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990 <b>-</b> ⊤	) E	Exempt Orga					ax Re	turn	}	OMB No 1545-0047
<b>6</b> 1. • . · · • <u>· • · · · • · · · · • · · · · · </u>		(and proxy tax under section 6033(e))								
	rorca	For calendar year 2019 or other tax year beginning, and ending, and ending  Go to www.irs.gov/Form990T for instructions and the latest information.								2019
erartment Athe Treasury Iternal Revenue Service		■ Go to www.irs.gov/Form9901 for instructions and the latest information. ■ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).								
Check box if address changed		Name of organization ( Check box if name changed and see instructions.)  Der								
Exempt under section	Print	GARY AND MA	RY WEST HEA	LTH	ENDOWM	ENT,	INC.	ľ	2	7-2953865
X 501(c023)_	or	Number, street, and room	<del></del>							ated business activity cod
408(e) 220(e	Туре	1313 N. MAR		-					(300)	isa ucuons )
408A530(a	)	City or town, state or pro	ovince, country, and ZIP	or foreig	n postal code					
529(a)	<u> </u>	WILMINGTON,			· · · · · · · · · · · · · · · · · · ·				900	099
Book value of all assets at end of year		F Group exemption num								
275,087,		G Check organization typ	<del></del>	rporation	າ 501	(c) trust		401(a)		Other trus
	-	ition's unrelated trades or		<u> 1</u>			the only (or	,		
		EE STATEMENT					, complete Pa			
	_	ice at the end of the previo	ous sentence, complete l	arts I an	d II, complete a	Schedule	e M for each	additiona	il trade	or
business, then complet		oration a subsidiary in an	affiliated group or a par	ont-cube	idiani controllos	aroun?			T Va	s X No
•		oration a subsidiary in an tifying number of the pare	- '. '	ธกเ-รนบร	iolal y Collic Offec	groups			Ye	3 <u>41</u> NU
<del></del>		SALLY HALLAK				Teleph	one number	▶ 8	58-	412-8703
		de or Business Ind			(A) Inco			xpenses	7	(C) Net /
a Gross receipts or sa			T	1			E SE		\$155.	2344
b Less returns and all			c Balance	1c					Table	
Cost of goods sold		A, (ine 7)		2			The World		المالية المالية	"知识法"的"
Gross profit. Subtra		•		3				المالة المستملط	tier:	
a Capital gain net inco	me (attac	h Schedule D)		4a				TEXT.	***	
=	•	art II, line 17) (attach Forr	m 4797)	4b			公司的		N. Y	
c Capital loss deducti	n for trus	sts		Ác			into and	THE AREA		
Income (loss) from	a partners	ship or an S corporation (a	attach statement)	5			Secone 1	TOVON	10 S	nd.
Rent income (Schei	ule C)			6			401460	AO D	ank -	الله الله
Unrelated debt-finar	ced incor	ne (Schedule E)		7				323		
Interest, annuities, r	yaltıes, a	nd rents from a controlled	organization (Schedule F	8			NUY	<del></del>	<u> </u>	
Investment income	of a section	on 501(c)(7), (9), or (17) c	organization (Schedule G		<u> </u>			< 3 ZI	140	
<ul> <li>Exploited exempt ac</li> </ul>	tivity inco	me (Schedule I)		/10	<u> </u>				$\longrightarrow$	
Advertising income	(Schedule	e J)	_/	11			Ocal	38 I R		
Other income (See	nstruction	ns; attach schedule)		12	Mary 7		# 30 A.	າກ, <u>()</u>	<b>彩题</b> 。	
Total, Combine lin				13	<u></u>	0.				
		ot Taken Elsewher be directly connected w				ictions.)				
Compensation of c	fficers, di	rectors, and trustees (Sch	egule K)	•	<del></del>				14	
Salaries and wages				·				[	15	
Repairs and maint								[	16	
Bad debts								[	17	
Interest (attach sci	edule) (s	ee instructions)							18	
Taxes and licenses								ļ	19	
Depreciation (attac					<u> </u> _	20			變性	
Less depreciation	laimed oi	n Schedule A and elsewhei	re on return	٠,	12	1a			21b	
Depletion	S	/					•	ļ	22	
Contributions to de		mpensation plans				-		ļ	23	
Employee benefit p	-								24	<del></del>
Excess exempt exp									25	<del></del>
Excess readership								_	26	
Other deductions (					SEE	STAT	PEMENT	2	27	1,500
Total deductions.									28	1,500
		ncome before net operatin							29	-1,500
	perating	loss arısıng ın tax years be	eginning on or after Janu	ary 1, 20	118			{		
(see instructions)								i l	30	
Unrelated business	taxable ii	ncome. Subtract line 30 fro	om line 29					1	81	-1,500

Ì	_		GARY AND MARY WEST HEALTH ENDOWMENT, INC.	27-	2953865 Page 2
- 1			Total Unrelated Business Taxable Income		
	32 /	Total of	f unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	-1,500.
	33	Amoun	is paid for disallowed fringes	33	
	34	Charita	ble contributions (see instructions for limitation rules)	34	0.
	35	Total un	nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of times 32 and 33	35	-1,500.
	36	Deducti	ion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
	37	Total of	f unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	-1,500.
	38	Specific	c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	36	1,000.
	39		led business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		
			ne smaller of zero or line 37	39	-1,500.
	Part		Tax Computation	1	
1/	40		zations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
•	41		Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from;		
	•		ax rate schedule or Schedule D (Form 1041)	41	
	42		ax. See Instructions	42	
	43		tive minimum tax (trusts only)	43	
	44	Tevan	Noncompliant Facility Income. See Instructions	44	
	45	Total A	Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
		V	Tax and Payments	43	<u>_</u> .
_	46.	Foreign	tay cradit (comparations attach Form 1119; trusts attach Form 1116)		
	702	Other	radite (con instructions)		
		Concest	tax credit (corporations attach Form 1118; trusts attach Form 1116)  redits (see instructions)  46b  46c		
		Crade	or prior year minimum tay (attach Form 9904 or 9907)	٠, ۱	
	đ		or prior year minimum tax (attach Form 8801 or 8827) 46d	480	
			redite. Add lines 46a through 46d	46e 47	0.
	47	Other	tiline 46e from line 45		<u> </u>
				48	0.
	49		xx. Add lines 47 and 48 (see Instructions)	49	0.
	50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	<u> </u>
	51 a	Paymer	nts: A 2018 overpayment credited to 2019		
		2019 85	stimated tax payments 51b 51c 2,950.	1 3	
	5	Tax dep	OSIGO WILL FOR SOOS		
				;	
		Backup	withholding (see instructions) 5ite	: !	
	Ī	Credit	or small employer health insurance premiums (attach Form 8941)	1	
	9		redits, adjustments, and payments: Form 2439	1 1	
			orm 4136 Other Total 51g	52	2 050
	52		syments. Add lines 51a through 51g		2,950.
	53	Esumai	ed tax penalty (see instructions). Check if Form 2220 is attached	<u>5</u> B	
	54	TAX CU	e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	2,950.
	55 56	Overhe	August it and as to imde, men an ram or and and and and and and august and an and and an arrangement and arrangement.		2,950.
/	Part		ne amount of line 55 you want: Credited to 2020 estimated tax   2,950. Refunded  Statements Regarding Certain Activities and Other Information (see instructions)	56 1	<u> </u>
\			time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	57	•			7 45 NO
			inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		- P T 31
					X
	**		And have a second of the consequent of a second of the live from any control of the consequence of a stransfer of the second of		
	58	-	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		·····   <del>  </del>
	70		see instructions for other forms the organization may have to file.		
	59		ne amount of tax-exempt interest received or accrued during the tax year S S S S S S S S S S S S S S S S S S S	ne and hali	d It is true
	Sign		erect, englishe. Declaration of properer (other than taxpayer) is based on all information of which preparer has any knowledge.	90 4019 1001	×, 11 × 100,
	Here		~ '~'\\\	•	acuss this return with
					nown below (see
			, · · · · · · · · · · · · · · · · · · ·		[25] 108 RV
			Print/Type preparer's name Preparer's signature Date Check if	PTIN	
	Paid		Self- employed	BO.	NE45657
	•	parer	DIANA J. MCCUTCHEN Quana Q 4mcCutchem 10-30-20		0545657
	Use	Only	Firm's name DRLOITTE TAX LLP Firm's EIN F	00	-1065772
			655 WEST BROADWAY, SUITE 700	6101	232-6500
			Firm's address ► SAN DIEGO, CA 92101-8590 Phone no. (		232-6500
	923711	01-27-20		1	Form <b>990-T</b> (2019)

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory valuation N/A	· · · · · · · · · · · · · · · · · · ·			
1 Inventory at beginning of year	of year 6 Inventory at end of year			ır	_6_		
2 Purchases	2		7 Cost of goods sold. Subtract line 6				
3 Cost of labor	3		from line 5. Enter here	3, 1,			
4a Additional section 263A costs			line 2				
(attach schedule)	4a		8 Do the rules of section		Yes	No	
b Other costs (attach schedule)	4b		property produced or a	acquired for resale) apply to		-	
5 Total. Add lines 1 through 4b	5		the organization?				<u> </u>
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Personal Property L	eased With Real Pr	operty	) 	
1. Description of property							
(1)							
(2)				·· <u></u>			
(3)							
(4)							
	2. Rent receive	ed or accrued					
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	j `ofrentfor	and personal property (if the percenta personal property exceeds 50% or if ant is based on profit or income)	ge 3(a) Deductions directions 2	ectly connec (a) and 2(b) (	eted with the income in attach schedule)	1
(1)							
(2)						<u> </u>	
(3)							
(4)							
Total	0.	Total		0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	1 (A)	<b>&gt;</b>		0 . (b) Total deduction Enter here and on page Part I, line 6, column (B)	1,		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	e instructions)				
			Gross income from or allocable to debt-		nanced prop	perty	
1. Description of debt-fir	nanced property		financed property	(a) Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	.s
(1)							—
(2)							
(3)		<u></u>		·		<del></del> -	
(4)				····,			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis illocable to nced property a schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)			%				
(2)			%				
(3)			%				
(4)	1		%				
				Enter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals			•		0.		0.
Total dividends-received deductions in	ncluded in column	18	•	· · · · · · · · · · · · · · · · · · ·	▶		0.

Part Is Income From Periodicals Reported on a Consolidated 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)
(1)						•	
(2)							
(3)							
(4)					/		
			]		'		
Totals (	carry to Part II, line (5))	<b>&gt;</b>	0. 0.	,			0.

Form 990-T (2019) GARY AND MARY WEST HEALTH ENDOWMENT, INC. 27-29538
Part II 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 pe	riodical	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	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)		1					
(3)		T					
(4)							
Totals from Part I	<u> </u>	0.	0.	() 大学()		1940年代	0.
,		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 26
Fotals, Part II (lines 1-5)	) <b>&gt;</b>	0.	0.			<b>建设建设</b>	0.

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 page 1, Part II, line 14		<b>&gt;</b>	0.

Form 990-T (2019)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

INCOME FROM PARTNERSHIP INVESTMENTS. THE ORGANIZATION OCCASIONALLY RECEIVES UNRELATED BUSINESS INCOME ("UBI") FROM INVESTMENT PARTNERSHIPS. NO UBI WAS RECEIVED BY WEST HEALTH ENDOWMENT IN 2019.

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
TAX PREPARATION FEES		1,500.
TOTAL TO FORM 990-T, PAGE 1,	LINE 27	1,500.