# 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

AF	or the	e 2023 calendar year, or tax year beginning and	enaing					
	heck if oplicable	C Name of organization		D Employer identifie	cation number			
	Addres	WEST VALLEY NURSING HOMES, INC.						
	Name change	Doing business as THE TERRACES AT SUMMITVIEW		91-0679851				
	Initial return	, ,	Room/suite	E Telephone number				
	Final return/	1900 HUNTINGTON DRIVE		925-924-				
_	termin ated Amend			G Gross receipts \$	26,806,595.			
	_return	DUARIE, CA 91010	ΙΙ	H(a) Is this a group re				
	⊥tion pendir	F Name and address of principal officer: OOHN H. COCHRANE, I	for subordinates					
		SAME AS C ABOVE  empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) c		H(b) Are all subordinates in				
			or 527	1 ′	list. See instructions			
	Vebsit	organization: X Corporation Trust Association Other	I Voor	of formation: 1958	n number  1 State of legal domicile: WA			
Pa	rt I	Summary	L Teal	or formation. ±230 K	1 State of legal doffficile, WA			
		Briefly describe the organization's mission or most significant activities: TO H	ELP OI	DER ADULTS I	LIVE THEIR			
8		BEST LIVES POSSIBLE, HOWEVER THEY DEFINE						
la		Check this box if the organization discontinued its operations or dispos		than 25% of its net ass	sets.			
ĕ	3			3	8			
ၓ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	1			
စ္တ	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	553			
إق	6	Total number of volunteers (estimate if necessary)		6	1			
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Year	Current Year			
e l		Contributions and grants (Part VIII, line 1h)		130,186.	12,104.			
ē		Program service revenue (Part VIII, line 2g)		14,031,836.	26,269,036.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		113,238.	255,598.			
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		307,698. 14,582,958.	269,857. 26,806,595.			
-		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,302,930.	3,674.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		9,186,556.	17,554,765.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
e e		Total fundraising expenses (Part IX, column (D), line 25)	0.					
찗		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,584,089.	13,768,144.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		15,770,645.	31,326,583.			
		Revenue less expenses. Subtract line 18 from line 12		-1,187,687.	-4,519,988.			
ьş		•		ginning of Current Year	End of Year			
et Assets or nd Balances	20	Total assets (Part X, line 16)		28,159,634.	83,860,109.			
BES	21	Total liabilities (Part X, line 26)		8,681,081.	68,792,781.			
ĔĒ	22	Net assets or fund balances. Subtract line 21 from line 20		19,478,553.	15,067,328.			
	rt II	Signature Block						
		lties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is			
rue,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.				
·	_	Signature of officer		I Date				
Sigr		ANDREW MCDONALD, CFO	Date					
Here	Э	Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
aid		KERRI N. BOGDA, CPA KERRI N. BOGDA,	CPA 1	.0/28/24 if self-employ				
	arer	Firm's name BAKER TILLY ADVISORY GROUP, LP			9-0859910			
	Only	Firm's address 1570 FRUITVILLE PIKE, SUITE 400			·			
		LANCASTER, PA 17601		Phone no. 71	7.740.4863			
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No			

га	otatement of Program dervice Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	AT HUMANGOOD WE BELIEVE EVERYONE SHOULD HAVE THE OPPORTUNITY TO LIVE	
	WITH ENTHUSIASM, CONFIDENCE AND SECURITY, REGARDLESS OF PHYSICAL,	
	SOCIAL, OR ECONOMIC CIRCUMSTANCES. AND WHEN WE SAY EVERYONE, WE MEAN	
	EVERYONE - INCLUDING YOU.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X 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	ł
	revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 29,092,830 • including grants of \$ 3,674 • ) (Revenue \$ 26,269,0	36.
·u	WEST VALLEY NURSING HOMES, INC. (DBA THE TERRACES AT SUMMITVIEW) IS A	
	LIFE PLAN COMMUNITY (FORMERLY CONTINUING CARE RETIREMENT COMMUNITY),	
	THAT PROVIDES HOUSING AND HEALTH CARE FOR THE ELDERLY. DIRECT RESIDEN'	<del>т</del>
	CARE FOR SENIORS INCLUDES INDEPENDENT LIVING, ASSISTED LIVING, MEMORY	
	CARE, NURSING, AND HOME CARE. IT ALSO PROVIDES OUTREACH AND WELLNESS	
	SERVICES INCLUDING MEALS PROGRAM, HOUSEKEEPING, MAINTENANCE AND	
	ACTIVITIES.	
	ACTIVITIES.	
	ON MAY 1 2022 WEED VALLEY NUDCING HOMES INC. BUDGUEU A NEWLY BODM	ED
	ON MAY 1, 2023, WEST VALLEY NURSING HOMES, INC., THROUGH A NEWLY FORM	<u> </u>
	SUBSIDIARY, HG HILLSIDE LLC, ACQUIRED A LIFE PLAN COMMUNITY IN	
	MCMINNEVILLE, OREGON (HILLSIDE). HILLSIDE CONSISTS OF 203 RESIDENTIAL	
	LIVING APARTMENTS, 83 ASSISTED LIVING APARTMENTS (INCLUDING 20 MEMORY	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
<b>1</b> ~ 1	Other program conject (Describe on Schedule O.)	
4d	Other program services (Describe on Schedule O.)	
40	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 29,092,830.	
4e	Total program service expenses 29,092,830.	0

# Form 990 (2023) WEST VALLEY NURSING HOMES, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			<del></del>
0	, ,	8		x
0	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		Х	
40	If "Yes," complete Schedule D, Part IV	9		_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<b>.</b>
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	<u> </u>	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	i		T -
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.5		<del></del>
13	·	19		x
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	·	20a 20b		<del>                                     </del>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		$\vdash$
21		04		x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Λ

Form 990 (2023) WEST VALLEY NURSING HOMES, INC.

Part IV Checklist of Required Schedules (continued)

22 X  23 Dd the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Trey", complete Schedule Is, Part I and III and				Yes	No
24 Define organization answer "Yes" to Part VII, Section A, Jine 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? "Yes," complete Schedule J.  24 Define organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the schedule J. British organization invested by the proceeds of fax-exempt bonds?  25 Did the organization amount and proceeds of fax-exempt bonds beyond a temporary period exception?  26 Did the organization amount and an escore account other than a returnding escore at any time during the year to defease any tax-exempt bonds?  26 Did the organization and an escore account other than a returnding escore at any time during the year?  27 Did the organization account of the repagaed in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I  28 Section 50 (16)3, 501(49)4, and 501(4)290 organizations. Did the organization and the time transaction has not been reported on any of the organization prior Forms 900 or 900 E27 If "Yes," complete Schedule I, Part I  28 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or 35% controlled entity from the member of any of these persons? If "Yes," complete Schedule I, Part II II  28 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule I, Part II II  29 Did the organization and provide a business transaction with one of the following patients? (See the Schedule I, Part II II  29 Did the organization seed organization and the schedule I, Part II II  29 Did the organization encover mo	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directions, fusateses, key employees, and highest compensated employees? If "Yes, compete Schedule L. Part IV set Substitute II set of 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? If "Yes," answer lines 240 through 24d and complete Schedule K. If "No." go to line 25s.  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24d		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule / Late day of the year, that was issued after December 31, 2002? // "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a.  b Did the organization marks any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization marks any proceeds of tax-exempt bonds beyond a temporary period exception?  d Did the organization marks any proceeds of tax-exempt bonds beyond a temporary period exception?  d Did the organization marks any proceeds of tax-exempt bonds beyond a temporary period exception?  d Did the organization marks any proceeds of tax-exempt bonds beyond a temporary period exception?  d Did the organization marks and "on behalf of "issuer for bonds outstanding at any time during the year? d 24d	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
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 Docember 31, 2002? If "Yes," arrower lines 24b through 24d and complete Schedule K. If "No," go to line 25a.  5 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b Did the organization markinal an ascrow account other than a refunding scrow at any time during the year to defease any tax-exempt bonds?  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization enaces benefit transaction with a disqualified person during the year?  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 preson in a prior year, and that the transaction with a disqualified preson in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction prior the prior that the prior of prior defined person during the prior of prio		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
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Schedule K. If "No.", go to line 25a.  Schedule K. If "No.", go to line 25a.  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  did the organization acid as an "on behalf of" issuer for bonds cutstanding at any time during the year?  24d.  25a Section 501(c/8), 501(c/8), and 501(c/29) organizations. Did the organization engage in an excess benefit transaction with a disqualided posen during the year?  25b Is the organization avaire that it engaged in an excess benefit transaction with a disqualided posen during the year?  b is the organization avaire 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 organizations prior forms 990 or 990/EZ? If "Yes," complete Schedule L, Part I "Especial Controlled entity for fault) member of any of these persons? If "Yes," complete Schedule and the prior of the prior of the complex schedule and the transaction with a disqualified person in a prior year, and that the transaction has not entitly or family member of any of the organizations prior forms 990 or 990/EZ? If "Yes," complete Schedule L, Part II "Especial Controlled entity (including an employee beneson? If "Yes," complete Schedule L, Part II "Especial Controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV "Especial Controlled Schedule L, Part IV "Especial Controlled entity of not or applicable Elimination or more individual described in line 28a? If "Yes," complete Schedule L, Part IV "Especial Controlled entity of not or more individual endors or endors and endors and endors and endorse endorse endorse endorse endorse endorse endorse endorse endorse	24a				
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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?  d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  24d 25a Saction 501(c)(3), 901(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'yes,' complete Schedule I, Part I 25a X  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990 EZ? If 'Yes,' complete Schedule I, Part I 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule I, Part II 27 X  28 Was the organization provide a grant or other assistance to any current or former officer, furstee, key employee, creator or founder, a grant selection committee member, or to a 35% controlled entity of note or provide thereof, a grant if yes,' complete Schedule I, Part II 27 X  28 Was the organization aparty to a business transaction with one of the following parties? (See the Schedule I, Part II 27 X  28 Was the organization aparty to a business transaction with one of the following parties? (See the Schedule I, Part II 27 X  29 Did the organization receive more than S25,000 in noncash contributions? If 'Yes,' complete Schedule I, Part II 28a X  29 Did the organization receive more than S25,000 in noncash contributions? If 'Yes,' complete Schedule I, Part II 30 X  30 Did the organization related to any tax expended as separate from the organization under Regulations sections 301,7701.37 If 'Yes,' complete Schedule R, Part I, III, or IV, and 29 X  31 Did the organization rel					<u> </u>
any tax-exempt bonds?  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/3), 501(c/3), 501(c/3) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?   1/Yes, 'complete Schedule L, Part I   25a   X    25a   X   25a   25a   X   25		•	24b		<b></b>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  255 Section 501(2)(3), 501(4)(4), and 501(4)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  25 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 Former 950 or 950 E27. If "Yes," complete Schedule L, Part I  25 Did 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 Former 950 or 950 E27. If "Yes," complete Schedule L, Part II  26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity femburg and prior member of any of these persons? If "Yes," complete Schedule L, Part II    27 Z  28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable ling threshots, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV    28 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV    29 Did the organization receive more than \$25,000 in noneast contributions? If "Yes," complete Schedule M, Part I    30 Did the organization receive more than \$25,000 in noneast contributions? If "Yes," complete Schedule M, Part I    31 Did the organization includets, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I    32 Did the organization layed co	С				
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? If "Yes," complete Schedule L, Part I 25b	_				
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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-E27 // 1/9es," complete Schedule L, Part I	25a				v
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // "Yes," complete Schedule L, Part I    25 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? // If "Yes," complete Schedule L, Part II    26 X  27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity fordulding an employee thereof or family member of any of these persons? // If "Yes," complete Schedule L, Part II    28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV    28 Was the organization aparty to a business transaction with one of the following parties? (See the Schedule L, Part IV    28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // Yes," complete Schedule L, Part IV    28 D A family member of any individual described in line 28a" // "Yes," complete Schedule L, Part IV    28 D Id the organization receive more than \$25,000 in noncash contributions? // "Yes," complete Schedule L, Part IV    29 D Id the organization receive more than \$25,000 in noncash contributions? // "Yes," complete Schedule N, Part I    30 D Id the organization liquidate, terminate, or dissolve and case operations? // If "Yes," complete Schedule N, Part I    31 D Id the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 30			25a		
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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  37			36		X
Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  The image of the complete Schedule O contains a response or note to any line in this Part V  The image of the complete Schedule O complete Schedule O  The image of the complete Schedule O complete Schedule O  The image of the complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Sche	37				
Note: All Form 990 filers are required to complete Schedule O  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  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  38 X  Yes  No  1a 60  1b 0  1b 0  1b 1c		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> X</u>
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  The 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  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c	38			77	
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  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c	Dar	Note: All Form 990 filers are required to complete Schedule 0	38	X	<u> </u>
Ta Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  Yes No  1b  0  1b  1c	rai				
1a     Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable     1a     60       b     Enter the number of Forms W-2G included on 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		опеск и эспедие о contains a response or note to any line in this Part V			<b> </b>
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		Establis annih ann		Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c	_				
(gambling) winnings to prize winners?		Enter the Hamber of Fermi W Zer included on the fat. Enter of three applicable			
	С		10		
	332004		_	990	(2023)

Form 990 (2023) WEST VALLEY NURSING HOMES, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
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	553			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ıccou	nt)?	4a		X
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 Action 114, Report of Fi	ccour	nts (FBAR).			
				5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.			5b		X
	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					
	any contributions that were not tax deductible as charitable contributions?			6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributi		-	Ch		
7	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	wiooc	provided to the payor?	70		Х
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser If "Yes." did the organization notify the donor of the value of the goods or services provided?			7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		uirod	7.0		
C	to file Form 8282?			7с		Х
ч	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		•	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		399 as required?	7g		
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	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:					
а	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:	ı	1			
	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	•			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	1	12a		
	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.  Is the organization licensed to issue qualified health plans in more than one state?			120		
а	Note: See the instructions for additional information the organization must report on Schedule O.			13a		
h	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		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	s			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

332005 12-21-23

Form **990** (2023)

WEST VALLEY NURSING HOMES, INC. 91-0679851 Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 8 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 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? X The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed  ${\sf CA}$  ,  ${\sf OR}$ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request \_\_\_ Other (explain on Schedule O) Describe on 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. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2023)

91010

ANDREW MCDONALD - 925-924-7196 1900 HUNTINGTON DRIVE, DUARTE,

### 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

X

#### 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)			(0	<b>)</b>			(D)	(E)	(F)
Name and title	Average	(do		Posi heck r			nne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	son is	s both	an	compensation	compensation	amount of
	week		cer an	nd a di	recto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual tr	tional		nploy	st con yee	_	1039-NEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organization o
(1) JOHN H. COCHRANE, III	8.00		_							
PRESIDENT/CHIEF EXECUTIVE	32.00			Х				0.	1,097,391.	40,383.
(2) DANIEL OGUS	8.00								-	-
CHIEF OPERATING OFFICER	32.00			Х				0.	853,732.	41,587.
(3) ANDREW MCDONALD	7.00									
CHIEF FINANCIAL OFFICER	33.00			Х				0.	611,176.	40,715.
(4) BETHANY GHASSEMI	7.00									
CHIEF LEGAL OFFICER	33.00			Х				0.	545,496.	15,193.
(5) DENNIS GRADILLAS	12.00									
VP SALES	28.00				X			0.	447,778.	38,691.
(6) MARC HERRERA	11.00									
VP HEALTHCARE & QUALITY	29.00				Х			0.	461,375.	24,907.
(7) SHACASEY ROGERS	11.00									
VP HUMAN RESOURCES	29.00				Х			0.	372,622.	24,300.
(8) ANIKA HARTOUNIAN	7.00									
VP OF FINANCE	33.00				X			0.	296,559.	38,036.
(9) LISA HOLLAND	11.00	ļ.								
VP REGIONAL OPERATIONS	29.00				X			0.	299,806.	34,595.
(10) JESSICA LOPEZ	11.00	ļ								
VP REGIONAL OPERATIONS	29.00				Х			0.	283,477.	44,057.
(11) DEBBY GONZALES	11.00								204 642	04 =46
VP REGIONAL OPERATIONS	29.00				X			0.	301,613.	21,746.
(12) SUZANNE NAGEL	11.00								0.75 4.04	
VP MARKETING	29.00				Х			0.	276,191.	39,098.
(13) JAMES PARK	11.00	ł							076 640	22 552
VP COMMUNICATIONS	29.00				X			0.	276,648.	33,578.
(14) GREGORY BEARCE	11.00								050 040	
VP REGIONAL OPERATIONS	29.00				Х			0.	252,310.	32,636.
(15) NICK LINDBERG	11.00								007 007	4 0==
CHIEF INFORMATION OFFICER	29.00				Х			0.	227,297.	1,975.
(16) TRAVIS WALKER	40.00	ł						154 050		06 400
EXECUTIVE DIRECTOR	40.00					X		154,959.	0.	26,433.
(17) JOHN ROGERS	40.00	l						160 400		4 1 6 4
DIRECTOR SALES						X		167,497.	0.	4,161.
332007 12-21-23										Form <b>990</b> (2023)

332007 12-21-23

Form **990** (2023

91-0679851

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average hours per week	box	not cl , unles cer an	ss per	more son i	than o	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) DENNIS MALGESINI	40.00	1								
HEALTH SERVICES ADMINISTRA						X		150,360.	0.	14,549.
(19) TAMMY SMEBACK	40.00	-								
DIRECTOR NURSING						Х		149,237.	0.	9,685.
(20) NICHOLE SWEARINGEN	40.00	1							_	
CHARGE NURSE LVN						X		126,301.	0.	21,678.
(21) FLEMING MENG	0.00	1						_		
CIO (UNTIL 1/23)				Х				0.	110,080.	0.
(22) RANDALL L. STAMPER CHAIR	0.50 16.10	x		Х				0.	73,000.	0.
(23) ALBERT W. KELLEY	0.50								,	
VICE CHAIR	11.10	Х		Х				0.	63,000.	0.
(24) H. DECLAN BROWN	0.50									
SECRETARY	13.70	Х		Х				0.	63,000.	0.
(25) JUDITH BAKER	0.50									
DIRECTOR	11.10	Х						0.	63,000.	0.
(26) REV. MICHELLE HOLMES	0.50									
DIRECTOR	11.70	Х						0.		0.
1b Subtotal								748,354.	7,038,551.	
c Total from continuation sheets to Part \								0.	126,000.	
d Total (add lines 1b and 1c)								748,354.	7,164,551.	548,003.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Yes No

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

#### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)  Name and business address	(B) Description of services	(C) Compensation
Name and business address	Description of services	Compensation
TWOMAGNETS INC. DBA CLIPBOARD HEALTH		
PO BOX 103125, PASEDENA, CA 91189	HEALTH SERVICES	910,704.
SODEXO, INC. & AFFILIATES		
PO BOX 360170, PITTSBURGH, PA 15251	DINING SERVICES	686,186.
HG NORCAL		
1900 HUNTINGTON DRIVE, DUARTE, CA 91010	MANAGEMENT SERVICES	647,887.
MEDICAL SOLUTIONS LLC, 1010 N. 102ND		
STREET, SUITE 300, OMAHA, NE 68114	NURSING SERVICES	506,606.
SYSCO USA I, INC.		
5710 PAN AM AVE, BOISE, ID 83717	DINING SERVICES	414,857.
2 Total number of independent contractors (including but not limited to those list	ed above) who received more than	
\$100,000 of compensation from the organization 19		
GET DADE LITT GEGETON A GOVERNMENT OF		000

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2023)

11

Form 990 WEST VALI	LEY NURS	IN	G	HO	ME	S,	I	NC.	91-067	9851				
Part VII   Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	lighe	est (	Compensated Employ	ees (continued)					
(A) Name and title	<b>(B)</b> Average hours	(cl	(C) Position (check all that apply)								lv)	( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations				
(27) WILLIAM BATTISON DIRECTOR	0.50	Х						0.	63,000.	0 .				
(28) ALAN GRIFFITH DIRECTOR	0.50 11.70	х						0.	63,000.	0 .				
(29) SUE UHLMAN	0.50													
DIRECTOR	1.00	Х						0.	0.	0				
Fotal to Part VII, Section A, line 1c									126,000.					

Part VIII Statement of Revenue

	Check if Schedule O contains a response or note to any line in this Part VIII								
				(A)	(B)	(C)	(D)		
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under		
					iunction revenue	business revenue	sections 512 - 514		
SΩ	1:	a Federated campaigns 1a							
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b							
2 5		c Fundraising events 1c							
fts,		d Related organizations 1d							
ig je		e Government grants (contributions)							
Sir									
utio	1	f All other contributions, gifts, grants, and	12 104						
들됨		similar amounts not included above 1f	12,104.						
out		g Noncash contributions included in lines 1a-1f		12 104					
<u>0</u> <u>8</u>		h Total. Add lines 1a-1f		12,104.					
		<del>-</del>	Business Code	05.000.506	05000506				
Se	2	a RESIDENT SERVICE FEE	623990	25,029,586.	25029586.				
ē <u>Š</u>	١	b AMORTIZATION OF ENTRANCE FEE	623000	1,239,450.	1,239,450.				
Program Service Revenue	(	c							
ar eve	(	d							
90 H	(	e							
₫	1	f All other program service revenue							
		g Total. Add lines 2a-2f		26,269,036.					
	3	Investment income (including dividends, interes	st, and						
		other similar amounts)		116,121.			116,121.		
	4	Income from investment of tax-exempt bond pro							
	5	Royalties							
		(i) Real	(ii) Personal						
	6 :	a Gross rents 6a							
		b Less: rental expenses 6b							
		c Rental income or (loss) 6c							
		d Net rental income or (loss)							
		a Gross amount from sales of (i) Securities	(ii) Other						
	,		(ii) Other						
		,							
0		b Less: cost or other basis and sales expenses  7b  0.							
ğ		and ballot expended							
ther Revenue		. ,		120 477			120 477		
Ř		d Net gain or (loss)		139,477.			139,477.		
ţ.	8	a Gross income from fundraising events (not							
0		including \$ of							
		contributions reported on line 1c). See							
		Part IV, line 188a							
		b Less: direct expenses 8b							
		Net income or (loss) from fundraising events							
	9 ;	a Gross income from gaming activities. See							
		Part IV, line 199a							
	- 1	b Less: direct expenses9b							
	(	c Net income or (loss) from gaming activities							
	10 :	a Gross sales of inventory, less returns							
		and allowances 10a							
	-	b Less: cost of goods sold 10b							
		Net income or (loss) from sales of inventory							
			Business Code						
Snc	11 :	a BISTRO	900099	144,439.			144,439.		
ne The		b EMPLOYEE MEALS	900099	35,303.			35,303.		
Miscellaneous Revenue		C BEAUTY & BARBER	900099	13,199.			13,199.		
Sc		d All other revenue	900099	76,916.			76,916.		
Σ		e Total. Add lines 11a-11d		269,857.			,		
	12	Total revenue. See instructions		26,806,595.	26269036.	0.	525,455.		

332009 12-21-23

Form **990** (2023)

## Form 990 (2023) WEST VALLEY NURSING HOMES, INC. Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nolete column (A)	
Jecli	Check if Schedule O contains a respor			ipicie coluititi (A).	
Do :	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		SAPSHESS.	gerrerar experiess	5/,5011000
-	and domestic governments. See Part IV, line 21	3,674.	3,674.		
2	Grants and other assistance to domestic	,	,		
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	14,717,598.	13,845,481.	872,117.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	138,309.	130,113.	8,196.	
9	Other employee benefits	1,337,710.	1,258,442.	79,268.	
10	Payroll taxes	1,361,148.	1,280,491.	80,657.	
11	Fees for services (nonemployees):	6.45 005		645 005	
а	Management	647,887.		647,887.	
b	Legal	10,987.		10,987.	
С	Accounting	137,228.		137,228.	
d	Lobbying	322.		322.	
е	Professional fundraising services. See Part IV, line 17	22 000		22 000	
f	Investment management fees	22,098.		22,098.	
g	Other. (If line 11g amount exceeds 10% of line 25,	1 140 202	1 040 022	00 471	
	column (A), amount, list line 11g expenses on Sch O.)	1,140,393. 307,608.		90,471.	
12	Advertising and promotion	92,526.		11,610.	
13	Office expenses	92,320.	00,910.	11,010.	
14 15	Information technology				
16	Royalties Occupancy	1,383,039.	1,383,039.		
17	Travel	94,396.		34,580.	
18	Payments of travel or entertainment expenses	31,3300	33,0101	31/3001	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,668.	5,668.		
20	Interest	1,923,536.			
21	Payments to affiliates	, ,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,		
22	Depreciation, depletion, and amortization	3,154,935.	3,154,935.		
23	Insurance	414,328.	414,328.		
24	Other expenses. Itemize expenses not covered		·		
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES	2,217,304.		40,655.	
b	ANCILLARY EXPENSE	678,407.			
С	REPAIRS & MAINTANENCE	578,469.		459.	
d	NURSING HOME ASSESSMENT	129,298.			<del></del>
е	All other expenses	829,715.	632,794.	196,921.	<del></del>
25	Total functional expenses. Add lines 1 through 24e	31,326,583.	29,092,830.	2,233,753.	0.
26	$\ensuremath{\textbf{Joint costs}}.$ Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2023)

Par	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	553,152.	1	1,945,289.
	2	Savings and temporary cash investments	5,212,160.	2	437,580.
	3	Pledges and grants receivable, net	5,351.	3	5,351.
	4	Accounts receivable, net	800,908.	4	2,376,369.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net	394,222.	7	371,353.
Assets	8	Inventories for sale or use	124,204.	8	124,204.
ă	9	Prepaid expenses and deferred charges	236,754.	9	436,839.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 92,930,056.	1		
	b	Less: accumulated depreciation 10b 21,114,983.	17,303,115.		71,815,073. 511,816.
	11	Investments - publicly traded securities	3,502,487.	11	511,816.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	F F00 600
	14	Intangible assets	05 001	14	5,703,690.
	15	Other assets. See Part IV, line 11	27,281.	15	132,545.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	28,159,634.	16	83,860,109.
	17	Accounts payable and accrued expenses	632,872.	17	1,312,186.
	18	Grants payable		18	
	19	Deferred revenue	6,670,000.	19	
	20	Tax-exempt bond liabilities	8,046.	20 21	
	21 22	Escrow or custodial account liability. Complete Part IV of Schedule D  Loans and other payables to any current or former officer, director,	0,040.	21	
ies	22	trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities				22	
Lia	23			23	
	24	Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	1,370,163.	25	67,480,595.
	26	Total liabilities. Add lines 17 through 25	8,681,081.	26	68,792,781.
		Organizations that follow FASB ASC 958, check here			
ses		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	19,260,859.	27	14,815,300.
Bal	28	Net assets with donor restrictions	217,694.	28	252,028.
nd		Organizations that do not follow FASB ASC 958, check here			
Ŧ.		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t As	31	Retained earnings, endowment, accumulated income, or other funds	10 10	31	4-44-44
Re	32	Total net assets or fund balances	19,478,553.	32	15,067,328.
	33	Total liabilities and net assets/fund balances	28,159,634.	33	83,860,109.

Form **990** (2023)

						3-
Pa	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1 2	31		6,5	83.
3	Revenue less expenses. Subtract line 2 from line 1	3				88.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<u> 19</u>			53.
5	Net unrealized gains (losses) on investments	5		108	8 <u>,7</u>	63.
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	15	,06'	7,3	28.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed					
	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?			2b	X	
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	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?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

332012 12-21-23

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

### **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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 91 – 0679851

				RSING HOMES,					1-0679851		
Pa	rt I	Reason for Public C	Charity Status. (	All organizations must c	omplete th	nis part.) S	ee instructions	S.			
he o	organ	ization is not a private found									
1		A church, convention of chu	urches, or association	n of churches described	in <b>sectio</b>	n 170(b)(1	)(A)(i).				
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	n 990).)						
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).				
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). (C	Complete Part II.)								
6		A federal, state, or local gov	ernment or governm	ental unit described in	section 17	70(b)(1)(A)	(v).				
7		An organization that normal	lly receives a substar	ntial part of its support fr	om a gove	ernmental i	unit or from th	e general ¡	public described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Part	t II.)						
9		An agricultural research org				ed in conju	nction with a	and-grant	college		
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the	name, city	, and state of	he college	or		
		university:									
10	X	An organization that normal	lly receives (1) more t	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, and	d gross receipts from		
		activities related to its exem	npt functions, subject	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support fi	rom gross investment		
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	after June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)								
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	)9(a)(4).				
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to car	ry out the	purposes of one or		
		more publicly supported org	ganizations described	d in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See <b>section 5</b>	09(a)(3). (	Check the box on		
		lines 12a through 12d that o	describes the type of	supporting organization	and com	plete lines	12e, 12f, and	12g.			
а		Type I. A supporting orga	ınization operated, sı	upervised, or controlled	by its supp	oorted orga	anization(s), ty	pically by	giving		
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustee	s of the su	upporting		
		organization. You must c	omplete Part IV, Se	ctions A and B.							
b		Type II. A supporting orga	· · · · · · · · · · · · · · · · · · ·				-				
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	oorted		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
С		Type III functionally inte						y integrate	ed with,		
	_	its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ections A,	D, and E.				
d								-	* *		
		that is not functionally int	-	•	-		-	an attentiv	veness		
		requirement (see instructi	•	•	•						
е		Check this box if the orga					Type I, Type I	, Type III			
		functionally integrated, or		nally integrated supporting	ng organiz	ation.					
f		er the number of supported o vide the following information	•	d organization(s)							
9		i) Name of supported	(ii) EIN	(iii) Type of organization		nization listed	(v) Amount of	monetary	(vi) Amount of other		
	•	organization	.,	(described on lines 1-10	in your governi	ng document?	support (see in	structions)	support (see instructions)		
				above (see instructions))	103	140					
	_										
- 4 -		l l									

332021 12-21-23

Part II Support Schedule for	Organizations			b)(1)(A)(iv) and	170(b)(1)(A)(vi	
(Complete only if you checke	_		-			-
fails to qualify under the test				Transa to quamy t	aridor r dre iii. ii dro	organization
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(2) 2010	(b) 2020	(a) 2021	(4) 2022	(a) 2023	(f) Total
1 Gifts, grants, contributions, and	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
membership fees received. (Do not						
include any "unusual grants.")						
2 Tax revenues levied for the organ-						
ization'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		1	T	T		
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4						
<b>8</b> 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.)						
<b>11 Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities	, etc. (see instruction	ons)			12	
13 First 5 years. If the Form 990 is for t	he organization's fi	rst, second, third,	fourth, or fifth tax y	year as a section 5	601(c)(3)	
organization, check this box and sto	p here					
Section C. Computation of Pub	ic Support Per	centage				
<b>14</b> Public support percentage for 2023	(line 6, column (f), c	livided by line 11, o	column (f))		14	%

15 Public support percentage from 2022 Schedule A, Part II, line 14 16a 33 1/3% support test - 2023. 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 - 2022. 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 - 2023. 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 - 2022. 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

Schedule A (Form 990) 2023

#### 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.)

Sec	etion A. Public Support	order, produce comp	,							
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
	Gifts, grants, contributions, and membership fees received. (Do not	(4) = 2.12	(.,	(5) === :	(-,	(5) ====	(,)			
	include any "unusual grants.")	74,403.	1569147.	284,426.	130,186.	12,104.	2070266.			
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	11984656.				26269036.	76755109.			
3	Gross receipts from activities that are not an unrelated trade or business under section 513									
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf									
	The value of services or facilities furnished by a governmental unit to the organization without charge	12050050	1 41 71 01 1	10151042	14160000	26221142	70005275			
	Total. Add lines 1 through 5	12059059.	14171911.	12151243.	14162022.	26281140.	78825375.			
	Amounts included on lines 1, 2, and 3 received from disqualified persons	10,000.	5,000.	11,500.			26,500.			
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.			
С	Add lines 7a and 7b	10,000.	5,000.	11,500.			26,500.			
	Public support. (Subtract line 7c from line 6.)						78798875.			
Sec	Section B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
Cale 9	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2019 12059059.	(b) 2020 14171911.	(c) 2021 12151243.	(d) 2022 14162022.	(e) 2023 26281140.				
Cale 9	ndar year (or fiscal year beginning in)	12059059.	(b) 2020 14171911. 214,558.	12151243.	14162022.	26281140.	78825375.			
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties,	278,294.	14171911.	191,008.	14162022. 113,238.	26281140. 116,121.	78825375. 913,219.			
Cale 9 10a	ndar year (or fiscal year beginning in)  Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses	12059059.	14171911.	191,008.	14162022.	26281140. 116,121.	78825375. 913,219.			
Cale 9 10a	Amounts from line 6	278,294.	214,558.	191,008.	14162022. 113,238.	26281140. 116,121.	78825375. 913,219.			
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	278,294.	214,558. 214,558.	191,008. 191,008.	113,238. 113,238. 113,238.	26281140. 116,121. 116,121. 269,857.	913,219. 913,219. 577,555.			
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	278,294.	214,558. 214,558.	191,008. 191,008.	113,238. 113,238. 113,238.	26281140. 116,121. 116,121. 269,857.	913,219. 913,219. 577,555.			
Cale 9 10a b	ndar year (or fiscal year beginning in)  Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the	278,294.  278,294.  278,294.  12337353.  the organization's fire	214,558.  214,558.  214,558.	191,008.  191,008.  191,008.	113,238.  113,238.  113,238.  307,698.  14582958.  rear as a section 5	26281140.  116,121.  116,121.  269,857. 26667118.  O1(c)(3) organization	913,219.  913,219.  577,555. 80316149.			
Cale 9 10a b c 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the	278,294.  278,294.  278,294.	214,558.  214,558.  214,558.	191,008.  191,008.  191,008.	113,238.  113,238.  113,238.  307,698.  14582958.  rear as a section 5	26281140.  116,121.  116,121.  269,857. 26667118.  O1(c)(3) organization	913,219.  913,219.  577,555. 80316149.			
Cale 9 10a b 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here	278,294.  278,294.  278,294.  12337353.  the organization's fine ic Support Per	214,558.  214,558.  214,558.  14386469. rst, second, third, the centage	191,008.  191,008.  191,008.	113,238.  113,238.  113,238.  307,698.  14582958.  rear as a section 5	26281140.  116,121.  116,121.  269,857. 26667118.  O1(c)(3) organization	913,219.  913,219.  577,555. 80316149.			
0 10 a b c c 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here	278,294.  278,294.  278,294.  12337353.  the organization's filline 8, column (f), d	214,558.  214,558.  214,558.  14386469.  rst, second, third, the centage ivided by line 13, contage.	191,008.  191,008.  191,008.  12342251.  Fourth, or fifth tax y	113,238.  113,238.  113,238.  307,698.  14582958.  Year as a section 5	26281140.  116,121.  116,121.  269,857. 26667118.  01(c)(3) organization	913,219.  913,219.  577,555. 80316149.  on,  98.11 %			
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V-- N-

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.
- 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on 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.
- 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.
  - **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.)

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Pai	Supporting Organizations (continued)			
		-	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	1a		
b	A family member of a person described on line 11a above?	1b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	1c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		
Sect	tion 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		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sect	the supported organization(s). tion D. All Type III Supporting Organizations			
		1	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	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	1		
•	7			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
_	the organization maintained a close and continued working relationship with the capported organization(c).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sact	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization supported a governmental entity. Provided in Part VI.		,	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction Task Assume Vivo Task Assume Viv		- 1	NI -
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	and those definition of the definition of the definition	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	and the state of t	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	The second details in	la		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard,

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See inst						
	All other Type III non-functionally integrated supporting organizations mu		•			
Sect	ion 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				
Sect	ion 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):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
	Total (add lines 1a, 1b, and 1c)	1d				
е	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 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see		
	instructions).	. •		•		

Schedule A (Form 990) 2023

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations <sub>(continue</sub>	<u>d)</u>	
Secti	on D - Distributions				Current Year
_1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023		(iii) Distributable Amount for 2023
_1_	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
<u>i_</u>	Carryover from 2018 not applied (see instructions)				
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years			_	
<u>b</u>	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2019				
<u>       b</u>	Excess from 2020				
c	Excess from 2021				
<u>d</u>	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

#### SCHEDULE C (Form 990)

### **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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) organizat	tions: Complete Part III.		T =	
Name of organization			Emp	loyer identification number
WEST VA	LLEY NURSING HOM	ES, INC.		91-0679851
Part I-A   Complete if the org	janization is exempt und	er section 501(c)	or is a section 527 or	ganization.
<ol> <li>Provide a description of the organiz</li> <li>Political campaign activity expendit</li> <li>Volunteer hours for political campai</li> </ol>	tures		(	\$ 
Part I-B   Complete if the org	ganization is exempt und	er section 501(c)(	3).	
1 Enter the amount of any excise tax	incurred by the organization und	der section 4955	(	\$
2 Enter the amount of any excise tax				
3 If the organization incurred a section				
4a Was a correction made?				
<b>b</b> If "Yes," describe in Part IV.				
Part I-C Complete if the org	janization is exempt und	er section 501(c),	except section 501(	<del>c)(3).</del>
1 Enter the amount directly expended	d by the filing organization for se	ction 527 exempt func	tion activities	\$
2 Enter the amount of the filing organ		•		
exempt function activities				\$
3 Total exempt function expenditures			,	
line 17b				
4 Did the filing organization file Form				
5 Enter the names, addresses, and en				
made payments. For each organiza contributions received that were pro-	· · · · · · · · · · · · · · · · · · ·			•
political action committee (PAC). If			· · · · · · · · · · · · · · · · · · ·	to obgregated fand of a
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
(a) Name	(b) Address	(6) EIN	filing organization's	contributions received and
			funds. If none, enter -0	
				delivered to a separate political organization.
				If none, enter -0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2023

Calendar year (or fiscal year beginning in)

(a) 2020
(b) 2021
(c) 2022
(d) 2023
(e) Total

2a Lobbying nontaxable amount
b Lobbying ceiling amount (150% of line 2a, column(e))

c Total lobbying expenditures

d Grassroots nontaxable amount
(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990) 2023

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)).

each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(	a)	(b)	
the lobbying activity.	Yes	No	Amou	ınt
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?		X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i Other activities?				322
j Total. Add lines 1c through 1i				322
a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X		
<b>b</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?	 :	<u>/</u>	-4:	
art III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	ion 501(c)(	5), or sec	ction	
			Yes	No
Were substantially all (90% or more) dues received nondeductible by members?		1	100	
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?			100	
	the prior year	2 ? 3 (5), or sec	ction	3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."	the prior year ion 501(c)( d "No" OR	2 3 5), or sec (b) Part	ction	3, is
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#### 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 instructions and the latest information.

2023
Open to Public Inspection

Name of the organization

WEST VALLEY NURSING HOMES, INC.

Employer identification number 91-0679851

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Siı	nilar Funds o	r Ac	cour	nts. Complete if the
	Giganization anomorou Teo Giri enii eee, i arriv, iir	(a) Donor advi	ised	funds	(	<b>b)</b> Fun	ds 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 v		helo	l in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "\	Yes'	on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	y).				
	Preservation of land for public use (for example, recreated	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat	L		Preservation of a	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contr	ribut	ion in the form of	f a cor	nserva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b	Total acreage restricted by conservation easements					2b	
С	Number of conservation easements on a certified historic stru	ucture included on line	2a			2c	
d	Number of conservation easements included on line 2c acqui						
	on a historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	minated by the o	organi	zation	during the tax
	year						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	anc	enforcing conse	rvatio	n ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enfo	rcing conservation	on eas	sement	ts during the year
_					4) (D) (')		
8	Does each conservation easement reported on line 2d above						□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	lote to the organization	151	nanciai statemei	ונס נוופ	ii uesc	Tibes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Ti	rea	sures, or Oth	er S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its re	ever	ue statement an	d bala	ınce st	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education	on, o	or research in furt	heran	ce of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that d	lesc	ribes these items			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rever	nue :	statement and ba	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education,	, or ı	esearch in furthe	rance	of pul	olic service,
	provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical trea						
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

Schedule D (Form 990) 2023

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value						
1a Land		14,478,252.		14,478,252.						
<b>b</b> Buildings		66,571,680.	16,435,512.	50,136,168.						
c Leasehold improvements										
<b>d</b> Equipment		8,015,845.	3,294,499.	4,721,346.						
e Other		3,864,279.	1,384,972.	2,479,307.						
Total. Add lines 1a through 1e. (Column (d) must equa	l Form 990 Part X line 1	0c column (B))		71,815,073.						

Schedule D (Form 990) 2023

Schedule D	(Form 990) 2023	WEST	VALLEY	NURSING	HOMES,	INC.	91-06/9851 F
Part VII	Investments -	- Other Secu	urities				

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. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		
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)		

Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets

(8) (9)

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, line 15, col. (B))	

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) DUE TO AFFILIATES	1,237,295.
(3) OTHER LIABILITIES	156,677.
(4) RESIDENT DEPOSITS	294,566.
(5) INTERAFFILIATE NOTE PAYABLE	43,430,000.
(6) ENTRANCE FEES REBATABLE	2,595,775.
(7) ENTRANCE FEES REFUNDABLE	6,522,746.
(8) ENTRANCE FEES NONREFUNDABLE	11,320,000.
(9) ACCRUED INTEREST	1,923,536.
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	67,480,595.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

١	VALLEY	NURSING	HOMES,	INC.	91-0679851	Page 4

Pa	rt XI Reconciliation of Revenue per Audited Financial S	tatements with i	Revenue per Re	turn	
	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	26,889,586.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	108,763.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-25,772.		
е	Add lines 2a through 2d			2e	82,991.
3	Subtract line 2e from line 1			3	26,806,595.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5		12.)		5	26,806,595.
Pa	rt XII Reconciliation of Expenses per Audited Financial S	Statements With	Expenses per R	etur	n
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.			
1	Total expenses and losses per audited financial statements			1	31,300,811.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			_
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	31,300,811.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
_	OH (D H : D 1)(H)	4b	25,772.		
b	Other (Describe in Part XIII.)	40	•		
	Other (Describe in Part XIII.) Add lines 4a and 4b		-	4c	25,772.
с 5				4c 5	25,772. 31,326,583.

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.

#### PART IV, LINE 2B:

THE ORGANIZATION IS REQUIRED TO MAKE AVAILABLE TO ALL RESIDENTS THE OPTION OF KEEPING MONEY ON THEIR BEHALF FOR INCIDENTAL PURCHASES. ANY AMOUNT OVER \$50 IS KEPT IN AN INTEREST BEARING ACCOUNT, ANY BANK CHARGES FOR THE ACCOUNT CANNOT BE CHARGED TO THE RESIDENTS AND MUST BE PAID BY THE ORGANIZATION. THE ORGANIZATION KEEPS ALL THE MONEY IN AN INTEREST BEARING CHECKING ACCOUNT AND ALL FEES ARE CHARGED TO THE COMPANY'S BANK ACCOUNT. THEREFORE, THE ORGANIZATION IS ONLY HOLDING THE MONEY IN "TRUST" AND RECORDS THE ASSET AND OFF-SETTING LIABILITY ON THE BOOKS.

#### PART X, LINE 2:

THE CORPORATION ASSESSES UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH THE

Part XIII   Supplemental Information (continued)
PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC TOPIC
740-10, INCOME TAXES. THE CORPORATION RECOGNIZES THE TAX BENEFIT FROM
UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX
POSITIONS WILL BE SUSTAINED ON EXAMINATION BY THE TAX AUTHORITIES, BASED
ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFIT IS MEASURED BASED
ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING
REALIZED UPON ULTIMATE SETTLEMENT. THE CORPORATION RECOGNIZES INTEREST AND
PENALTIES RELATED TO INCOME TAX MATTERS IN OPERATING EXPENSES. AT DECEMBER
31, 2023, THERE WERE NO SUCH UNCERTAIN TAX POSITIONS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
INVESTMENT MANAGEMENT FEES NETTED AGAINST INCOME -22,098.
DISTRIBUTIONS NETTED AGAINST CONTRIBUTIONS ON FINANCIAL
STATEMENTS -3,674.
TOTAL TO SCHEDULE D, PART XI, LINE 2D -25,772.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
INVESTMENT MANAGEMENT FEES NETTED AGAINST INCOME 22,098.
DISTRIBUTIONS NETTED AGAINST CONTRIBUTIONS ON FINANCIAL
STATEMENTS 3,674.
TOTAL TO SCHEDULE D, PART XII, LINE 4B 25,772.

#### SCHEDULE J (Form 990)

**Compensation Information** 

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

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

Attach to Form 990.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

WEST VALLEY NURSING HOMES, INC.

Employer identification number 91-0679851

Pa	art I Questions Regarding Compensation							
			Yes	No				
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,							
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							
	X First-class or charter travel							
	X Travel for companions Payments for business use of personal residence							
	Tax indemnification and gross-up payments  X Health or social club dues or initiation fees							
	Discretionary spending account Personal services (such as maid, chauffeur, chef)							
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or							
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	<u> </u>				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's							
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to							
	establish compensation of the CEO/Executive Director, but explain in Part III.							
	Compensation committee Written employment contract							
	Independent compensation consultant  Compensation survey or study							
	Form 990 of other organizations  Approval by the board or compensation committee							
4	During the year did any person listed on Form 000. Part VII. Section A line 1s, with respect to the filing							
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:							
a		4a		х				
h	Receive a severance payment or change-of-control payment?  Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х					
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х				
Ŭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	-10						
	The state of the state persons and provide the approache amounter or sacritical minimum.							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
	contingent on the revenues of:							
а	The organization?	5a		Х				
b	Any related organization?	5b		Х				
	If "Yes" on line 5a or 5b, describe in Part III.							
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
	contingent on the net earnings of:							
а	The organization?	6a		X				
b	Any related organization?	6b		Х				
	If "Yes" on line 6a or 6b, describe in Part III.							
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		37					
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	<u> </u>				
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			77				
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X				
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							
	Regulations section 53.4958-6(c)?	9	l	ı				

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JOHN H. COCHRANE, III	(i)	0.	0.	0.	0.	0.	0.	0.
	ii)	623,393.	438,900.	35,098.	13,200.	27,183.	1,137,774.	0.
(2) DANIEL OGUS	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF OPERATING OFFICER	ii)	496,166.	314,160.	43,406.	13,200.	28,387.	895,319.	0.
(3) ANDREW MCDONALD	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF FINANCIAL OFFICER	ii)	397,572.	191,100.	22,504.	12,711.	28,004.	651,891.	0.
(4) BETHANY GHASSEMI	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF LEGAL OFFICER	ii)	348,235.	166,530.	30,731.	13,280.	1,913.	560,689.	0.
(5) DENNIS GRADILLAS	(i)	0.	0.	0.	0.	0.	0.	0.
VP SALES	ii)	217,025.	219,826.	10,927.	12,614.	26,077.	486,469.	0.
(6) MARC HERRERA	(i)	0.	0.	0.	0.	0.	0.	0.
VP HEALTHCARE & QUALITY	ii)	114,603.	66,129.	280,643.	11,930.	12,977.	486,282.	0.
(7) SHACASEY ROGERS	(i)	0.	0.	0.	0.	0.	0.	0.
VP HUMAN RESOURCES	ii)	247,437.	83,294.	41,891.	11,996.	12,304.	396,922.	0.
(8) ANIKA HARTOUNIAN	(i)	0.	0.	0.	0.	0.	0.	0.
VP OF FINANCE	ii)	182,411.	106,950.	7,198.	8,455.	29,581.	334,595.	0.
(9) LISA HOLLAND	(i)	0.	0.	0.	0.	0.	0.	0.
VP REGIONAL OPERATIONS	ii)	203,406.	84,588.	11,812.	11,769.	22,826.	334,401.	0.
(10) JESSICA LOPEZ	(i)	0.	0.	0.	0.	0.	0.	0.
VP REGIONAL OPERATIONS	ii)	195,628.	80,451.	7,398.	11,192.	32,865.	327,534.	0.
(11) DEBBY GONZALES	(i)	0.	0.	0.	0.	0.	0.	0.
VP REGIONAL OPERATIONS	ii)	205,980.	64,275.	31,358.	9,384.	12,362.	323,359.	0.
(12) SUZANNE NAGEL	(i)	0.	0.	0.	0.	0.	0.	0.
VP MARKETING	ii)	191,164.	79,040.	5,987.	6,264.	32,834.	315,289.	0.
(13) JAMES PARK	(i)	0.	0.	0.	0.	0.	0.	0.
VP COMMUNICATIONS	ii)	187,822.	69,930.	18,896.	12,626.	20,952.	310,226.	0.
(14) GREGORY BEARCE	(i)	0.	0.	0.	0.	0.	0.	0.
VP REGIONAL OPERATIONS	ii)	144,188.	78,208.	29,914.	11,480.	21,156.	284,946.	0.
(15) NICK LINDBERG	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF INFORMATION OFFICER	ii)	226,828.	0.	469.	0.	1,975.	229,272.	0.
(16) TRAVIS WALKER	(i)	142,102.	12,500.	357.	0.	26,433.	181,392.	0.
EXECUTIVE DIRECTOR	ii)	0.	0.	0.	0.	0.	0.	0.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	J-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(17) JOHN ROGERS	(i)	82,317.	84,953.	227.	3,668.	493.	171,658.	0.
DIRECTOR SALES	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) DENNIS MALGESINI	(i)	136,480.	0.	13,880.	4,303.	10,246.	164,909.	0.
HEALTH SERVICES ADMINISTRA	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) TAMMY SMEBACK	(i)	145,983.	1,000.	2,254.	0.	9,685.	158,922.	0.
DIRECTOR NURSING	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

FIRST CLASS TRAVEL IS AVAILABLE TO EXECUTIVE TEAM MEMBERS OF THE

ORGANIZATION.

TRAVEL FOR COMPANIONS IS AVAILABLE FOR EXECUTIVE TEAM MEMBERS.

A COST REIMBURSEMENT BENEFIT OF \$60/MONTH IS AVAILABLE TO CERTAIN EXECUTIVE

TEAM MEMBERS FOR MONTHLY GYM MEMBERSHIP DUES.

PART I, LINE 3:

COMPENSATION OF THE CEO IS DETERMINED BY HUMANGOOD USING THE FOLLOWING

METHODS: COMPENSATION COMMITTEE, COMPENSATION CONSULTANT, FORM 990 OF OTHER

ORGANIZATIONS, COMPENSATION SURVEY/STUDY AND APPROVAL BY THE

BOARD/COMPENSATION COMMITTEE.

PART I, LINE 4B:

CERTAIN KEY EXECUTIVES WERE ALLOWED TO PARTICIPATE IN AN IRC 457(F) PLAN,

WHEREBY (SUBJECT TO PLAN AMENDMENT) THE PLAN WILL FUND REGULAR

CONTRIBUTIONS AND EARN A RETURN EQUAL TO THE CONSUMER PRICE INDEX RATE PLUS

Schedule J (Form 990) 2023

Part III Supplemental Information

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

#### 2.5 PERCENT WITH A CAP OF 6.0 PERCENT.

PART I, LINE 7:

INCENTIVE COMPENSATION:

EXECUTIVE DIRECTORS, REGIONAL MANAGERS AND SENIOR MANAGEMENT ARE ELIGIBLE

FOR INCENTIVE COMPENSATION. IN THE CALENDAR YEAR PRECEDING THE INCENTIVE

COMPENSATION, GOALS ARE SET FOR EACH INDIVIDUAL THAT ALIGN WITH THE

STRATEGIC AND OPERATIONAL OBJECTIVES OF THE ORGANIZATION. THE GOALS OF THE

CEO AND EXECUTIVE TEAM ARE REVIEWED BY THE COMPENSATION COMMITTEE AND

BOARD. BEFORE ANY PAYMENT IS MADE, THE INCENTIVE COMPENSATION POOL MUST BE

FUNDED BY (A) EXCEEDING BUDGETED NET CASH PRODUCTION ARISING FROM THE SUM

OF OPERATIONAL PERFORMANCE AND NET TURNOVER ENTRANCE FEES, SUBJECT TO A

CAP; AND (B) MEETING OR EXCEEDING BUDGETED OPERATING MARGIN BY A

PREDETERMINED AMOUNT. IF THE INCENTIVE POOL IS PARTIALLY FUNDED, THE

PARTIAL PERCENTAGE IS APPLIED TO THE POTENTIAL PAYMENT FOR EACH TEAM

MEMBER'S ATTAINED GOALS. THE ATTAINMENT OF THE GOALS OF THE CEO AND

EXECUTIVE TEAM ARE REVIEWED BY THE COMPENSATION COMMITTEE AND BOARD PRIOR

TO PAYMENT. FOR OTHER TEAM MEMBERS, THE ATTAINMENT OF EACH INCENTIVE GOAL

IS ASSESSED BY THE INCENTIVE-ELIGIBLE TEAM MEMBER'S SUPERVISOR AND

Schedule J (Form 990) 2023

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
ULTIMATELY REVIEWED BY THE CEO PRIOR TO PAYMENT.

#### SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

WEST VALLEY NURSING HOMES, INC.

Employer identification number 91 – 0679851

WEST VALUET NORSING HOMES, INC. 91 00/9031
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BECAUSE WE BELIEVE THIS, OUR MISSION IS TO INSPIRE YOUR BEST LIFE.
WE DO THAT BY WORKING HAND-IN-HAND TO CREATE EXPERIENCES THAT MATTER TO
YOU.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
SUPPORT UNITS), AND A 20-BED HEALTH CENTER LICENSED FOR MEDICAID AND
MEDICARE.
FORM 990, PART VI, SECTION A, LINE 3:
HUMANGOOD NORCAL, A RELATED 501(C)(3) ORGANIZATION, PROVIDES MANAGEMENT
SERVICES TO WEST VALLEY NURSING HOMES, INC.
FORM 990, PART VI, SECTION A, LINE 6:
HUMANGOOD CORNERSTONE, A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION
EXEMPT UNDER IRC SECTION 501(C )(3), IS THE SOLE MEMBER OF WEST VALLEY
NURSING HOMES, INC. HUMANGOOD, A CALIFORNIA NONPROFIT PUBLIC BENEFIT
CORPORATION EXEMPT UNDER IRC SECTION 501(C )(3), IS THE SOLE MEMBER OF
HUMANGOOD CORNERSTONE.
FORM 990, PART VI, SECTION A, LINE 7A:
THE CORPORATE MEMBER EXERCISES ITS MEMBERSHIP RIGHTS THROUGH ITS BOARD
GOVERNING BODY OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

THE MEMBER, HUMANGOOD CORNERSTONE, SHALL HAVE THE RIGHT TO VOTE, AS SET

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page **2** 

Name of the organization WEST VALLEY NURSING HOMES, INC.

Employer identification number 91-0679851

FORTH IN THESE BYLAWS, ON THE ELECTION AND REMOVAL OF DIRECTORS, THE

DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION,

ANY MERGER AND ITS PRINCIPAL TERMS AND ANY AMENDMENT OF THOSE TERMS, AND

ANY ELECTION TO DISSOLVE THE CORPORATION. IN ADDITION, THE MEMBER SHALL

HAVE ALL RIGHTS AFFORDED MEMBERS UNDER THE WASHINGTON NONPROFIT CORPORATION

ACT.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE CFO AND FURNISHED TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

EVERY YEAR, THE ORGANIZATION'S DIRECTORS AND OFFICERS ARE ASKED TO COMPLETE
A CONFLICT OF INTEREST DISCLOSURE ALONG WITH A STATEMENT OF COMMITMENT.

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, DIRECTORS

AND OFFICERS MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND ALL

MATERIAL FACTS RELATED THERETO TO THE DIRECTORS AND MEMBERS OF COMMITTEES.

A VOTE IS TAKEN OUTSIDE THE PRESENCE OF THE INDIVIDUAL IN QUESTION TO

DETERMINE IF AN ACTUAL CONFLICT EXISTS.IF THE BOARD OR COMMITTEE HAS

REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR

POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR

SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED

FAILURE TO DISCLOSE.

IF, AFTER HEARING THE RESPONSE OF THE MEMBER, THE BOARD OR COMMITTEE

DETERMINES THAT THE MEMBER HAS IN FACT FAILED TO DISCLOSE AN ACTUAL OR

POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND

Schedule O (Form 990) 2023 Page 2

Name of the organization WEST VALLEY NURSING HOMES, INC. Employer identification number 91-0679851

CORRECTIVE ACTION.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION OF THE PRESIDENT, COO AND CFO OF HUMANGOOD IS REVIEWED

ANNUALLY FOR MARKET COMPETITIVENESS BY A COMPENSATION COMMITTEE OF THE

HUMANGOOD BOARD. COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS

REVIEWED BY THE CEO WITH DISCLOSURE TO THE COMPENSATION COMMITTEE. THE

HUMANGOOD BOARD MEMBERS AND PRESIDENT ARE INDEPENDENT WITH RESPECT TO THE

INDIVIDUALS WHOSE COMPENSATION IS BEING REVIEWED, THE HUMANGOOD BOARD AND

PRESIDENT RELY UPON WAGE AND SALARY STUDIES AND/OR REGULAR REVIEW BY A

COMPENSATION CONSULTANT TO PROVIDE COMPARABLE SALARY DATA FOR THEIR

CONSIDERATION. DECISIONS REGARDING COMPENSATION ARE DOCUMENTED ON A

CONTEMPORANEOUS BASIS.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE FOR

INSPECTION UPON REQUEST. FINANCIAL AND OTHER DATA IS AVAILABLE ON THE

ORGANIZATION'S WEBSITE, HUMANGOOD.ORG.

FORM 990, PART VII, SECTION A:

CERTAIN BOARD MEMBERS RECEIVED A STIPEND FOR 2023 FOR THEIR BOARD AND

COMMITTEE WORK RELATED TO HUMANGOOD. NO COMPENSATION IS PAID TO ANY

BOARD MEMBERS FOR THEIR ROLE ON THE WEST VALLEY NURSING HOMES, INC.

BOARD.

BOARD STIPENDS:

COMMENCING TWO YEARS AFTER THE MAY 1, 2016 AFFILIATION OF HUMANGOOD NORCAL AND HUMANGOOD SOCAL, THE SEVEN-MEMBER HUMANGOOD BOARD BEGAN

Schedule O (Form 990) 2023  Name of the organization  WEST VALLEY NURSING HOMES, INC.	Employer identification number 91-0679851
RECEIVING STIPENDS FOR THEIR SERVICE TO THE TOP GOVERNING	
HUMANGOOD. AN EVALUATION WAS PERFORMED OF SIMILARLY COMPLE	
ORGANIZATIONS TO DETERMINE THE REASONABLENESS OF THE STIPE	
THE HOURS COMMITTED TO GOVERNANCE. NO REMUNERATION IS ATTR	
SERVICE BY THESE SEVEN BOARD MEMBERS ON BOARDS OF OTHER HU	
AFFILIATES. THE REMUNERATION IS TAXABLE TO EACH OF THE MEM	
REPORTED ANNUALLY ON FORM 1099 IN ADDITION TO DISCLOSURE I	N THE FORM
990. BASED ON RECEIVING THIS REMUNERATION AND THE ADVICE O	F TAX
CONSULTANTS, THESE BOARD MEMBERS ARE NOT REFLECTED AS BEIN	G INDEPENDENT
DIRECTORS.	

## SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization		Employer identification number
	WEST VALLEY NURSING HOMES, INC.	91-0679851

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
G HILLSIDE LLC					
900 HUNTINGTON DRIVE					WEST VALLEY NURSING
UARTE, CA 91010	LIFE PLAN COMMUNITY	CALIFORNIA	10,882,000.	63,721,000.	HOMES, INC.

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

(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
ANDRES DUARTE TERRACE - 30-0155849					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		X
AVENUE OF THE ARTS PRESBYTERIAN-PSC	LOW INCOME HOUSING FOR						
APARTMENTS, INC 23-3027613, 2000 JOSHUA	SENIOR CITIZENS AND						
ROAD, LAFAYETTE HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		X
BALA PRESBYTERIAN HOME FOUNDATION -							
23-2834398, 2000 JOSHUA ROAD, LAFAYETTE							
HILL, PA 19444	FUNDRAISING & SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 12B, II	HUMANGOOD EAST		X
BANDERA SENIOR HOUSING CORP DBA: GEORGE					HUMANGOOD		
MCDONALD COURT - 31-1538768, 1900 HUNTINGTON	]				AFFORDABLE		
DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		X

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

Schedule R (Form 990) 2023

(a)	(b)	(c)	(d)	(e)	(f)	Section 5	<b>g)</b> 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	conti	rolled
of related organization		foreign country)	section	status (if section	entity		zation?
				501(c)(3))		Yes	No
BAY VISTA SENIOR HOUSING - 46-0777494	_				HUMANGOOD		
1900 HUNTINGTON DRIVE	_				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	WASHINGTON	501(C)(3)	LINE 10	HOUSING		X
BEACON SENIOR HOUSING CORP DBA ROSEWOOD					HUMANGOOD		
COURT - 31-1654224, 1900 HUNTINGTON DRIVE,					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х
CANTERBURY VILLAGE RETIREMENT CORP -					HUMANGOOD		
95-3864198, 1900 HUNTINGTON DRIVE, DUARTE,					AFFORDABLE		
CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		X
CASTLE ARGYLE - 95-4454256					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		X
GERMANTOWN INTERFAITH HOUSING, INC	LOW INCOME HOUSING FOR						
23-2211053, 2000 JOSHUA ROAD, LAFAYETTE	SENIOR CITIZENS AND						
HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		Х
GOOD SHEPHERD SENIOR HOUSING - 26-2704795					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	WASHINGTON	501(C)(3)	LINE 10	HOUSING		х
GRACE COURT, INC 23-2299928	LOW INCOME HOUSING FOR						
2000 JOSHUA ROAD	SENIOR CITIZENS AND						
LAFAYETTE HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		х
GREENWAY PRESBYTERIAN APARTMENTS, INC	LOW INCOME HOUSING FOR						
86-1063722, 2000 JOSHUA ROAD, LAFAYETTE	SENIOR CITIZENS AND						
HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		х
HILLCREST SENIOR HOUSING CORP - 76-0801395					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		Х
HUMANGOOD - 31-1558961							
1900 HUNTINGTON DRIVE	$\dashv$						
DUARTE, CA 91010	PARENT ORGANIZATION	CALIFORNIA	501(C)(3)	LINE 12A, I	N/A		х
HUMANGOOD AFFORDABLE HOUSING - 94-3085296				, -		1	<del></del>
1900 HUNTINGTON DRIVE	7				HUMANGOOD		
DUARTE CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	CORNERSTONE		Х
HUMANGOOD ARIZONA, INC. DBA TERRACES OF			, , _ , _ , , ,			1	<del></del>
PHOENIX - 86-0176446, 1900 HUNTINGTON DRIVE,	$\dashv$				HUMANGOOD		
DUARTE CA 91010	LIFE PLAN COMMUNITY	ARIZONA	501(C)(3)	LINE 10	CORNERSTONE		х
Domiti, on Jioio	PILL FURN COMMONITY	FILL ZONA	201(0/(3/	P-14E 10	COMMENDIONE		$\perp \Delta$

(a)	(b)	(c)	(d)	(e)	(f)		<b>g)</b> 512(b)(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Exempt Code section	Public charity status (if section	Direct controlling entity		rolled
or related organization		foreign country)	Section	501(c)(3))	entity		zation?
HUMANGOOD CORNERSTONE - 30-0184304				00.(0)(0))		Yes	No
1900 HUNTINGTON DRIVE	7						
DUARTE, CA 91010		CALIFORNIA	501(C)(3)	LINE 12B, II	HUMANGOOD		Х
HUMANGOOD EAST - 23-2828862				,			
2000 JOSHUA ROAD	7				HUMANGOOD		
LAFAYETTE HILL, PA 19444	PARENT ENTITY	PENNSYLVANIA	501(C)(3)	LINE 12B, II	CORNERSTONE		х
HUMANGOOD FOUNDATION SOUTH - 91-1931309	FUNDRAISING, FINANCIAL			,			
1900 HUNTINGTON DRIVE	RESOURCES TO RELATED						
DUARTE, CA 91010	ENTITIES	CALIFORNIA	501(C)(3)	LINE 7	HUMANGOOD SOCAL		Х
HUMANGOOD FOUNDATION WEST - 23-7039408							
1900 HUNTINGTON DRIVE	SUPPORT FOR NON-PROFIT						
DUARTE, CA 91010	RESIDENTIAL COMMUNITIES	CALIFORNIA	501(C)(3)	LINE 12A, I	HUMANGOOD NORCAL		Х
HUMANGOOD FRESNO DBA THE TERRACES AT SAN							
JOAQUIN GARDENS - 26-0650298, 1900	7						
HUNTINGTON DRIVE, DUARTE, CA 91010	LIFE PLAN COMMUNITY	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD		Х
HUMANGOOD IDAHO DBA TERRACES OF BOISE -							
20-3659420, 1900 HUNTINGTON DRIVE, DUARTE,	7				HUMANGOOD		
CA 91010	LIFE PLAN COMMUNITY	CALIFORNIA	501(C)(3)	LINE 10	CORNERSTONE		Х
HUMANGOOD NEVADA DBA LAS VENTANAS RETIREMENT							
COMMUNITY - 20-0566413, 1900 HUNTINGTON	7				HUMANGOOD		
DRIVE, DUARTE, CA 91010	LIFE PLAN COMMUNITY	CALIFORNIA	501(C)(3)	LINE 10	CORNERSTONE		Х
HUMANGOOD NORCAL - 94-1225374							
1900 HUNTINGTON DRIVE							
DUARTE, CA 91010	LIFE PLAN COMMUNITIES	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD		Х
HUMANGOOD PENNSYLVANIA - 23-1547587	PROVIDE SENIOR LIVING						
2000 JOSHUA ROAD	OPTIONS, FUNDRAISING &						
LAFAYETTE HILL, PA 19444	SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		X
HUMANGOOD SOCAL - 95-1894293							
1900 HUNTINGTON DRIVE							
DUARTE, CA 91010	LIFE PLAN COMMUNITIES	CALIFORNIA	501(C)(3)	LINE 10	HUMANGOOD		X
HUMANGOOD WASHINGTON DBA JUDSON PARK							
RETIREMENT COMMUNITY - 91-1659735, 1900					HUMANGOOD		
HUNTINGTON DRIVE, DUARTE, CA 91010	LIFE PLAN COMMUNITY	WASHINGTON	501(C)(3)	LINE 10	CORNERSTONE		X
JUDSON TERRACE HOMES - 95-6153706					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		X

(a)	(b)	(c)	(d)	(e)	(f)	(9	<b>g)</b> 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling		512(b)(13) rolled
of related organization		foreign country)	section	status (if section	entity	organiz	zation?
				501(c)(3))		Yes	No
JUDSON TERRACE LODGE - 77-0389124					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		X
LC HOTCHKISS TERRACE - 30-0155895					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		X
LIL JACKSON SENIOR COMMUNITY - 41-2205339					HUMANGOOD		
1900 HUNTINGTON DRIVE	7				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х
MAKEMIE AT WHITELAND - 20-8523793							
2000 JOSHUA ROAD	7						
LAFAYETTE HILL, PA 19444	INACTIVE	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		Х
MANTUA PRESBYTERIAN APARTMENTS, INC	LOW INCOME HOUSING FOR						
20-5006775, 2000 JOSHUA ROAD, LAFAYETTE	SENIOR CITIZENS AND						
HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		Х
MOUNTAIN PARK TERRACE INC DBA CLARK TERRACE					HUMANGOOD		
- 95-4570416, 1900 HUNTINGTON DRIVE, DUARTE,	7				AFFORDABLE		
CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х
OAK KNOLLS HAVEN CORPORATION - 95-3497055					HUMANGOOD		
1900 HUNTINGTON DRIVE	7				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		Х
OLD CITY PRESBYTERIAN APARTMENTS, INC	LOW INCOME HOUSING FOR						
23-2778769, 2000 JOSHUA ROAD, LAFAYETTE	SENIOR CITIZENS AND						
HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		Х
PALMER AVENUE RETIREMENT CORP - 95-3864197					HUMANGOOD		
1900 HUNTINGTON DRIVE	7				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		Х
PASCHALL SENIOR HOUSING, INC 20-5957419	LOW INCOME HOUSING FOR						
2000 JOSHUA ROAD	SENIOR CITIZENS AND						
LAFAYETTE HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		Х
PHILADELPHIA PRESBYTERY APARTMENTS OF	LOW INCOME HOUSING FOR						
MORRISVILLE, INC 22-2466663, 2000 JOSHUA	SENIOR CITIZENS AND						
ROAD, LAFAYETTE HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		Х
PHILADELPHIA PRESBYTERY APARTMENTS, INC	LOW INCOME HOUSING FOR						
23-2081651, 2000 JOSHUA ROAD, LAFAYETTE	SENIOR CITIZENS AND						
HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		Х

<b>(a)</b> Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling		<b>g)</b> 512(b)(13) rolled
of related organization	l minary detiring	foreign country)	section	status (if section			zation?
· ·		Toroigh obunity)		501(c)(3))		Yes	No
PHILADELPHIA PRESBYTERY HOMES WC TRUST -							
23-7816031, 2000 JOSHUA ROAD, LAFAYETTE	7						
HILL, PA 19444	INACTIVE	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		Х
PRESBYSERVICES - 23-3000326							
2000 JOSHUA ROAD	7						
LAFAYETTE HILL, PA 19444	MASTER PAYROLL COMPANY	PENNSYLVANIA	501(C)(3)	LINE 12B, II	HUMANGOOD EAST		Х
PRESBYTERIAN APARTMENTS AT 58TH STREET, INC.	LOW INCOME HOUSING FOR						
- 23-2605582, 2000 JOSHUA ROAD, LAFAYETTE	SENIOR CITIZENS AND						
HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		Х
PRESBYTERIAN HOME AT 58TH STREET -							
23-1352513, 2000 JOSHUA ROAD, LAFAYETTE	7						
HILL, PA 19444	SUPPORT TO AFFILIATES	PENNSYLVANIA	501(C)(3)	LINE 12B, II	HUMANGOOD EAST		Х
REDDING MOUNTAIN VISTAS II - 30-0239400					HUMANGOOD		
1900 HUNTINGTON DRIVE	7				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х
REDLANDS SENIOR HOUSING TWO - 31-1539936					HUMANGOOD		
1900 HUNTINGTON DRIVE	7				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		Х
REDLANDS SENIOR HOUSING, INC 94-2902763					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		Х
ROSE VIEW TERRACE, INC 26-4333422					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х
SALISHAN SENIOR HOUSING, INC 90-0504991					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	WASHINGTON	501(C)(3)	LINE 10	HOUSING		Х
SAN LEANDRO SENIOR HOUSING INC - 91-2158413					HUMANGOOD		
1900 HUNTINGTON DRIVE					AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		Х
SENIOR AFFORDABLE HOUSING CORP #1 DBA: OTTO					HUMANGOOD		
GRUBER HOUSING - 31-1538772, 1900 HUNTINGTON					AFFORDABLE		
DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х
SENIOR AFFORDABLE HOUSING CORP #2 DBA: CLARK					HUMANGOOD		
TERRACE II - 31-1718833, 1900 HUNTINGTON					AFFORDABLE		
DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х

(a)	(b)	(c)	(d)	(e)	(f)	Section 5	<b>g)</b> 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	contr	rolled
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	_	zation?
SENIOR AFFORDABLE HOUSING CORP #3 DBA:				301(0)(0))	HUMANGOOD	Yes	No
HADLEY VILLAS - 30-0032287, 1900 HUNTINGTON	7				AFFORDABLE		
DRIVE, DUARTE, CA 91010		CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х
SENIOR AFFORDABLE HOUSING CORP #4 DBA:					HUMANGOOD		
MOUTAIN VISTAS - 30-0032292, 1900 HUNTINGTON	7				AFFORDABLE		
DRIVE, DUARTE, CA 91010		CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х
SENIOR AFFORDABLE HOUSING CORP #6 WILLIAM C					HUMANGOOD		
ARTHUR TERRACE - 30-0204104, 1900 HUNTINGTON	7				AFFORDABLE		
DRIVE, DUARTE, CA 91010		CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х
SIERRA GATEWAY SENIOR RESIDENCE - 30-0239445					HUMANGOOD		<del></del>
1900 HUNTINGTON DRIVE	7				AFFORDABLE		
DUARTE, CA 91010		CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х
SIERRA GATEWAY SENIOR RESIDENCE II -					HUMANGOOD		
45-4945583, 1900 HUNTINGTON DRIVE, DUARTE,	7				AFFORDABLE		
CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		х
SOROPTIMIST GARDENS HOUSING CORP DBA: THE					HUMANGOOD		
GARDENS - 95-3927250, 1900 HUNTINGTON DRIVE,	7				AFFORDABLE		
DUARTE, CA 91010	 AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х
SOUTH PHILADELPHIA PRESBYTERIAN APARTMENTS,	LOW INCOME HOUSING FOR						
INC 46-0477271, 2000 JOSHUA ROAD,	SENIOR CITIZENS AND						
LAFAYETTE HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		Х
SOUTHWEST PHILADELPHIA NEIGHBORHOOD RENEWAL							
PROGRAM - 23-3066741, 2000 JOSHUA ROAD,	7						
LAFAYETTE HILL, PA 19444	INACTIVE	PENNSYLVANIA	501(C)(3)	PF	HUMANGOOD EAST		Х
SOUTHWEST PHILADELPHIA PRESBYTERY	LOW INCOME HOUSING FOR						
APARTMENTS, INC 23-2700459, 2000 JOSHUA	SENIOR CITIZENS AND						
ROAD, LAFAYETTE HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		Х
TAHOE SENIOR PLAZA INC - 94-3292737					HUMANGOOD		
1900 HUNTINGTON DRIVE	7				AFFORDABLE		
DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 10	HOUSING		Х
TIOGA PRESBYTERIAN APARTMENTS, INC	LOW INCOME HOUSING FOR						
23-2763902, 2000 JOSHUA ROAD, LAFAYETTE	SENIOR CITIZENS AND						
HILL, PA 19444	HANDICAPPED	PENNSYLVANIA	501(C)(3)	LINE 10	HUMANGOOD EAST		Х
VENICE SENIOR HOUSING CORP DBA ADDA & PAUL					HUMANGOOD		
SAFRAN SR HOUSING - 95-4607627, 1900	7				AFFORDABLE		
HUNTINGTON DRIVE, DUARTE, CA 91010	AFFORDABLE HOUSING	CALIFORNIA	501(C)(3)	LINE 7	HOUSING		Х

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)				
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partn	Percentago ing ownership			
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No				
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

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

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

Yes No

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

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

а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X	
	<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b		Х	
С	c Gift, grant, or capital contribution from related organization(s)				1c	X		
	d Loans or loan guarantees to or for related organization(s)				1d		Х	
	Loans or loan guarantees by related organization(s)				1e	Х		
f	f Dividends from related organization(s)				1f		Х	
g	g Sale of assets to related organization(s)				1g		X	
h	h Purchase of assets from related organization(s)				1h		X	
i	i Exchange of assets with related organization(s)				1i		X	
j	j Lease of facilities, equipment, or other assets to related organization(s)				1j		X	
k	k Lease of facilities, equipment, or other assets from related organization(s)				1k		X	
Performance of services or membership or fundraising solicitations for related organization(s)								
	m Performance of services or membership or fundraising solicitations by related organization(s)				1m	Х		
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X		
0	Sharing of paid employees with related organization(s)				10	X		
						X		
p Reimbursement paid to related organization(s) for expenses								
q	q Reimbursement paid by related organization(s) for expenses				1q	Х		
	r Other transfer of cash or property to related organization(s)				1r	Х		
s	s Other transfer of cash or property from related organization(s)		<u></u>		1s	X		
2	If the answer to any of the above is "Yes," see the instructions for information on who must compl	lete this	line, including covered re	elationships and transaction thresholds.				
	(a) (b)  Name of related organization Transactio type (a-s)		<b>(c)</b> Amount involved	(d) Method of determining amount invo	olved			
1)								
2)								
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3)								
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4)		-						
5)								
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6)								
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0000