For	ո 990-T	l E	Exempt Orga	anization Bus	sine	ss Inco	me T	Tax Returr	1 I	OMB No 1545-0687
_	000 1	-	(8	and proxy tax und	der se	ction 6033	3(e))			0040
gra	ĝ	For ca	lendar year 2018 or other tax y			, and en	· -		_	2018
	artment of the Treasury		► Go to ww	w.irs.gov/Form990T for i	nstructi	ons and the lat	est inform	nation.	ŀ	Open to Public Inspection to
Inter	nal Revenue Service			pers on this form as it ma				ration is a 50 i(c)(s)		501(c)(3) Organizations Only loyer identification number
Αl	Check box if address changed		Name of organization (	Check box if name of	cnanged	i and see instru	ctions.)		Emp	ployees' trust, see uctions )
В	Exempt under section	Print	GARY AND MA	ARY WEST HEA	ALTH	ENDOWN	ENT,	INC.	2	27-2953865
	501(c <u>§(3</u> )	or		om or suite no. If a P.O. bo						lated business activity code instructions)
	408(e)220(e)	Туре	1603 ORRING	GTON AVE., N	10.	810			<b>'</b> ' ' ' '	
	408A530(a)			ovince, country, and ZIP of	or foreig	n postal code				
L	529(a)		EVANSTON,						900	0099
Ca	374,272,6	10	G Check organization ty	mber (See instructions.)  /pe  X   501(c) cor	rooratio	501	(c) trust	401(a)	trust	Other trust
			ation's unrelated trades or	·	1		<del>```</del>	the only (or first) un		
			EE STATEMEN					complete Parts I-V.		
				ous sentence, complete P	arts I ar		-			
b	usiness, then complete	Parts III	I-V.							
				n affiliated group or a pare	nt-subs	idiary controlle	d group?	<b>▶</b> Ŀ	Y	es 💹 No
			tifying number of the pare				<del>-</del>		47	220 0747
			SHELLEY LYFO  de or Business In			(A) Inco		one number > 8		(C) Net
<u> </u>	Gross receipts or sale		ue or business in	T	Τ-	(//) 11100		(b) Expenses		(0) (0) (2/2-2 × 22/2-27/2012)
	Less returns and allow			c Balance	10				(	
<b>~</b> 2	Cost of goods sold (S		A, line 7)		2			( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	1.000	
<b>⇔</b> 3	Gross profit. Subtract		•		3				, , , , 3,	
	Capital gain net incon				4a			1.19 32 27 3	** **	
			Part II, line 17) (attach For	rm 4797)	4b				- 25%	
<u>Q</u> '				/	4c	10	561.	STMT 2	·	
是 5	Rent income (Schedu		ship or an S corporation (	(attach statement)	6	10,	. 201.	·* SIMI L	4 T,30	10,301
5 6 7	Unrelated debt-finance	•	me (Schedule F)		7					_
38			,	d organization (Schedule F)	<del></del>					
<b>9</b> 8				organization (Schedule G						
10	Exploited exempt acti	vity inco	me (Schedule I)		10					
11	Advertising income (S		•		11			regress of telliers	Ni otomos -	,
12	Other income (See in				12	10	561.		. 13884	10,561.
13 (P:	Total. Combine lines			ere (See instructions f				1		10,501.
$\epsilon ' \lambda'$	(Except for	contrib	utions, deductions mu	ist be directly connecte	ed with	the unrelated	busines	s income )		
14	Compensation of off	icers, di	rectors, and trustees (Sci						14	
15	Salaries and wages			l R	EC	EIVED	$\neg$		15	
16	Repairs and mainten	ance					101		16	_
17	Bad debts			NO F1-436	) V 9	5 2019	8		17	
18	Interest (attach sche Taxes and licenses	idule) (s	ee instructions)	四		0 2013	8		18	
19 20		ons (Se	e instructions for limitatio	on rules)	DE	A     1 = 1 = 1	15		20	
21	Depreciation (attach	•			DE	14, U [	21.			
22			n Schedule A and elsewh	ere on return			22a		22b	
23	Depletion								23	
24	Contributions to defe		mpensation plans			•			24	
25	Employee benefit pro	-							25	<del></del>
26 27	Excess exempt expe								26	
27 28	Excess readership of Other deductions (at		•			SEE	STAT	емент 3	28	1,500.
29	Total deductions. A								29	1,500.
30				ng loss deduction. Subtra	ct line 2	9 from line 13			30	9,061.
31	Deduction for net op	erating	loss arısıng ın tax years b	eginning on or after Janu			ctions)		31	4.72°42'
32			ncome. Subtract line 31 f						32	9,061.
8237	01 01-09-19 LHA F	or Pape	rwork Reduction Act Noti	ice, see instructions.	5	2		9	17	Form <b>990-T</b> (2018
722	1010 149899	ว พาย	TE:	2018.04030			MARY			E WHE1
, 50	LULU LEJUJ.	, AAT		-010 O TO JO	- L 11					

Form 990-1	(2018) GARY AND MARY WEST HEALTH ENDOWMENT, IN	īC.	27-29	53865	Page 2
Part I	Total Unrelated Business Taxable Income				
, 33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	e instructions)		33	9,061.
34	Amounts paid for disallowed fringes			34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instri	uctions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s	um of			
	lines 33 and 34			36	9,061.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	1,000.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line	36,			
	enter the smaller of zero or line 36			38	8,061.
Part I	Tax Computation				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)			39	1,693.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount	on line 38 from:			
	Tax rate schedule or Schedule D (Form 1041)		<b>•</b>	40	
41	Proxy tax See instructions		<b>&gt;</b>	41	
42	Alternative minimum tax (trusts only)			42	
43	Tax on Noncompliant Facility Income. See instructions			43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	1,693.
Part \	Tax and Payments				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a			<u>-</u>
	Other credits (see instructions)	45b			
	General business credit. Attach Form 3800	45c	-		
ď	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d			
	Total credits Add lines 45a through 45d			45e	
46	Subtract line 45e from line 44			46	1,693.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	66 Other	(attach schedule)	47	<u>-</u>
48	Total tax Add lines 46 and 47 (see instructions)		,,	48	1,693.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	0.
	Payments: A 2017 overpayment credited to 2018	50a	1,922	2. 3	
	2018 estimated tax payments	50b			
	Tax deposited with Form 8868	50c	300		
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d			
	Backup withholding (see instructions)	50e			
	Credit for small employer health insurance premiums (attach Form 8941)	50f		<b>-</b>	
	Other credits, adjustments, and payments: Form 2439	<del></del>			
y	Form 4136 Other Total	50g			
£4	Total payments. Add lines 50a through 50g	Jog	<del></del> -	51	2,222.
51 52	Estimated tax penalty (see instructions). Check if Form 2220 is attached			52	<u> </u>
52 52				53	<del></del>
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed  Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid			54	529.
54	Enter the amount of line 54 you want: Credited to 2019 estimated tax	529. Re	funded >	55	0.
Part N				1 00 1	
	At any time during the 2018 calendar year, did the organization have an interest in or a signature				Yes No
30	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization				3X300 JA38
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the				
		roreign country			X
	here	anafarar ta a fa	rough trust?	-	-
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tr	ansieror to, a to	reign trust*		2000 F 44 8
	If "Yes," see instructions for other forms the organization may have to file.				
58	Enter the amount of tax-exempt interest received or accrued during the tax year   S  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and	etatomonte, and to	the best of my kn	owledge and	belief it is true
Sign	onder penanties of perjury, I declare that I have examined this return, including accompanying schedules and complete. Declaration of preparer other than taxpayer) is based on all information of which preparer	rer has any knowle	dge	Owiedge and	Deliai, it is true,
Here	A LILLIAMS PRECIDE	PATER		-	liscuss this return with
Here	PRESIDE	ZIV.T.			hown below (see
	Signature of officer Date Title	<del>.                                      </del>		nstructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Da	te	Check	If PTIN	
Paid		0-24-19	self- employed		0545653
Prepa	rer DIANA J. MCCUTCHEN   LIMBEL G 411 CUTCHEN		<u> </u>		0545657
Use C	Firm's name DELOITTE TAX LLP		Firm's EIN	<u>86</u>	-1065772
	655 WEST BROADWAY, SUITE 700		<b> </b>	/ (1 ^ )	220 (500
	Firm's address ► SAN DIEGO. CA 92101-8590		I Phone no.	(619)	232-6500

Form **990-T** (2018)

823711 01-09-19

Page 3

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory valuation   N	/A				
1 Inventory at beginning of year	11	<del></del>	6 Inventory at end of	year		6	•	
2 Purchases	2		7 Cost of goods sold	-	line 6			
3 Cost of labor	3		from line 5. Enter h	iere and in Part I,				
4 a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of sec	tion 263A (	(with respect to		Yes No	
<ul> <li>Other costs (attach schedule)</li> </ul>	4b		property produced	or acquire	d for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income ( (see instructions)	From Real	Property and	d Personal Proper	ty Leas	sed With Real Pro	perty)		
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued			3(a) Deductions directly	. connector	l with the income in	
(a) From personal property (if the pero rent for personal property is more 10% but not more than 50%)	than	of rent for p	nd personal property (if the per tersonal property exceeds 50% at is based on profit or income)	centage or if	columns 2(a) a	nd 2(b) (atta	ich schedule)	
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column	(A)	<b>&gt;</b>		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>	0	
Schedule E - Unrelated Deb	t-Financec	I Income (see	instructions)					
			2. Gross income from		<ol><li>Deductions directly cor to debt-finant</li></ol>			
1. Description of debt-fine	anced property		or allocable to debt-	(a	Straight line depreciation	1 (	Other deductions	
T. Description of dept-link	ances property		financed property		(attach schedule)		(attach schedule)	
(1)								
(2)				$\rightarrow$				
							_	
(3)	· -							
(4)								
	of or a debt-fina	adjusted basis allocable to need property n schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		, Allocable deductions umn 6 x total of columns 3(a) and 3(b))	
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	allocable to nced property	by column 5	6	reportable (column		umn 6 x total of columns	
4. Amount of average acquisition debt on or allocable to debt-financed	of or a debt-fina	allocable to nced property	by column 5	6	reportable (column		umn 6 x total of columns	
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	allocable to nced property	by column 5	% %	reportable (column		umn 6 x total of columns	
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  (1) (2)	of or a debt-fina	allocable to nced property	by column 5	6	reportable (column		umn 6 x total of columns	
(4)  4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  (1) (2) (3)	of or a debt-fina	allocable to nced property	by column 5	%	reportable (column	(colt	umn 6 x total of columns	
(4)  4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  (1) (2) (3)	of or a debt-fina	allocable to nced property	by column 5	%	reportable (column 2 x column 6)	(colt	orn 6 x total of columns 3(a) and 3(b))  or here and on page 1, t I, line 7, column (B)	
(4)  4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  (1) (2) (3)	of or a debt-fina (attacl	allocable to nced property n schedule)	by column 5	%	reportable (column 2 x column 6)  Enter here and on page 1, Part I, line 7, column (A)	(coft	or here and on page 1, t I, line 7, column (B)	

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) (2)						
(3)						
Totals (carry to Part II, line (5))	0.	0.				0.

Form 990-T (2018)

## Form 990-T (2018) GARY AND MARY WEST HEALTH ENDOWMENT, INC. 27-29538 Partil Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).	s
(1)								
(2)								
(3)								
(4)								
Totals from Part I	<b> </b>	0.	0.	经 经 经 化 作 生				<u>J.</u>
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27	
Totals, Part II (lines 1-5)	$\blacktriangleright$	0.	0.					٥.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

	1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)			%	
(2)			%	
(3)			%	
(4)			%	
Total. Enter here and on pag	e 1, Part II, line 14		<b>•</b>	0.

Form 990-T (2018)

FORM 990-T	DESCRIPTION OF	ORGANIZATION'S	PRIMARY	UNRELATED	STATEMENT	1
·		BUSINESS ACTIVIT	ΓY			

## INCOME FROM PARTNERSHIP INVESTMENTS

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2		
DESCRIPTION	NET INCOME OR (LOSS)		
HARK CAPITAL I PARALLEL, LP - INTEREST INCOME HARK CAPITAL I PARALLEL, LP - OTHER PORTFOLIO INCOME (LOSS) HARK CAPITAL I PARALLEL, LP - OTHER INCOME (LOSS)	12,168. -1,903. 296.		
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	10,561.		
FORM 990-T OTHER DEDUCTIONS	STATEMENT 3		
DESCRIPTION	AMOUNT		
TAX PREPARATION FEES	1,500.		
TOTAL TO FORM 990-T, PAGE 1, LINE 28	1,500.		