST POLICY ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15: EVERY TWO YEARS THE ORGANIZATION
HIRES AN INDEPENDENT COMPANY TO PREPARE A SALARY SURVEY AND THOSE SALARIES
ARE COMPARED TO THE CURRENT SALARIES. THIS SURVEY IS THEN REVIEWED BY THE
EXECUTIVE COMMITTEE TO DETERMINE APPROPRIATE SALARIES.

FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE TO THE PUBLIC UPON
REQUEST.

FORM 990, PART XI, LINE 2C
PROCESSES HAVE NOT CHANGED FROM PRIOR YEARS.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

FRIENDSHIP VILLAGE OF WEST COUNTY

Employer identification number
23-7333148

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME:

THE INDUSTRIAL DEVELOPMENT AUTHORITY OF THE COUNTY OF ST. LOUIS, MISSOURI

(B) DESCRIPTION OF PURPOSE: FINANCE IMPROVEMENTS AND REPAY PRIOR BONDS

FORM 990 PART IV, LINE 24, PART X LINE 20 & 23 & SCHEDULE K

AMENDED RETURN CHANGES

AN AMENDED RETURN WAS FILED TO CHANGE FORM 990 PART IV, LINE 24A AND
24B TO YES AND TO COMPLETE THE SUPPORTING SCHEDULE K TO REFLECT THE
ITEMS RELATED TO THE TAX-EXEMPT BOND ISSUE THAT WERE INADVERTENTLY NOT
REPORTED ON THE ORIGINAL RETURN. FORM 990 PART X LINES 20 & 23 WERE
ALSO CHANGED TO REPORT TAX-EXEMPT BOND LIABILITIES ON THE CORRESPONDING
LINES. THESE RESULTING CHANGES DO NOT AFFECT THE ORIGINAL INCOME AND
EXPENSE OF THE ORGANIZATION AS REPORTED AND REPRESENT ONLY
RECLASSIFICATIONS ON PART X OF FORM 990.

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

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

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

- a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

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

| | (a) Name of other organization(s) | (b) Transaction type (a-r) | (c) Amount involved |
|-----|--------------------------------------|-------------------------------|------------------------|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

