



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012

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

C Name of organization: WEST VUE INC
 Doing Business As: PLEASANT VALLEY MANOR
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 210 DAVIS DRIVE
 City or town, state or country, and ZIP + 4: WEST PLAINS, MO 65775

D Employer identification number: 43-0827220
E Telephone number: (417) 256-2152
G Gross receipts \$ 9,543,016

F Name and address of principal officer: STACEY SMITH, 210 DAVIS DRIVE, WEST PLAINS, MO 65775

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

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

J Website: WWW.WESTVUEINC.ORG

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: 1964
M State of legal domicile: MO

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO REACH OUT TO THE ELDERLY IN NEED, OFFERING DIGNITY, RESPECT, CHRISTIAN LOVE AND CARE WITHIN AN ENVIRONMENT WHICH REFLECTS GOD'S LOVE FOR EACH OF US		
	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	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	321
	6 Total number of volunteers (estimate if necessary)	6	18
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	850
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	13,059	3,381
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,442,702	9,275,268
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	104,419	25,673
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	122,345	136,878
		9,682,525	9,441,200
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	50,050	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,509,155	5,429,181
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,288,769	4,078,217
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,847,974	9,507,398	
19 Revenue less expenses Subtract line 18 from line 12	-165,449	-66,198	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	15,358,329	15,318,616
	21 Total liabilities (Part X, line 26)	6,554,168	6,490,538
22 Net assets or fund balances Subtract line 21 from line 20	8,804,161	8,828,078	

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: 2013-01-21
 Type or print name and title: STACEY SMITH PRESIDENT AND CEO

Paid Preparer's Use Only
 Preparer's signature:
 Date:
 Check if self-employed
 Preparer's taxpayer identification number (see instructions):
 Firm's name (or yours if self-employed), address, and ZIP + 4: BKD LLP, 910 E ST LOUIS 200/PO BOX 1190, SPRINGFIELD, MO 658062523
 EIN:
 Phone no: (417) 865-8701

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO REACH OUT TO THE ELDERLY IN NEED, OFFERING DIGNITY, RESPECT, CHRISTIAN LOVE AND CARE WITHIN AN ENVIRONMENT WHICH REFLECTS GOD'S LOVE FOR EACH OF US

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 6,546,183 including grants of \$) (Revenue \$ 7,168,213)

THE ORGANIZATION OPERATES WEST VUE NURSING & REHABILITATION CENTER WEST VUE NURSING & REHABILITATION CENTER PROVIDES SKILLED NURSING CARE, POST-OPERATIVE CARE, PERSONAL CARE ASSISTANCE, PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY, REHABILITATION AND RESTORATIVE NURSING CARE, RESPIRATORY THERAPY, DISCHARGE PLANNING, SOCIAL AND RECREATIONAL PROGRAMS, RELIGIOUS AND SPIRITUAL SERVICES, BEAUTY AND BARBER SHOP, PODIATRY SERVICE, OPTOMETRY SERVICE, AND TRANSPORTATION SEE SCHEDULE O FOR ADDITIONAL DETAILS

4b (Code) (Expenses \$ 979,065 including grants of \$) (Revenue \$ 1,172,055)

THE ORGANIZATION OPERATES PLEASANT VALLEY MANOR PLEASANT VALLEY MANOR PROVIDES HOUSING, PERSONALIZED SUPPORTIVE SERVICES, HEALTH CARE, AND 24-HOUR PROTECTIVE OVERSIGHT TO RESIDENTS SEE SCHEDULE O FOR ADDITIONAL DETAILS

4c (Code) (Expenses \$ 493,683 including grants of \$) (Revenue \$ 719,121)

THE ORGANIZATION OPERATES PLEASANT VALLEY VILLAGE PLEASANT VALLEY VILLAGE PROVIDES HOUSING WITHOUT THE HASSLES ASSOCIATED WITH MAINTAINING A HOME SEE SCHEDULE O FOR ADDITIONAL DETAILS

4d Other program services (Describe in Schedule O)

(Expenses \$ 135,648 including grants of \$) (Revenue \$ 215,879)

4e Total program service expenses \$ 8,154,579

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>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
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>		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? <i>If "Yes," complete Schedule C, Part II.</i>	Yes	
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? <i>If "Yes," complete Schedule C, Part III.</i>		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? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i>		No
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>		No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>	Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	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? <i>If "Yes," complete Schedule D, Part VII.</i>		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? <i>If "Yes," complete Schedule D, Part VIII.</i>	Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	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)? <i>If "Yes," complete Schedule D, Part X.</i>		No
12a 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>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		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? <i>If "Yes," complete Schedule F, Part I.</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II and IV.</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Part III and IV.</i>		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? <i>If "Yes," complete Schedule G, Part I.</i>		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? <i>If "Yes," complete Schedule G, Part II.</i>		No
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>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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 questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		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>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
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>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No columns. Includes rows for 1a, 1b, 1c, 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9, 9a, 9b, 10, 10a, 10b, 11, 11a, 11b, 12a, 12b, 13, 13a, 13b, 13c, 14a, 14b.

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

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

Section A. Governing Body and Management

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; 1b Enter the number of voting members included in line 1a, above, who 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?; 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 the 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

- 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request; 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JALYNN MEIDELL, 210 DAVIS DRIVE, WEST PLAINS, MO 65775, (417) 256-2152

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) NEWT BRILL CHAIRMAN	1 0	X		X				0	0	0
(2) CLARENCE BARBER VICE CHAIRMAN	1 0	X		X				0	0	0
(3) WARREN FLETCHER TREASURER	1 0	X		X				0	0	0
(4) GLENN MILLER DIRECTOR	1 0	X						0	0	0
(5) VICKI HOGAN DIRECTOR	1 0	X						0	0	0
(6) KENNETH GAMMILL DIRECTOR	1 0	X						0	0	0
(7) RANDY PACE SECRETARY	1 0	X		X				0	0	0
(8) BRIAN DENTON DIRECTOR	1 0	X						0	0	0
(9) MARK BELL DIRECTOR	1 0	X						0	0	0
(10) JALYNN MEIDELL VICE PRESIDENT OF FINANCE	40 0			X				54,102	0	18,059
(11) STACEY SMITH PRESIDENT/CEO	40 0			X				78,408	0	19,478

Part VIII Statement of Revenue

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a						
	b	Membership dues 1b						
	c	Fundraising events 1c						
	d	Related organizations 1d						
	e	Government grants (contributions) 1e						
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	3,381					
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f	3,381					
Program Service Revenue	2a	PATIENT SERVICE REVENUE	623990	8,293,775	8,293,775			
	b	MEALS/VENDING	722210	27,210	27,210			
	c	VILLAGE & APARTMENT RENT	531120	935,000	935,000			
	d	OTHER INCOME	900099	19,283	19,283			
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		9,275,268				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		96,981		96,981		
	4	Income from investment of tax-exempt bond proceeds		0				
	5	Royalties		0				
	6a	Gross rents	(i) Real	166,333				
			(ii) Personal					
			b	Less rental expenses	30,305			
			c	Rental income or (loss)	136,028			
	d	Net rental income or (loss)		136,028		136,028		
	7a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			b	Less cost or other basis and sales expenses		71,308		
			c	Gain or (loss)		-71,308		
	d	Net gain or (loss)		-71,308		-71,308		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
b	Less direct expenses b							
c	Net income or (loss) from fundraising events		0					
9a	Gross income from gaming activities See Part IV, line 19	a						
b	Less direct expenses b							
c	Net income or (loss) from gaming activities		0					
10a	Gross sales of inventory, less returns and allowances	a	1,053					
		b	Less cost of goods sold b	203				
		c	Net income or (loss) from sales of inventory		850		850	
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		0					
12	Total revenue. See Instructions		9,441,200	9,275,268	850	161,701		

Part IX Statement of Functional Expenses

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

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

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	199,042		199,042	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	4,191,874	3,835,941	355,933	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,666	8,301	2,365	
9	Other employee benefits	700,516	544,407	156,109	
10	Payroll taxes	327,083	254,566	72,517	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	11,157		11,157	
c	Accounting	81,025		81,025	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	10,570		10,570	
g	Other	574,022	560,897	13,125	
12	Advertising and promotion	27,658		27,658	
13	Office expenses	850,247	754,679	95,568	
14	Information technology	21,043	207	20,836	
15	Royalties	0			
16	Occupancy	421,841	368,643	53,198	
17	Travel	76,489	59,799	16,690	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,105		1,105	
20	Interest	297,429	231,487	65,942	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	597,488	465,021	132,467	
23	Insurance	103,647	80,587	23,060	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	BAD DEBT	197,193	197,193		
b	LICENSES, DUES & SUBSCRIPTIONS	13,095		13,095	
c	NFRA FEES	499,764	499,764		
d	HOLD HARMLESS FEE	57,342	57,342		
e					
f	All other expenses	237,102	235,745	1,357	
25	Total functional expenses. Add lines 1 through 24f	9,507,398	8,154,579	1,352,819	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	3,380	1	11,937
	2 Savings and temporary cash investments	1,261,483	2	1,825,658
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	782,300	4	593,086
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	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	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	49,190	8	38,571
	9 Prepaid expenses and deferred charges	78,606	9	72,770
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	18,365,179		
	b Less accumulated depreciation	8,186,985		
	11 Investments—publicly traded securities	10,576,340	10c	10,178,194
	12 Investments—other securities See Part IV, line 11	0	11	0
	13 Investments—program-related See Part IV, line 11	0	12	0
	14 Intangible assets	2,513,352	13	2,487,296
	15 Other assets See Part IV, line 11	0	14	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	93,678	15	111,104	
	15,358,329	16	15,318,616	
Liabilities	17 Accounts payable and accrued expenses	483,858	17	535,074
	18 Grants payable	40,000	18	30,000
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	12,166	21	12,025
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	6,016,250	23	5,793,654
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	1,894	25	119,785
	26 Total liabilities. Add lines 17 through 25	6,554,168	26	6,490,538
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	8,804,161	27	8,828,078
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117, 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	8,804,161	33	8,828,078	
34 Total liabilities and net assets/fund balances	15,358,329	34	15,318,616	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,441,200
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,507,398
3	Revenue less expenses Subtract line 2 from line 1	3	-66,198
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,804,161
5	Other changes in net assets or fund balances (explain in Schedule O)	5	90,115
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	8,828,078

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
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	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

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

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

Name of the organization
WEST VUE INC

Employer identification number

43-0827220

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

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

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")		3,693	7,407	13,059	3,381	27,540
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	8,368,338	8,392,831	9,423,971	9,442,702	9,275,268	44,903,110
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	8,368,338	8,396,524	9,431,378	9,455,761	9,278,649	44,930,650
7a Amounts included on lines 1, 2, and 3 received from disqualified persons			5,000	10,000		15,000
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			5,000	10,000		15,000
8 Public Support (Subtract line 7c from line 6)						44,915,650

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	8,368,338	8,396,524	9,431,378	9,455,761	9,278,649	44,930,650
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	277,543	386,287	279,280	265,841	263,314	1,472,265
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	277,543	386,287	279,280	265,841	263,314	1,472,265
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)	8,645,881	8,782,811	9,710,658	9,721,602	9,541,963	46,402,915
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	96 795 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	96 571 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	3 173 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	3 395 %

- 19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization WEST VUE INC

Employer identification number

43-0827220

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
2 Political expenditures
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities? If "Yes," describe in Part IV	Yes		474
j Total lines 1c through 1i			474
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
LOBBYING ACTIVITIES	SCHEDULE C, PART II-B, LINE 1(I)	THE ORGANIZATION PAYS DUES TO LEADINGAGE MISSOURI AND LEADINGAGE NATIONAL A PORTION OF THESE DUES ARE ATTRIBUTABLE TO LOBBYING

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization WEST VUE INC

Employer identification number 43-0827220

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 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

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

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

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

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

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

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

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

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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f 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	200,610	192,873	179,799	165,277	
b Contributions					
c Investment earnings or losses	14,070	7,737	13,074	14,522	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	214,680	200,610	192,873	179,799	

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

- a** Board designated or quasi-endowment ▶ 100.000 %
- b** Permanent endowment ▶
- c** Term endowment ▶

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		866,130		866,130
b Buildings		15,063,016	6,603,731	8,459,285
c Leasehold improvements		559,945	333,493	226,452
d Equipment		1,872,588	1,249,761	622,827
e Other		3,500		3,500
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				10,178,194

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,441,200
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,507,398
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-66,198
4	Net unrealized gains (losses) on investments	4	90,115
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	90,115
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	23,917

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

1	Total revenue, gains, and other support per audited financial statements	1	9,633,131
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	90,115
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	90,115
3	Subtract line 2e from line 1	3	9,543,016
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-101,816
c	Add lines 4a and 4b	4c	-101,816
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	9,441,200

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

1	Total expenses and losses per audited financial statements	1	9,609,214
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	101,816
e	Add lines 2a through 2d	2e	101,816
3	Subtract line 2e from line 1	3	9,507,398
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	9,507,398

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
ESCROW ARRANGEMENT	SCHEDULE D, PART IV, LINE 2B	THE ORGANIZATION IS THE TRUSTEE OF FUNDS RECEIVED ON BEHALF OF VARIOUS RESIDENTS THE ORGANIZATION HAS A FIDUCIARY RESPONSIBILITY FOR THE ADMINISTRATION OF THE BANK ACCOUNT AND THE DISTRIBUTION OF THE FUNDS TO RESIDENTS
ENDOWMENT FUNDS PURPOSE	SCHEDULE D, PART V, LINE 4	THE ORGANIZATION HAS ONE ENDOWMENT FUND, HELD THROUGH A BANK, WHICH THE BOARD HAS DESIGNATED TO BE USED FOR SALARIES AND WAGES OF PATIENT-RELATED STAFF
UNCERTAIN TAX POSITIONS	SCHEDULE D, PART X, LINE 2	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS
OTHER REVENUE INCLUDED ON FORM 990, PART VIII, LINE 12, BUT NOT ON LINE 1	SCHEDULE D, PART XII, LINE 4B	\$(30,305) EXPENSES RELATED TO RENTAL INCOME (203) COGS RELATED TO UNRELATED BUSINESS ACTIVITY (71,308) LOSS ON DISPOSAL OF FIXED ASSETS _____ \$ (101,816)
OTHER EXPENSES INCLUDED ON FORM 990, PART IX, LINE 25, BUT NOT ON LINE 1	SCHEDULE D, PART XIII, LINE 2D	\$ 30,305 EXPENSES RELATED TO RENTAL INCOME 203 COGS RELATED TO UNRELATED BUSINESS ACTIVITIES 71,308 LOSS ON DISPOSAL OF FIXED ASSETS _____ \$ 101,816

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

2011

**Open to Public
Inspection**

Name of the organization
WEST VUE INC

Employer identification number

43-0827220

Identifier	Return Reference	Explanation
FICTITIOUS NAMES	FORM 990, LINE C	<p>IN ADDITION TO PLEASANT VALLEY MANOR, THE ORGANIZATION IS ALSO DOING BUSINESS AS WEST VUE NURSING & REHABILITATION CENTER WEST VUE ELDERLY APARTMENTS PLEASANT VALLEY VILLAGE PROGRAM SERVICE ACTIVITY #1 FORM 990, PART III, LINE 4A FOR OVER FORTY YEARS WEST VUE NURSING CENTER HAS BEEN THE LONG-TERM CARE LEADER IN PROVIDING SKILLED NURSING CARE TO RESIDENTS OF SOUTH CENTRAL MISSOURI A FULL-SERVICE NURSING HOME, WEST VUE'S NURSING PROGRAM TREATS A WIDE RANGE OF SKILLED, INTERMEDIATE, REHABILITATIVE, AND SUPPORTIVE CARE NEEDS WITH A FAMILY TOUCH WEST VUE NURSING AND REHABILITATION CENTER PROVIDES SKILLED NURSING CARE, POST-OPERATIVE CARE, PERSONAL CARE ASSISTANCE, PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY, REHABILITATION AND RESTORATIVE NURSING CARE, RESPIRATORY THERAPY, DISCHARGE PLANNING, SOCIAL AND RECREATIONAL PROGRAMS, RELIGIOUS AND SPIRITUAL SERVICES, BEAUTY AND BARBER SHOP, PODIATRY SERVICE, OPTOMETRY SERVICE, AND TRANSPORTATION MANY RESIDENTS HAVE BEEN RECENTLY HOSPITALIZED AND NEED MORE TIME TO RECOVER BEFORE RETURNING HOME OTHERS HAVE CONDITIONS THAT REQUIRE NURSING CARE ON A LONG-TERM BASIS WHATEVER THE NEED, WEST VUE PROVIDES PROFESSIONAL, COMPREHENSIVE MEDICAL AND REHABILITATION SERVICES ON ADMISSION, AND ROUTINELY THEREAFTER, WEST VUE'S PROFESSIONAL STAFF WILL ASSESS EACH RESIDENT'S MEDICAL AND PHYSICAL CONDITION PROBLEMS AND STRENGTHS ARE IDENTIFIED, POTENTIAL CAPABILITIES DETERMINED, AND A CARE, REHABILITATION, OR TREATMENT PLAN IS IMPLEMENTED FOR EACH PROBLEM, ENSURING THAT ALL RESIDENTS' NEEDS ARE MET THE HEART OF EVERY ORGANIZATION IS ITS STAFF AND WEST VUE IS BLESSED WITH A CARING HEART WEST VUE BELIEVES THAT STAFF NUMBERS, SKILL LEVELS AND STAFF TRAINING DIRECTLY RELATE TO THE DELIVERY OF QUALITY CARE AND WEST VUE IS COMMITTED TO MAXIMIZE ITS STAFF WEST VUE'S STAFF PROVIDES SKILLED AND COMPASSIONATE CARE IN A WAY THAT IS RESPECTFUL, ENCOURAGING, AND UNDERSTANDING OF EACH RESIDENT'S PARTICULAR NEEDS TOGETHER WITH PHYSICIANS, THE DEDICATED STAFF OF EXPERT NURSES AND THERAPISTS WORK HARD TO HELP RESIDENTS ACHIEVE REHABILITATIVE OR SUPPORTIVE GOALS THAT ARE MUTUALLY AGREED UPON BY RESIDENTS, RESIDENTS' FAMILY, AND WEST VUE'S STAFF AS A RESULT, WEST VUE IS A HOME WHERE THERE IS TIME FOR SPECIAL MOMENTS BETWEEN RESIDENTS AND STAFF, WHERE FEELINGS OF TRUST, FRIENDSHIP, AND SECURITY GROW DAILY WEST VUE'S DIETARY PROGRAM OFFERS DINING ROOM, CAFE, AND ROOM SERVICE RESIDENTS CAN ELECT TO EAT THEIR MEALS IN THE SPACIOUS DINING ROOM, ENJOY SOUP OR SALAD, OR SOME SHORT ORDER MEALS IN THE CAFE, OR DINE IN THEIR OWN ROOM HOME-STYLE MEALS ARE PROVIDED TO MEET EACH RESIDENT'S INDIVIDUAL PREFERENCE SPECIAL DIETS AND SNACKS ARE ALSO AVAILABLE WEST VUE OFFERS A FULL RANGE OF SOCIAL AND RECREATIONAL PROGRAMS FOR ITS RESIDENTS ALWAYS A HIT ARE FAMILY DINNER PARTIES, WITH SEVERAL PLANNED EACH YEAR SHOPPING, ATTENDING COMMUNITY EVENTS AND PICNICS ARE AVAILABLE TO ALL RESIDENTS BY UTILIZING OUR SPECIALLY DESIGNED BUS WITH WHEEL CHAIR LIFT DAILY EVENTS ARE PLANNED WITHIN THE NURSING HOME TOO RESIDENT FAVORITES INCLUDE MUSIC PROGRAMS, RELIGIOUS SERVICES, REMINISCING GROUPS, EXERCISE PROGRAMS, TABLE GAMES AND VISITS FROM SPECIAL COMMUNITY GROUPS JUST LIKE ANY FAMILY, EVERY OCCASION IS CELEBRATED WITH PARTIES AND GET-TOGETHERS, BUT WHAT REALLY SETS THE WEST VUE "FAMILY" APART IS THE ONE-ON-ONE ATTENTION EVERY RESIDENT RECEIVES, A CONSTANT FLOW OF FRIENDSHIP AND LOVE ALL ROOMS ARE PRIVATE AT WEST VUE NURSING CENTER SOME HAVE A PRIVATE BATH, WHILE OTHERS SHARE A BATH BETWEEN TWO PRIVATE ROOMS, BUT EVERYONE HAS THEIR OWN PRIVATE SPACE TO ENJOY RESIDENTS ARE ENCOURAGED TO ADD THEIR FAVORITE FURNISHINGS TO THEIR BEAUTIFULLY DECORATED ROOM TO MAKE THEIR HOME AWAY FROM HOME AS WARM AND INVITING AS POSSIBLE IN ADDITION TO A WARM AND FRIENDLY ATMOSPHERE, WEST VUE NURSING CENTER OFFERS MANY SPECIAL FEATURES AND AMENITIES TO BETTER SERVE RESIDENTS AND THEIR FAMILIES RESIDENTS MAY VISIT THE DESIGNATED ACTIVITY ROOM TO PARTICIPATE IN FUN AND ENTERTAINING ACTIVITIES OR SIT IN ONE OF THE LARGE OUTDOOR COURTYARDS TO ENJOY THE GREAT OZARK WEATHER A "FIREPLACE ROOM" PROVIDES A COMFORTABLE SETTING FOR FAMILY VISITS, SPECIAL EVENTS AND PARTIES AS WELL AS A QUIET RETREAT TO VISIT A MAJOR HIGHLIGHT OF EVERY WOMAN'S WEEK IS A TRIP TO THE BEAUTY SHOP THERE'S NOTHING LIKE A NEW HAIR-DO TO PERK UP A PERSON'S SPIRIT WEST VUE HAS A FULLY APPOINTED BEAUTY SHOP TO PAMPER AND PRIMP THE WEST VUE RETIREMENT COMMUNITY BUS IS FULLY ACCESSIBLE AND AVAILABLE TO WEST VUE NURSING CENTER RESIDENTS FOR ACTIVITIES SUCH AS SHOPPING TRIPS, SPECIAL EVENTS OR A VISIT TO A LOCAL RESTAURANT WHILE ALL FACILITIES SHARE A COMMON GOAL OF PROVIDING EXCELLENT PATIENT CARE, WEST VUE NURSING AND REHABILITATION CENTER REALIZES THAT EVERYONE HAS UNIQUE NEEDS AND CHALLENGES WHATEVER THE PATIENT REQUIRES, WEST VUE IS DEDICATED TO HELPING MAXIMIZE THE POTENTIAL OF EVERY INDIVIDUAL WEST VUE NURSING AND REHABILITATION CENTER TAKES THE RESPONSIBILITY</p>

Identifier	Return Reference	Explanation
FICTITIOUS NAMES	FORM 990, LINE C	TY OF RESTORING INDEPENDENCE, DIGNITY, AND QUALITY OF LIFE SERIOUSLY AS A RESULT, WEST VU E EMPLOYS HIGHLY QUALIFIED PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY PROFESSIONALS TO ENSURE THAT THE RESIDENTS THAT LIVE HERE RECEIVE THE CARE AND SERVICES THEY REQUIRE TO HELPT HEM REACH THEIR HIGHEST PRACTICABLE LEVEL OF INDEPENDENCE. MANY RESIDENTS COME TO THE FACI LITY AFTER AN ACUTE ILLNESS OR INJURY AND ARE ABLE TO HAVE THEIR FUNCTION RESTORED SO THAT THEY CAN RETURN TO LIFE IN THE COMMUNITY. OTHER RESIDENTS CHOOSE TO STAY AT WEST VUE, MAK ING THIS THEIR PERMANENT HOME. REGARDLESS OF THE CIRCUMSTANCES, THE THERAPY AND NURSING ST AFFS WORK DILIGENTLY TO ASSURE THAT ALL RESIDENTS ARE RESTORED TO THEIR HIGHEST POSSIBLE L LEVEL OF FUNCTION.

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACTIVITY #2	FORM 990, PART III, LINE 4B	<p>MANY OLDER ADULTS NEED HELP BUT WANT TO REMAIN AS INDEPENDENT AS POSSIBLE. THE SERVICES AT PLEASANT VALLEY MANOR COMBINE HOSPITALITY AND HEALTHCARE IN A HOME-LIKE SETTING THAT SUPPORTS THE RESIDENTS IN MAINTAINING THEIR INDEPENDENCE. A RESIDENTIAL CARE FACILITY, PLEASANT VALLEY MANOR OFFERS A COMBINATION OF HOUSING, PERSONALIZED SUPPORTIVE SERVICES, HEALTH CARE AND 24-HOUR PROTECTIVE OVERSIGHT TO RESIDENTS. SERVICES ARE DESIGNED TO MEET THE NEEDS OF THOSE WHO ARE UNABLE TO LIVE BY THEMSELVES BUT DO NOT NEED THE SKILLED HEALTH CARE A NURSING HOME PROVIDES. PERSONAL CARE SERVICES ARE PROVIDED BY A STAFF OF EXPERIENCED CARING PROFESSIONALS. THESE SERVICES INCLUDE ADMINISTRATION OF MEDICATIONS AND ASSISTANCE WITH ACTIVITIES OF DAILY LIVING SUCH AS BATHING, DRESSING, HYGIENE, GROOMING, AND ASSISTANCE WITH MEALS. CARE ATTENDANTS ARE CAREFULLY SELECTED FOR THEIR COMPASSIONATE NATURE AND COMMITMENT TO PERSONAL SERVICE. AROUND THE CLOCK, THEY ARE AVAILABLE TO HELP RESIDENTS WITH PERSONAL CARE AND OTHER UNIQUE INDIVIDUAL NEEDS. THREE NUTRITIONALLY BALANCED MEALS AND TWO SNACKS ARE SERVED EACH DAY OF THE WEEK. SELECT MENUS OFFER A VARIETY OF FOOD CHOICES FOR RESIDENTS TO CHOOSE THEIR FOOD PREFERENCES FOR EACH MEAL. THE DIETARY STAFF ALSO MODIFIES MEALS FOR RESIDENTS WITH SPECIAL DIETS. SOCIAL, RECREATIONAL, AND EDUCATIONAL ACTIVITIES ARE DESIGNED AROUND RESIDENTS' NEEDS AND INTERESTS. CHURCH SERVICES, CRAFTS, BINGO, CARD GAMES, OUTINGS FOR LUNCH AND SHOPPING TRIPS ARE JUST SOME OF THE SOCIAL AND RECREATIONAL ACTIVITIES AVAILABLE TO RESIDENTS ON A REGULAR BASIS. HOUSEKEEPING AND LINEN SERVICES ARE ALSO PROVIDED AND LAUNDRY SERVICE IS AVAILABLE FOR A NOMINAL FEE. FOR THOSE RESIDENTS WHO PREFER TO DO THEIR OWN LAUNDRY, A COIN-O-MATIC WASHER AND DRYER ARE AVAILABLE FOR PERSONAL USE. PLEASANT VALLEY MANOR'S RESIDENTIAL CARE ACCOMMODATIONS AND SERVICES HAVE BEEN SPECIALLY DESIGNED TO PROVIDE RETIREMENT LIVING FOR THE OLDER RETIREE WHO NEEDS SPECIAL ASSISTANCE AND SUPPORT. SINGLE AND TWO-ROOM SUITES WITH A PRIVATE ENTRANCE AND BATHROOM ARE AVAILABLE TO RESIDENTS. EACH ROOM HAS A SPACIOUS CLOSET AND PRIVATE BATHROOM. ALL ROOMS INCLUDE CABLE AND TELEPHONE CAPABILITY, WALL-TO-WALL CARPETING, AN EMERGENCY CALL SYSTEM AND INDIVIDUAL HEATING AND AIR-CONDITIONING CONTROLS. RESIDENTS ARE FREE TO USE THEIR PERSONAL FURNISHINGS AND DECORATE THEIR ROOMS AS THEY WISH IN ACCORDANCE WITH FACILITY POLICIES AND SAFETY REGULATIONS. ATTRACTIVE COMMUNITY AREAS INVITE SOCIALIZING WITH NEW FRIENDS AND VISITING WITH FAMILY. IN ADDITION TO PERSONAL CARE SERVICES, NURSING SERVICE CAN ASSIST RESIDENTS AND FAMILIES WITH SCHEDULING OF MEDICAL APPOINTMENTS, TESTS, AND PROCEDURES. AND WITH ADVANCE NOTICE, TRANSPORTATION FOR MEDICAL SERVICES CAN ALSO BE ARRANGED BY THE PLEASANT VALLEY MANOR NURSING STAFF. CONVENIENTLY LOCATED NEAR THE SOUTH DINING ROOM, THE PLEASANT VALLEY MANOR BEAUTY SHOP IS OPEN ONE DAY A WEEK TO SCHEDULE RESIDENTS FOR HAIR CARE APPOINTMENTS. THE LICENSED BEAUTICIAN HAS MANY YEARS OF EXPERIENCE AND PROVIDES PROFESSIONAL HAIR CARE SERVICES AT AFFORDABLE PRICES TO HELP RESIDENTS LOOK AND FEEL THEIR BEST. PLEASANT VALLEY MANOR RESIDENTS OFTEN UTILIZE THE FULLY ACCESSIBLE WEST VUE RETIREMENT COMMUNITY BUS FOR SHOPPING TRIPS, SIGHTSEEING TOURS AND SPECIAL EVENTS.</p>

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACTIVITY #3	FORM 990, PART III, LINE 4C	<p>AS WEST VUE CONTINUES TO MEET THE NEEDS OF SENIORS IN THE COMMUNITY , WEST VUE RETIREMENT COMMUNITY HAS GROWN TO ASSIST ACTIVE SENIORS WITH INDEPENDENT LIVING RETIREMENT HOMES INSTEAD OF THE RESPONSIBILITY OF HOME MAINTENANCE, THE VILLAGE HOMES PROVIDE A WONDERFUL OPTION FOR INDEPENDENT, ACTIVE SENIORS WHO WOULD RATHER TRAVEL, TAKE A STROLL ON CAMPUS, GO TO THE PARK FOR A PICNIC, OR GET TOGETHER WITH FRIENDS FOR AN AFTERNOON ADVENTURE. MOVING TO PLEASANT VALLEY VILLAGE MEANS A RESIDENT WILL NO LONGER HAVE THE WORRIES AND HASSLES ASSOCIATED WITH MAINTAINING A HOME. THE WEST VUE MAINTENANCE DEPARTMENT TAKES CARE OF ALL REPAIRS AND MAINTENANCE FOR THE HOMES IN PLEASANT VALLEY VILLAGE, INCLUDING TRASH PICK-UP AND LAWN CARE SERVICES. THESE 72 BEAUTIFUL RETIREMENT HOMES ARE SPECIFICALLY DESIGNED TO MEET THE NEEDS OF SENIORS. THERE ARE RETIREMENT HOMES LOCATED IN THREE ADDITIONS IN PLEASANT VALLEY VILLAGE. ALTHOUGH THE HOMES IN ALL ADDITIONS HAVE DIFFERENT FLOOR PLANS, THEY ARE SIMILAR IN SIZE AND OFFER THE SAME BASIC AMENITIES. EACH 1,500 SQUARE FOOT, ALL ELECTRIC HOME FEATURES AN OPEN FLOOR PLAN WITH A LARGE LIVING-DINING AREA, FULL KITCHEN WITH APPLIANCES, MASTER AND GUEST BEDROOM WITH TWO FULL BATHS (ONE IS HANDICAP ACCESSIBLE), HOOK-UP FOR WASHER AND DRYER, ABUNDANT CLOSET SPACE AND A ONE-CAR GARAGE. THE UNITS IN THE FLETCHER ADDITION HAVE A PATIO AND THE UNITS IN THE ANDERSON ADDITION FEATURE A SCREENED PORCH AND A LAWN SPRINKLER SYSTEM TO ASSIST WITH CARE AND MAINTENANCE OF THE BEAUTIFULLY LANDSCAPED LAWNS, TREES, AND SHRUBS. THE HOMES ARE CONSTRUCTED ON ONE LEVEL AND ARE EASILY ACCESSIBLE FOR PERSONS WITH DISABILITIES. NEUTRAL COLORS WERE CHOSEN FOR THE INTERIOR DECOR TO ALLOW EACH RESIDENT FLEXIBILITY IN DECORATING THEIR HOME TO THEIR OWN PREFERENCE. IN THE BRADFORD ADDITION, THE FLOOR PLAN IS SLIGHTLY DIFFERENT THAN HOMES IN THE ANDERSON ADDITION. A LAUNDRY ROOM AND WALK-IN CLOSET IN THE MASTER BEDROOM ARE TWO OF THE NEW FEATURES THAT CAN BE FOUND IN THESE SPACIOUS RETIREMENT HOMES.</p>

Identifier	Return Reference	Explanation
OTHER PROGRAM SERVICES	FORM 990, PART III, LINE 4D	<p>WEST VUE APARTMENTS OPERATE AS A HUD SECTION 202/8 HOUSING PROGRAM AND HAVE BEEN DESIGNED TO PROVIDE RETIREMENT APARTMENTS FOR THE RETIRED ADULT WHO QUALIFIES FOR RENT ASSISTANCE FROM THE HOUSING ASSISTANCE PROGRAM. LIVING AT WEST VUE APARTMENTS ALSO MEANS THAT RESIDENTS CAN ENJOY A COMFORTABLE, SAFE, AND FRIENDLY LIVING ENVIRONMENT WITHOUT THE WORRIES THAT COME WITH MAINTAINING A HOME. ALL MAINTENANCE AND REPAIR SERVICES ARE PROVIDED TO RESIDENTS AT NO ADDITIONAL COST. WEST VUE APARTMENTS PROVIDE THE FREEDOM AND INDEPENDENCE OF LIVING IN YOUR OWN APARTMENT. EACH APARTMENT INCLUDES 545 SQUARE FEET OF LIVING AREA COMPOSED OF A PLEASANT LIVING ROOM AND DINING AREA, KITCHEN, BEDROOM WITH FULL BATH, ABUNDANT CLOSETS AND STORAGE, WALL-TO-WALL CARPET, KITCHEN APPLIANCES, FROST-FREE REFRIGERATOR, CABLE ACCESSIBILITY AND AN EMERGENCY CALL SYSTEM. CONVENIENTLY LOCATED NEAR DOCTORS' OFFICES, THE HOSPITAL AND SHOPPING, THERE ARE PLENTY OF AMENITIES AT WEST VUE APARTMENTS. RESIDENTS CAN VISIT IN THE LOUNGE FOR SOCIAL GATHERINGS AND RECREATION, JOIN AN EXERCISE GROUP, OR CHECK OUT A BOOK FROM THE LIBRARY. RESIDENTS ALSO HAVE ACCESS TO A LAUNDROMAT, BEAUTY SALON, AND BARBER SERVICES. FOR THOSE WHO NEED IT, NOON MEALS CAN BE DELIVERED. ALSO, WEST VUE APARTMENTS PROVIDE HEALTH MONITORING AND THE EMERGENCY CALL RESPONSE SERVICE MAKES SURE RESIDENTS ARE ALWAYS ABLE TO GET THE HELP REQUIRED. IF RESIDENTS EVER NEED SKILLED CARE OR REHABILITATION, WEST VUE'S CONTINUUM OF CARE PROGRAM WILL GIVE THE HELP NEEDED. SHOULD RESIDENTS NEED TO CHECK INTO ONE OF THE OTHER FACILITIES, THEY WILL BE GIVEN PRIORITY STATUS. THE ORGANIZATION ALSO MAINTAINS LEASE AGREEMENTS WITH THE LOCAL HOSPITAL, OZARKS MEDICAL CENTER, USING THEIR OLD NURSING HOME SPACE FOR THE HOSPITAL TO USE AS A BEHAVIORAL HEALTH FACILITY. ALONG WITH PHYSICIANS' OFFICES AND OTHER HOSPITAL-RELATED SERVICES.</p>

Identifier	Return Reference	Explanation
MEMBERS	FORM 990, PART VI, SECTION A, LINES 6, 7A & 7B	THE MEMBERS OF THE ORGANIZATION ARE THE BAPTIST CHURCHES THAT ARE MEMBERS OF SOUTH CENTRAL BAPTIST ASSOCIATION OF WEST PLAINS, MISSOURI. EACH MEMBER CHURCH SHALL BE ENTITLED TO THREE VOTES ON EACH MATTER SUBMITTED TO A VOTE OF THE MEMBERS. THE ANNUAL ELECTION OF THE BOARD OF DIRECTORS SHALL BE HELD AT THE ANNUAL MEETING OF THE SOUTH CENTRAL BAPTIST ASSOCIATION. AT THIS MEETING, EACH MEMBER CHURCH SHALL NOMINATE AND ELECT DIRECTORS TO FILL OFFICES WHICH HAVE EXPIRED AT THAT TIME. A DIRECTOR MUST BE A MEMBER OF A MEMBER CHURCH OF SOUTH CENTRAL BAPTIST ASSOCIATION, AND MUST BE CO-OPERATING WITH THE PROGRAMS OF SOUTH CENTRAL BAPTIST ASSOCIATION. ADDITIONALLY, THE SECRETARY OF HOUSING AND URBAN DEVELOPMENT REQUIRES WRITTEN CONCURRENCE BEFORE DISSOLUTION OF THE ORGANIZATION.

Identifier	Return Reference	Explanation
REVIEW OF FORM 990	FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON THE AUDITED FINANCIAL STATEMENTS AND INFORMATION PROVIDED BY THE ACCOUNTING DEPARTMENT OF THE ORGANIZATION. THE FORM 990 IS INITIALLY INTERNALLY REVIEWED BY THE CEO/PRESIDENT AND VICE PRESIDENT OF FINANCE. AFTER THIS REVIEW, THE FORM 990 IS SENT TO BOARD MEMBERS THROUGH E-MAIL, GIVING BOARD MEMBERS THE OPPORTUNITY FOR QUESTIONS, COMMENTS, OR CHANGES. THE FORM 990 IS THEN PRESENTED AT ITS BOARD MEETING TO ALLOW FOR FINAL CHANGES FROM ALL BOARD MEMBERS PRESENT BEFORE THE FINAL FORM 990 IS FILED.

Identifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12C	ALL DIRECTORS, OFFICERS, AND EMPLOYEES OF THE ORGANIZATION ARE COVERED UNDER THE CONFLICT OF INTEREST POLICY ANY INCONSISTENCIES WITH THE POLICY ARE REPORTED TO THE BOARD OF DIRECTORS WHO THEN WILL DECIDE IF SUCH INTEREST SHOULD PREVENT THE ORGANIZATION FROM ENTERING INTO A PARTICULAR TRANSACTION, PURCHASE, OR EMPLOYMENT OF SERVICES IF A BOARD MEMBER IS DETERMINED TO HAVE A CONFLICT OF INTEREST, HE/SHE WOULD ABSTAIN FROM VOTING ON THE MATTER RELATED TO THE CONFLICT

Identifier	Return Reference	Explanation
COMPENSATION DETERMINATION	FORM 990, PART VI, SECTION B, LINES 15A & 15B	THE ORGANIZATION'S BOARD OF DIRECTORS DESIGNATED A SEARCH COMMITTEE MADE UP OF BOARD MEMBERS FOR RECRUITING THE CURRENT CEO. THE SEARCH COMMITTEE USED COMPARABILITY DATA FROM AN INDEPENDENT ACCOUNTING FIRM AS WELL AS A NATIONAL PUBLICATION OF AVERAGE SALARIES PAID TO LIKE POSITIONS. THE SEARCH COMMITTEE THEN PRESENTED THEIR RECOMMENDATION OF SALARY AND CONTRACT TERMS TO THE BOARD OF DIRECTORS WHO THEN ENTERED INTO A ONE-YEAR RENEWABLE CONTRACT WITH THE CURRENT CEO EFFECTIVE FEBRUARY 1, 2012. NO OTHER OFFICERS OR EMPLOYEES RECEIVE THIS COMPENSATION REVIEW.

Identifier	Return Reference	Explanation
DOCUMENT DISCLOSURE	FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY AS PART OF THE CORPORATE COMPLIANCE PROGRAM ARE AVAILABLE UPON REQUEST THE REQUESTOR MAY VIEW THE DOCUMENTS ON-SITE, OR MAY REQUEST FOR COPIES TO BE E-MAILED, MAILED, OR FAXED

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	\$ 90,115 UNREALIZED GAINS

Additional Data

Software ID:

Software Version:

EIN: 43-0827220

Name: WEST VUE INC

Form 990, Special Condition Description:

Special Condition Description