

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2018, and ending 09-30-2019

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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization WEST VUE INC</td> <td rowspan="2">D Employer identification number 43-0827220</td> </tr> <tr> <td colspan="2">% JALYNN MEIDELL</td> </tr> <tr> <td colspan="2">Doing business as WEST VUE NURSING AND REHABILITATION C</td> <td rowspan="2">E Telephone number (417) 256-2152</td> </tr> <tr> <td>Number and street (or P O box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">210 DAVIS DRIVE</td> <td rowspan="2">G Gross receipts \$ 9,889,199</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code WEST PLAINS, MO 657752241</td> </tr> </table>	C Name of organization WEST VUE INC		D Employer identification number 43-0827220	% JALYNN MEIDELL		Doing business as WEST VUE NURSING AND REHABILITATION C		E Telephone number (417) 256-2152	Number and street (or P O box if mail is not delivered to street address)	Room/suite	210 DAVIS DRIVE		G Gross receipts \$ 9,889,199	City or town, state or province, country, and ZIP or foreign postal code WEST PLAINS, MO 657752241		
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210 DAVIS DRIVE		G Gross receipts \$ 9,889,199															
City or town, state or province, country, and ZIP or foreign postal code WEST PLAINS, MO 657752241																	
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																	
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 ▶		L Year of formation 1964 M State of legal domicile MO															

Part I Summary

Activities & Governance	<p>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</p>		
	<p>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</p>		
	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 2018 (Part V, line 2a)	5	272
	6 Total number of volunteers (estimate if necessary)	6	32
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,155
	b Net unrelated business taxable income from Form 990-T, line 34	7b	146
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	18,926	10,406
	9 Program service revenue (Part VIII, line 2g)	9,629,131	9,835,417
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	442,416	43,376
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,090,473	9,889,199
Expenses			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,861,960	6,979,188
	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)	4,201,253	4,341,591
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	10,063,213	11,320,779
	19 Revenue less expenses Subtract line 18 from line 12	27,260	-1,431,580
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	18,331,766	17,469,407
	21 Total liabilities (Part X, line 26)	8,244,432	8,812,941
	22 Net assets or fund balances Subtract line 21 from line 20	10,087,334	8,656,466

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: ***** JALYNN MEIDELL PRESIDENT AND CEO Type or print name and title	2020-07-15 Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00422601
	Firm's name ▶ BKD LLP	Firm's EIN ▶			
	Firm's address ▶ 910 E ST LOUIS 200/PO BOX 1190 SPRINGFIELD, MO 658062523	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 \$	8,514,441	including grants of \$	(Revenue \$	7,673,019)
	See Additional Data					

4b	(Code)	(Expenses \$	1,005,909	including grants of \$	(Revenue \$	1,193,000)
	See Additional Data					

4c	(Code)	(Expenses \$	514,904	including grants of \$	(Revenue \$	767,919)
	See Additional Data					

4d Other program services (Describe in Schedule O)
 (Expenses \$ 188,019 including grants of \$) (Revenue \$ 200,324)

4e Total program service expenses ▶ 10,223,273

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a</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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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 direct or indirect 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, Part II, III, or IV, and Part V, line 1</i>	34	No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
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 11b 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 or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	26
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	272		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		No	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No	
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		No	
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15		No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16		No	

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, 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 VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) VICKI HOGAN CHAIR	1 0	X		X				0	0	0
(2) CLARENCE BARBER VICE CHAIR	1 0	X		X				0	0	0
(3) DIXIE WILLIAMS TREASURER	1 0	X		X				0	0	0
(4) RANDY PACE SECRETARY	1 0	X		X				0	0	0
(5) GLENN MILLER DIRECTOR	1 0	X						0	0	0
(6) JACK DOSS DIRECTOR	1 0	X						0	0	0
(7) JACK SPENCER DIRECTOR	1 0	X						0	0	0
(8) MARK BELL DIRECTOR	1 0	X						0	0	0
(9) NEWT BRILL DIRECTOR	1 0	X						0	0	0
(10) JALYNN MEIDELL PRESIDENT AND CEO	50 0 0 0			X				102,280	0	2,728
(11) RACHEL JUDD ADMINISTRATOR	50 0 0 0					X		111,173	0	11,642
(12) NAOMI BLACK STAFF DEVELOPMENT	60 0 0 0					X		106,769	0	0

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	10,406		
	g Noncash contributions included in lines 1a - 1f \$ _____				
	h Total. Add lines 1a-1f		10,406		

Program Service Revenue			Business Code				
	2a PATIENT SERVICE REVENUE		623990	8,831,687	8,831,687		
b MEALS/VENDING		722514	17,678	17,678			
c VILLAGE & APARTMENT RENT		531120	966,620	966,620			
d OTHER REVENUE		900099	19,432	18,277	1,155		
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f			9,835,417				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			43,286			43,286
	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		90		
	b Less cost or other basis and sales expenses						
	c Gain or (loss)		90				
	d Net gain or (loss)			90			90
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a		0			
	b Less direct expenses	b		0			
	c Net income or (loss) from fundraising events			0			
	9a Gross income from gaming activities See Part IV, line 19	a		0			
b Less direct expenses	b		0				
c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances	a		0				
b Less cost of goods sold	b		0				
c Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue	Business Code						
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			0				
12 Total revenue. See Instructions			9,889,199	9,834,262	1,155	43,376	

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, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees	105,008		105,008	
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	5,556,356	5,105,729	450,627	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	33,851	30,543	3,308	
9 Other employee benefits	861,518	779,800	81,718	
10 Payroll taxes	422,455	381,177	41,278	
11 Fees for services (non-employees)				
a Management	0			
b Legal	14,865		14,865	
c Accounting	82,570		82,570	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees	7,760		7,760	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	626,723	612,392	14,331	
12 Advertising and promotion	21,679		21,679	
13 Office expenses	870,808	798,498	72,310	
14 Information technology	95,413	67,228	28,185	
15 Royalties	0			
16 Occupancy	537,395	497,905	39,490	
17 Travel	12,535	10,454	2,081	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	8,790	8,790		
20 Interest	203,544	188,565	14,979	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	746,882	689,957	56,925	
23 Insurance	81,404	71,543	9,861	
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 TAX AND FEES	567,894	567,894		
b MEDICAL SUPPLIES & DRUGS	398,155	398,155		
c LICENSES, DUES, SUBSCRIPTIONS	23,218		23,218	
d BAD DEBT	14,643	14,643		
e All other expenses	27,313		27,313	
25 Total functional expenses. Add lines 1 through 24e	11,320,779	10,223,273	1,097,506	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	221,099	1	244,256
	2 Savings and temporary cash investments	2,572,372	2	1,453,027
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	632,725	4	749,946
	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	43,068	8	71,320
	9 Prepaid expenses and deferred charges	15,005	9	18,066
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	24,929,686		
	b Less accumulated depreciation	10,865,767		
		13,814,213	10c	14,063,919
	11 Investments—publicly traded securities	28,681	11	24,738
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	930,690	13	723,327
	14 Intangible assets	0	14	0
15 Other assets See Part IV, line 11	73,913	15	120,808	
16 Total assets. Add lines 1 through 15 (must equal line 34)	18,331,766	16	17,469,407	
Liabilities	17 Accounts payable and accrued expenses	1,271,501	17	718,510
	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	10,349	21	14,377
	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	6,962,582	23	8,080,054
	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	0	25	0
	26 Total liabilities. Add lines 17 through 25	8,244,432	26	8,812,941
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	10,087,334	27	8,656,466
	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	10,087,334	33	8,656,466	
34 Total liabilities and net assets/fund balances	18,331,766	34	17,469,407	

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	9,889,199
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,320,779
3	Revenue less expenses Subtract line 2 from line 1	3	-1,431,580
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,087,334
5	Net unrealized gains (losses) on investments	5	712
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	8,656,466

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 43-0827220

Name: WEST VUE INC

Form 990 (2018)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
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 12, check only one box.)

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

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

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

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

Section A. Public Support

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

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

Section C. Computation of Public Support Percentage

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	70,880	596,269	10,866	18,926	10,406	707,347
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	9,905,049	9,963,295	9,510,806	9,629,131	9,835,427	48,843,708
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	9,975,929	10,559,564	9,521,672	9,648,057	9,845,833	49,551,055
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public support. (Subtract line 7c from line 6)						49,551,055

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	9,975,929	10,559,564	9,521,672	9,648,057	9,845,833	49,551,055
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	45,975	53,243	36,346	45,528	43,276	224,368
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	45,975	53,243	36,346	45,528	43,276	224,368
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)	10,021,904	10,612,807	9,558,018	9,693,585	9,889,109	49,775,423
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	99.549%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	99.470%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	0.451%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	0.530%
19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 43-0827220

Name: WEST VUE INC

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

Facts And Circumstances Test

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

OMB No 1545-0047

2018

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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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-
1				
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

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?

Yes 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(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

	(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?	Yes		1,798
j Total. Add lines 1c through 1i			1,798
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 carry over 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) 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	1	
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).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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	
5 Taxable amount of lobbying and political expenditures (see instructions)		

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

OMB No 1545-0047
2018
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? Yes No

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|---|--------|
| 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, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	184,087	180,979	221,315	205,112	207,200
b Contributions					
c Net investment earnings, gains, and losses	4,110	3,108	-9,783	16,203	-2,088
d Grants or scholarships					
e Other expenditures for facilities and programs			30,553		
f Administrative expenses					
g End of year balance	188,197	184,087	180,979	221,315	205,112

- 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 | Yes | No |
| (ii) related organizations | | |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 3b**

	Yes	No
3a(i)		No
3a(ii)		No
3b		
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		707,453		707,453
b Buildings		20,646,574	8,424,555	12,222,019
c Leasehold improvements		886,329	511,067	375,262
d Equipment		2,628,714	1,930,145	698,569
e Other		60,616	0	60,616
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				14,063,919

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	9,889,821
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	712
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	712
3	Subtract line 2e from line 1	3	9,889,109
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	90
c	Add lines 4a and 4b	4c	90
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	9,889,199

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	11,320,689
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	-90
e	Add lines 2a through 2d	2e	-90
3	Subtract line 2e from line 1	3	11,320,779
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	11,320,779

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 43-0827220

Name: WEST VUE INC

Supplemental 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

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	ENDOWMENT FUNDS PURPOSE 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

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 4B	AMOUNTS INCLUDED ON FORM 990, PART VIII, LINE 12, BUT NOT LINE 1 \$ 90 GAIN ON SALE OF FIXED ASSETS

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XII, LINE 2D	AMOUNTS INCLUDED ON LINE 1, BUT NOT FORM 990, PART IX, LINE 25 \$(90) GAIN ON SALE OF FIXED ASSETS

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

OMB No 1545-0047

2018**Open to Public
Inspection**

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

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

Name of the organization

WEST VUE INC

Employer identification number

43-0827220

990 Schedule O, Supplemental Information

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 WEST VUE GREEN HOUSE HOMES

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>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 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. DURING FY 19, THE ORGANIZATION BEGAN OPERATING WEST VUE GREEN HOUSE HOMES. THE GREEN HOUSE CONCEPT IS A NATIONAL MODEL FOR SKILLED-NURSING CARE THAT RETURNS CONTROL, DIGNITY AND A SENSE OF WELL-BEING TO ELDERLY, THEIR FAMILIES AND DIRECT CARE STAFF. WEST VUE GREEN HOUSE HOMES ARE OWNED AND OPERATED BY WEST VUE, INC. AND ARE AFFILIATED WITH THE LARGER NATIONAL ORGANIZATION TO HOLD US ACCOUNTABLE TO THEIR HIGH STANDARDS. GREEN HOUSE HOMES ARE DESIGNED TO LOOK AND FEEL LIKE HOME. WARM, COZY AND INVITING. E</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	EVERYTHING IN OUR HOUSES LOOKS LIKE IT BELONGS IN A HOME, NOT AN INSTITUTION THERE ARE NO NURSE STATIONS, NO MEDICATION CARTS, NO LONG HALLWAYS AND NO INSTITUTIONAL APPEARANCE EACH OF THE THREE HOUSES HAVE 10 PRIVATE BEDROOMS ALL WITH THEIR OWN BATHROOMS IN THE MIDDLE OF EACH HOUSE THERE IS A LIVING AREA WHICH INCLUDES A HEARTH, A DINING ROOM AND A TRADITIONAL, OPEN KITCHEN WHERE HOME-COOKED MEALS ARE PREPARED BY CAREGIVERS, SOMETIMES WITH HELP FROM THE ELDERS THE CAREGIVERS ARE ONE OF THE REASONS THIS PROJECT IS UNIQUE THEY EACH RECEIVE A MINIMUM OF 128 HOURS OF SPECIALIZED EDUCATION TO SUPPORT THE ELDERS THE EXTRA TRAINING HELPS INSURE THAT THE ELDERS "ARE THE STARS OF THE SHOW " THEY HAVE FREEDOM TO SET THEIR OWN ROUTINES, INCLUDING THE ABILITY TO SLEEP AND EAT ON THEIR OWN SCHEDULES A FAMILY ATMOSPHERE IS CENTRAL TO THE CONCEPT WEST VUE GREEN HOUSE HOMES PROVIDE PERSONALIZED CARE THAT FEELS AS CLOSE TO LIVING IN YOUR OWN HOME AS POSSIBLE, AT APPROXIMATELY THE SAME COST AS A PRIVATE ROOM IN A TRADITIONAL NURSING HOME PRIVATE, MEDICAID AND MEDICARE METHODS OF PAYMENT ARE ACCEPTED

990 Schedule O, Supplemental Information

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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	HE 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

990 Schedule O, Supplemental Information

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 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>

990 Schedule O, Supplemental Information

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>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	POWER TO ELECT 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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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, 2018 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

990 Schedule O, Supplemental Information

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