



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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 10-01-2015, and ending 09-30-2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WEST VUE INC % JALYNN MEIDELL Doing business as WEST VUE NURSING& REHABILITATION CTR 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 province, country, and ZIP or foreign postal code WEST PLAINS, MO 657752241	D Employer identification number 43-0827220 E Telephone number (417) 256-2152 G Gross receipts \$ 10,580,476
F Name and address of principal officer JALYNN MEIDELL 210 DAVIS DRIVE WEST PLAINS, MO 657752241		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates 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) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		L Year of formation 1964 M State of legal domicile MO
J Website: ▶ WWW.WESTVUEINC.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary

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 2015 (Part V, line 2a)	5	274
6	Total number of volunteers (estimate if necessary)	6	17
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	70,880	596,269
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,905,049	9,963,295
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	39,083	51,829
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	-32,331
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,015,012	10,579,062
	14 Benefits paid to or for members (Part IX, column (A), line 4)	527	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	5,189,949	5,462,198
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰	0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,352,066	4,442,653
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	9,542,542	9,904,851	
19 Revenue less expenses Subtract line 18 from line 12	472,470	674,211	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	14,713,341	15,131,299
	22 Net assets or fund balances Subtract line 21 from line 20	5,760,474	5,482,598
		8,952,867	9,648,701

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	2017-01-06	Date
	JALYNN MEIDELL, PRESIDENT & CEO		
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name Bran D Todd	Preparer's signature Bran D Todd	Date
	Firm's name ▶ BKD LLP	Check <input type="checkbox"/> if self-employed PTIN P00422601	
	Firm's address ▶ 910 E ST LOUIS 200/PO BOX 1190 SPRINGFIELD, MO 658062523	Firm's EIN ▶ Phone no (417) 865-8701	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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 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 \$ 6,913,927 including grants of \$) (Revenue \$ 7,794,360)
 THE ORGANIZATION OPERATES WEST VUE NURSING AND REHABILITATION CENTER, WHICH 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 IF RESIDENTS EVER NEED A DIFFERENT LEVEL OF CARE, 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 SEE SCHEDULE O FOR ADDITIONAL DETAILS

4b (Code) (Expenses \$ 812,744 including grants of \$) (Revenue \$ 1,123,373)
 THE ORGANIZATION OPERATES PLEASANT VALLEY MANOR PLEASANT VALLEY MANOR PROVIDES HOUSING, PERSONALIZED SUPPORTIVE SERVICES, HEALTH CARE, AND 24-HOUR PROTECTIVE OVERSIGHT TO RESIDENTS IF RESIDENTS EVER NEED A DIFFERENT LEVEL OF CARE, 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 SEE SCHEDULE O FOR ADDITIONAL DETAILS

4c (Code) (Expenses \$ 518,061 including grants of \$) (Revenue \$ 812,869)
 THE ORGANIZATION OPERATES PLEASANT VALLEY VILLAGE PLEASANT VALLEY VILLAGE PROVIDES HOUSING WITHOUT THE HASSLES ASSOCIATED WITH MAINTAINING A HOME IF RESIDENTS EVER NEED A DIFFERENT LEVEL OF CARE, 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 SEE SCHEDULE O FOR ADDITIONAL DETAILS

4d Other program services (Describe in Schedule O)
 (Expenses \$ 140,864 including grants of \$) (Revenue \$ 232,693)

4e Total program service expenses ▶ 8,385,596

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Answer. Rows include questions 21 through 38, covering topics like grants, tax-exempt bonds, excess benefit transactions, and controlled entities. The final row (38) includes a 'Note' and is pre-filled with 'Yes' in the answer column.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, sub-part, amount, and Yes/No columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and health insurance issuers.

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
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?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
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?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?		No
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	Yes	
15b	Other officers or key employees of the organization		No
	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?		No
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 Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
 ▶ JALYNN MEIDELL 210 DAVIS DRIVE WEST PLAINS, MO 65775 (417) 256-2152

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
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 _____ 596,269					
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f ▶		596,269			
Program Service Revenue	2a PATIENT SERVICE REVENUE _____ Business Code 623990	8,869,292	8,869,292			
	b MEALS/VENDING _____ Business Code 722514	19,438	19,438			
	c VILLAGE & APARTMENT RENT _____ Business Code 531120	1,045,562	1,045,562			
	d OTHER INCOME _____ Business Code 900099	29,003	29,003			
	e _____					
	f All other program service revenue _____					
	g Total. Add lines 2a-2f ▶		9,963,295			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶	53,243			53,243
4 Income from investment of tax-exempt bond proceeds ▶		0				
5 Royalties ▶		0				
6a Gross rents		(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss) 0 0				
d Net rental income or (loss) ▶			0			
7a Gross amount from sales of assets other than inventory		(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses 1,414				
		c Gain or (loss) -1,414				
d Net gain or (loss) ▶			-1,414			-1,414
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 _____						
b Less cost of goods sold b _____						
c Net income or (loss) from sales of inventory ▶		0				
Miscellaneous Revenue	Business Code					
11a LOSS ON EXTINGUISHMENT OF DEBT _____ Business Code 900099		-32,331			-32,331	
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▶		-32,331				
12 Total revenue. See Instructions ▶		10,579,062	9,963,295		19,498	

Part IX Statement of Functional Expenses

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

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

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 domestic organizations and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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	238,157		238,157	
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	4,193,604	3,793,579	400,025	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,592	7,244	2,348	
9	Other employee benefits	691,007	560,680	130,327	
10	Payroll taxes	329,838	249,108	80,730	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	11,107		11,107	
c	Accounting	60,665		60,665	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	5,874		5,874	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	681,485	659,476	22,009	
12	Advertising and promotion	38,699		38,699	
13	Office expenses	820,438	661,438	159,000	
14	Information technology	33,758	44	33,714	
15	Royalties	0			
16	Occupancy	440,006	370,644	69,362	
17	Travel	12,942	9,678	3,264	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	23,975	16,097	7,878	
20	Interest	234,839	177,361	57,478	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	651,679	492,176	159,503	
23	Insurance	129,885	108,892	20,993	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	PROVIDER TAXES & FEES	613,073	613,073		
b	MEDICAL SUPPLIES & DRUGS	374,152	374,152		
c	BAD DEBT	291,954	291,954		
d	LICENSES, DUES, SUBSCRIPTIONS	18,122		18,122	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	9,904,851	8,385,596	1,519,255	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	37,502	1	30,725
	2 Savings and temporary cash investments	2,430,581	2	3,245,768
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	852,865	4	818,478
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	41,026	8	39,646
	9 Prepaid expenses and deferred charges	63,327	9	100,473
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 19,185,471		
	b Less accumulated depreciation	10b 10,546,335	8,995,019	10c 8,639,136
	11 Investments—publicly traded securities	541,517	11	547,771
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	1,603,391	13	1,611,189
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	148,113	15	98,113
16 Total assets. Add lines 1 through 15 (must equal line 34)	14,713,341	16	15,131,299	
Liabilities	17 Accounts payable and accrued expenses	567,579	17	665,999
	18 Grants payable	0	18	0
	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	11,113	21	15,789
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	5,040,600	23	4,705,001
	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	141,182	25	95,809
	26 Total liabilities. Add lines 17 through 25	5,760,474	26	5,482,598
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	8,952,867	27	9,648,701
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	8,952,867	33	9,648,701	
34 Total liabilities and net assets/fund balances	14,713,341	34	15,131,299	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,579,062
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,904,851
3	Revenue less expenses Subtract line 2 from line 1	3	674,211
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,952,867
5	Net unrealized gains (losses) on investments	5	21,623
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,648,701

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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	Yes	
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	
3b	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

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI))						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2015. 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"/>		
b 33 1/3% support test—2014. 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—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <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 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,381	17,122	5,343	70,880	596,269	692,995
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	9,275,268	9,508,314	9,353,805	9,905,049	9,963,295	48,005,731
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	9,278,649	9,525,436	9,359,148	9,975,929	10,559,564	48,698,726
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		15,000				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						0
c Add lines 7a and 7b		15,000				15,000
8 Public support. (Subtract line 7c from line 6.)						48,683,726

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6	9,278,649	9,525,436	9,359,148	9,975,929	10,559,564	48,698,726
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	263,314	248,049	81,313	39,083	51,829	683,588
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	850					850
c Add lines 10a and 10b	264,164	248,049	81,313	39,083	51,829	684,438
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	9,542,813	9,773,485	9,440,461	10,015,012	10,611,393	49,383,164

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 2015 (line 8, column (f) divided by line 13, column (f))	15	98.584 %
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	98.100 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	1.386 %
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	1.850 %

19a 33 1/3% support tests—2015. 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—2014. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):
- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).
- 2** **Activities Test. Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3** **Parent of Supported Organizations. Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by 0.35	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. _____			
e From 2014. _____			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. _____			
d From 2014. _____			
e From 2015. _____			

Part VI Supplemental Information.

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

Facts And Circumstances Test

Return Reference	Explanation

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
 Internal Revenue Service

Political Campaign and Lobbying Activities

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.
 ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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 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? Yes No

4a Was a correction made? Yes No

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? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

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;"> <tr> <td style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</td> <td style="width: 50%;">The lobbying nontaxable amount is:</td> </tr> <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> </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?														

Y e s **N o**

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

- 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?
 - b** Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
 - c** Media advertisements?
 - d** Mailings to members, legislators, or the public?
 - e** Publications, or published or broadcast statements?
 - f** Grants to other organizations for lobbying purposes?
 - g** Direct contact with legislators, their staffs, government officials, or a legislative body?
 - h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?
 - i** Other activities?
- j** Total. Add lines 1c through 1i
- 2a** Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
- 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?

	(a)		(b)
	Yes	No	Amount
		No	
		No	
		No	
		No	
		No	
		No	
		No	
	Yes		1,523
			1,523
		No	

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

- 1** Were substantially all (90% or more) dues received nondeductible by members?
- 2** Did the organization make only in-house lobbying expenditures of \$2,000 or less?
- 3** Did the organization agree to carry over lobbying and political expenditures from the prior year?

	Yes	No
1		
2		
3		

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

- 1** Dues, assessments and similar amounts from members
- 2** Section 162(e) nondeductible lobbying and political expenditures (**do not include amounts of political expenses for which the section 527(f) tax was paid**).
 - a** Current year
 - b** Carryover from last year
 - c** Total
- 3** Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 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?
- 5** Taxable amount of lobbying and political expenditures (see instructions)

1	
2a	
2b	
2c	
3	
4	
5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2015
Open to Public Inspection

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(continued)

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" 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	205,112	207,200	204,093	214,680	200,610
b Contributions					
c Net investment earnings, gains, and losses	16,203	-2,088	3,107	-10,587	14,070
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	221,315	205,112	207,200	204,093	214,680

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ 100.000%

b Permanent endowment ▶

c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

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

(i) unrelated organizations

(ii) related organizations

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

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

- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

	Description of property	(a)	(b)	Accumulated (c) depreciation	(d) Book value
		Cost or other basis (investment)	Cost or other basis (other)		
1a	Land		866,130		866,130
b	Buildings		15,401,977	8,353,835	7,048,142
c	Leasehold improvements		590,023	453,451	136,572
d	Equipment		2,233,085	1,739,049	494,036
e	Other		94,256		94,256
Total.	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				8,639,136

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

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

1	Total revenue, gains, and other support per audited financial statements		1	10,634,430
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	21,623	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	21,623
3	Subtract line 2e from line 1		3	10,612,807
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	-33,745	
c	Add lines 4a and 4b		4c	-33,745
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	10,579,062

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

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

1	Total expenses and losses per audited financial statements		1	9,938,596
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	33,745	
e	Add lines 2a through 2d		2e	33,745
3	Subtract line 2e from line 1		3	9,904,851
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	9,904,851

Part XIII Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PART IV, LINE 2B	ESCROW ARRANGEMENT 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

Part XIII Supplemental Information (continued)

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	UNCERTAIN TAX POSITIONS 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
SCHEDULE D, PART XI, LINE 4B	AMOUNTS INCLUDED ON FORM 990, PART VIII, LINE 12, BUT NOT LINE 1 \$ (1,414) LOSS ON SALE OF FIXED ASSETS (32,331) LOSS ON EXTINGUISHMENT OF DEBT ----- (33,745)
SCHEDULE D, PART XII, LINE 2D	AMOUNTS INCLUDED ON LINE 1, BUT NOT FORM 990, PART IX, LINE 25 \$ 1,414 LOSS ON SALE OF FIXED ASSETS 32,331 LOSS ON EXTINGUISHMENT OF DEBT ----- 33,745

**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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

2015

**Open to Public
Inspection**

Name of the organization
WEST VUE INC

Employer identification number

43-0827220

**Return
Reference**

Explanation

FORM 990, LINE
C

FICTITIOUS NAMES IN ADDITION TO WEST VUE NURSING & REHABILITATION CENTER, THE ORGANIZATION IS ALSO DOING
BUSINESS AS PLEASANT VALLEY MANOR PLEASANT VALLEY VILLAGE WEST VUE ELDERLY APARTMENTS

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>PROGRAM SERVICE ACTIVITY #1 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 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 EVERY ONE 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 EVERY ONE 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 OF RESTORING INDEPENDENCE, DIGNITY, AND QUALITY OF LIFE SERIOUSLY. AS A RESULT, WEST VUE 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 HELP THEM REACH THEIR HIGHEST PRACTICABLE LEVEL OF INDEPENDENCE. MANY RESIDENTS COME TO THE FACILITY 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, MAKING THIS THEIR PERMANENT HOME. REGARDLESS OF THE CIRCUMSTANCES, THE THERAPY AND NURSING STAFFS WORK DILIGENTLY TO ASSURE THAT ALL RESIDENTS ARE RESTORED TO THEIR HIGHEST POSSIBLE LEVEL OF FUNCTION.</p>

Return Reference	Explanation
FORM 990, PART III, LINE 4B	<p>PROGRAM SERVICE ACTIVITY #2 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-OPERATED 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>

Return Reference	Explanation
FORM 990, PART III, LINE 4C	<p>PROGRAM SERVICE ACTIVITY #3 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 FLOORS 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>

Return Reference	Explanation
FORM 990, PART III, LINE 4D	<p>OTHER PROGRAM SERVICES 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 A DIFFERENT LEVEL OF CARE, 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</p>

Return Reference**Explanation**

FORM 990, PART VI,
SECTION A, LINE 6

MEMBERS THE MEMBERS OF THE ORGANIZATION ARE THE BAPTIST CHURCHES THAT ARE MEMBERS OF
SOUTH CENTRAL BAPTIST ASSOCIATION OF WEST PLAINS, MISSOURI

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	POWER TO ELECT THE GOVERNING BODY 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 THIS 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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	GOVERNANCE DECISIONS SUBJECT TO APPROVAL OUTSIDE OF THE GOVERNING BODY THE SECRETARY OF HOUSING AND URBAN DEVELOPMENT REQUIRES WRITTEN CONCURRENCE BEFORE DISSOLUTION OF THE ORGANIZATION

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	REVIEW OF FORM 990 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 PRIOR TO FILING, THE ORGANIZATION'S TOP MANAGEMENT WILL REVIEW THE 990 AND A FINAL DRAFT WILL BE PROVIDED TO THE BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY ALL GOVERNING BODY , SENIOR MANAGEMENT, AND UPPER MANAGEMENT ARE REQUIRED TO DISCLOSE IN WRITING ANNUALLY ANY POSSIBLE CONFLICTS WITH THE ORGANIZATION THOSE GOVERNING BODY INDIVIDUALS IDENTIFIED AS HAVING CONFLICTS WITH ORGANIZATIONAL DELIBERATIONS ARE EXCLUDED FROM VOTING ON CORRESPONDING ISSUES THOSE MANAGEMENT EMPLOYEES IDENTIFIED AS HAVING CONFLICTS ARE EXCLUDED FROM DECISIONS MADE SURROUNDING SAID CONFLICT

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	COMPENSATION DETERMINATION THE CURRENT CEO'S COMPENSATION WAS DETERMINED DURING CONTRACT DEVELOPMENT BY THE HUMAN RESOURCE COMMITTEE WITH RECOMMENDATIONS TO THE GOVERNING BODY TO COMMENCE APRIL 25, 2016 THE COMPENSATION IS BASED UPON THE PREVIOUS CEO CONTRACT AMOUNTS AND NATIONALLY PUBLISHED WAGE INDICES FOR THE INDUSTRY NO OTHER OFFICERS OR EMPLOYEES RECEIVE THIS COMPENSATION REVIEW

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENT DISCLOSURE 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