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# Form **990-PF** Department of the Treasury Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter Social Security numbers on this form as it may be made public. Information about Form 990-PF and its separate instructions is at www.irs.gov/form990of.

For	cale	ndar year 2013 or tax year beginning		, and ending		
(	SAR	f foundation Y AND MARY WEST HEALTH	POLICY CENTE	R,	A Employer identification	number
	INC		··· ·· · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	27-5388874	
		and street (or P O box number if mail is not delivered to street	•	Room/suite	B Telephone number	
-		9 K STREET NW, SUITE 73			(202) 729-	<del></del>
		town, state or province, country, and ZIP or foreign pe	ostal code		C if exemption application is pr	ending, check here
	VAS	HINGTON, DC 20006		_		
G	Chec	k all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	, check here
		Final return	Amended return		2. Foreign organizations me	eting the 85% test
		Address change	Name change		2. Foreign organizations me check here and attach co	mputation
H		k type of organization: X Section 501(c)(3) ex			E If private foundation stat	
<u> </u>	_	<del></del>	Other taxable private founda		under section 507(b)(1)	(A), check here
		arket value of all assets at end of year   J Accounting		X Accrual	F If the foundation is in a 6	
			her (specify)		under section 507(b)(1)	(B), check here
	<u>►\$</u>	840 , 499 . (Part I, colui	mn (d) must be on cash i	basis.)		
<u> </u>	art	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	184,655.			<del></del>
	3	Check If the foundation is not required to attach Sch B Interest on savings and temporary cash investments				
	4	Dividends and interest from securities				
	5	a Gross rents				
	1 (	Net rental income or (loss)				
ď	6	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all				
Revenue	,	2 assets on line 6a Capital gain net income (from Part IV, line 2)		0.		
ď	?  <u>'</u>	Net short-term capital gain			0.	
	9	Income modifications			† · · · · · · · · · · · · · · · · · · ·	
Ø	1 -	Gross sales less returns and allowances				
S	1 .	D Less Cost of goods sold				_
SCANNED		Gross profit or (loss)				
	11	' ' '			<u> </u>	
Ü	12	Total. Add lines 1 through 11	184,655.	0.	0.	
0	13	Compensation of officers, directors, trustees, etc	1,204,363.	0.	0.	1,204,363.
Ш	14	Other employee salaries and wages	1,611,945.	0.	0.	1,264,732.
$\cap$	15	Pension plans, employee benefits	391,156.	0.	0.	410,486.
23	16	Legal fees STMT 1	25,635.	0.	0.	20,810.
- a		Accounting fees STMT 2	17,983.	0.	0.	17,983.
2014	ן ו	Other professional fees STMT 3	319,487.	0.	0.	302,769.
₹ ø	17	Other professional fees STMT 3 Interest RECEVED STMT 3				
rati	18	Taxes RECEIVED Depreciation and depletion 014 Occupancy DEC. 1				
ist	19	Depreciation and depletion 014 / 10	159,412.	0.	0.	
<u>.</u>	20	Occupancy DEC 11 20	342,756.	0.	0.	332,536.
Ą	21	Travel, conferences, and meetings	50,010.	0.	0.	37,808.
pu	22	Printing and publications N,	284,232.	0.	0.	180,813.
ğ	23	Other expenses STMT 4	879,789.	0.	0.	770,414.
ati:	24	Total operating and administrative				
2014		expenses. Add lines 13 through 23	5,286,768.	0.	0.	4,542,714. 384,001.
0	25	Contributions, gifts, grants paid	383,333.			384,001.
	26	Total expenses and disbursements.				
		Add lines 24 and 25	5,670,101.	0.	0.	4,926,715.
	27	Subtract line 26 from line 12:		· <del></del> - <del></del>		
	8	Excess of revenue over expenses and disbursements	-5,485,446.			
	t	Net investment income (if negative, enter -0-)		. 0.		
700		Adjusted net income (if negative, enter -0-)		<del> </del>	0.	
323	501 10-13	LHA For Paperwork Reduction Act Notice, see i	instructions.			Form <b>990-PF</b> (2013)

Б	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	
드	ai t	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	964.	41,869.	41,869.
	2	Savings and temporary cash investments			
	3	Accounts receivable ► 15,129.			
		Less: allowance for doubtful accounts ▶	3,600.	15,129.	15,129.
	4	Pledges receivable ► 180,000.			<del>i</del>
		Less: allowance for doubtful accounts ▶	4,927,948.	180,000.	180,000.
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other		<del></del>	
	١	disqualified persons			
	,	- F			<del></del>
	′ ′	Other notes and loans receivable			
	_	Less; allowance for doubtful accounts		<del></del>	
Assets		Inventories for sale or use	205 002	8,328.	0 2 2 0
1SS		Prepaid expenses and deferred charges	285,993.	0,320.	8,328.
•		Investments - U.S. and state government obligations			
	L	Investments - corporate stock			- <del></del>
	С	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			- <u>-</u>
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment; basis ► 810,039.			
		Less accumulated depreciation STMT 5 > 240,630.	723,884.	569,409.	569,409.
	15	Other assets (describe ► LEASE/RENT DEPOSIT )	25,764.	25,764.	25,764.
		Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item 1)	5,968,153.	840,499.	840,499.
	17	Accounts payable and accrued expenses	840,438.	1,198,230.	<del></del>
	18	Grants payable			
LO.	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
匵	21	Mortgages and other notes payable			
Ë		Other liabilities (describe )	<del></del>		
	~~	Other liabilities (describe			
	۱.,	Tatal liabilities (add less 17 through 00)	840,438.	1,198,230.	
_	23	Total liabilities (add lines 17 through 22)  Foundations that follow SFAS 117, check here	040,430.	1,100,200	
Š	١	and complete lines 24 through 26 and lines 30 and 31.	124 767	E 27 721	
ances		Unrestricted	134,767.	-537,731.	
aja		Temporarily restricted	4,992,948.	180,000.	
Net Assets or Fund Bal	26	Permanently restricted			
Ĕ		Foundations that do not follow SFAS 117, check here			
F	l	and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds			
Set	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
As	29	Retained earnings, accumulated income, endowment, or other funds			
ě	30	Total net assets or fund balances	5,127,715.	-357,731.	
_		ſ			
	31	Total liabilities and net assets/fund balances	5,968,153.	840,499.	
Ē	art				
=		net assets or fund balances at beginning of year - Part II, column (a), line (			<del></del>
		st agree with end-of-year figure reported on prior year's return)	••	1	5,127,715.
	•	r amount from Part I, line 27a		2	-5,485,446.
		r increases not included in line 2 (itemize)		3	J, 403, 440.
		lines 1, 2, and 3		<del></del>	-357,731.
		eases not included in line 2 (itemize)		4	0.
		net assets or fund halances at end of year (line 4 minus line 5) - Part II. co	lump (h) luna 20	5	-357.731.
b	INTA	i dei asseis of tilbo balances at end of Vear (line 4 minus line 5) - Part U. Co	wara ros. une 30	161	-33/./31

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		<del></del>				-				
Form 990-PF (2013) ' INC	:	MARY WEST			CEN	NTER,		27-538	8874	Page 3
Part IV Capital Gains	and Los	sses for Tax on I	nvestment	Income						
' (a) List and desc 2-story brick w	cribe the kindarehouse; o	d(s) of property sold (e. r common stock, 200 sh	g., real estate, ns. MLC Co.)		, b ·	low acquire - Purchase - Donation	'd (	c) Date acquired (mo., day, yr.)	( <b>d)</b> Date (mo., da	
1a										_
b NC	NE								-	
С										
đ										
е	•									
(e) Gross sales price		epreciation allowed (or allowable)		t or other basis xpense of sale				(h) Gain or (loss) (e) plus (f) minus (	g)	-
a						-				-
b										
C										
d						_				
e										
Complete only for assets show	ng gain in co	olumn (h) and owned by	the foundation	on 12/31/69				Sains (Col. (h) gain		
(i) F.M.V. as of 12/31/69		) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any				k), but not less thar Losses (from col. (l		
a										
b			T							
C										
d										
е										
2 Capital gain net income or (net c	apital loss)	If gain, also enter			}[	2				
<ol> <li>Net short-term capital gain or (lo If gain, also enter in Part I, line 8.</li> </ol>			ind (6):		٦					
If (loss), enter -0- in Part I, line 8		ection 4940(e) fo	r Reduced	Tax on Net	t Inve	3 estmen	t Inco	me	· <u> </u>	
(For optional use by domestic privat	e foundation	ns subject to the section	4940(a) tax on	net investment ir	ncome.	.)				
If section 4940(d)(2) applies, leave t		•	( /			•				
Was the foundation liable for the sec f "Yes," the foundation does not qua					rıod?				Yes	X No
Enter the appropriate amount in	each colum	in for each year; see the	instructions bef	fore making any e	entries.			<del></del>		
(a) Base period years Calendar year (or tax year beginn		(b) Adjusted qualifying di		Net value of no	(c)		ssets	Distrib (col. (b) div	(d) ution ratio	(c))

1 Enter the appropriate amount in each colu	mn for each year; see the instructions bet	fore making any entries.	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	Distribution ratio (col. (b) divided by col. (c))
2012	2,752,055.	84,138.	32.708824
2011	652,821.	28,972.	22.532825
2010			
2009			
2008			

2 Total of line 1, column (d) 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5

251,826. 6,955,642.

2

55.241649

27.620825

5 Multiply line 4 by line 3

0.

6 Enter 1% of net investment income (1% of Part I, line 27b)

7 6,955,642.

8 Enter qualifying distributions from Part XII, line 4

4,931,653.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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7 Add lines 5 and 6

### GARY AND MARY WEST HEALTH POLICY CENTER,

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Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see i	nstru	ctio	ns)
1a Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1.					
Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	Ì				
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1_				0.
of Part I, line 27b					
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3 Add lines 1 and 2	3				0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				0.
6 Credits/Payments;					
a 2013 estimated tax payments and 2012 overpayment credited to 2013					
b Exempt foreign organizations - tax withheld at source 6b					
c Tax paid with application for extension of time to file (Form 8868)		ł			
d Backup withholding erroneously withheld 6d 6d					
7 Total credits and payments. Add lines 6a through 6d	7				0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	▶ 9				0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	► 10	1			
11 Enter the amount of line 10 to be: Credited to 2014 estimated tax	► <u>11</u>				
Part VII-A   Statements Regarding Activities					
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervi	ne in			Yes	No
any political campaign?			1a		Х
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definit	on)?		1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials public		ļ			
distributed by the foundation in connection with the activities.					
c Did the foundation file Form 1120-POL for this year?			1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
managers. ► \$ 0.					
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	[ATEM	ENT 8	2	X	
If "Yes," attach a detailed description of the activities.					
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporatio	n, or				
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		Х
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	1	N/A	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		i	5		X
If "Yes," attach the statement required by General Instruction T.					
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
By language in the governing instrument, or					
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the s	tate law				l
remain in the governing instrument?			6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part	ΧV		7	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions)					İ
DC, DE					
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					1
of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for one of the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for one of the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for one of the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for one of the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for one of the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for one of the foundation claiming status as a private operating status as a private operation of the foundation claiming status as a private operation of the foundation claiming status as a private operation of the foundation claiming status as a private operation of the foundation of the fou	alendar				
year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV		_	_ 9	Х	
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	STM		10	X	
		Forr	n <b>990</b>	-PF	2013)

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## GARY AND MARY WEST HEALTH POLICY CENTER,

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Part VII-A   Statements Regarding Activities (continued)	_ <del></del>		
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
section 512(b)(13)? If "Yes," attach schedule (see instructions)	<del></del>	1	X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisor			
If "Yes," attach statement (see instructions)	<del></del>	2	X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		3 X	
Website address ► N/A			
	o. <b>▶</b> (858) 5:		00
Located at ▶ 10350 NORTH TORREY PINES ROAD, LA JOLLA, CA	ZIP+4 ▶920	37	
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b>&gt;</b>	▶
and enter the amount of tax-exempt interest received or accrued during the year	15	N/A	
16 At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
securities, or other financial account in a foreign country?		6	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign			
country •			
Part VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a During the year did the foundation (either directly or indirectly):			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
a disqualified person?	Yes X No	İ	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? STATEMENT 9 X	Yes No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? STATEMENT 7 X	Yes No		
(5) Transfer any income or assets to a disqualified person (or make any of either available		1	
for the benefit or use of a disqualified person)?	Yes X No		ŀ
(6) Agree to pay money or property to a government official? (Exception. Check "No"		1	İ
If the foundation agreed to make a grant to or to employ the official for a period after			ļ
termination of government service, if terminating within 90 days.)	Yes X No	İ	1
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			1
section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		b	<u> </u>
Organizations relying on a current notice regarding disaster assistance check here			
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			}
before the first day of the tax year beginning in 2013?		lc	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	on		1
defined in section 4942(j)(3) or 4942(j)(5)):			
a At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) begin	ning	1	1
before 2013?	Yes X No		
If "Yes," list the years > ,,,,	·		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incor	rect		
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and att	ach		
statement - see instructions.)	N/A	2b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			1
• ,, <u>,,</u> ,			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
during the year?	Yes X No		
b If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons			
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7))			
of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedul	e C,		
Form 4720, to determine if the foundation had excess business holdings in 2013.)	/-	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purp	ose that		
had not been removed from jeopardy before the first day of the tax year beginning in 2013?	<u>_</u> <u>.</u>	łb	X
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All other program-related investments. See instructions.

Total. Add lines 1 through 3

INC. 27-5388874 Form 990-PF (2013) \* Page 8 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 0. a Average monthly fair market value of securities 1a b Average of monthly cash balances 15 255,661. c Fair market value of all other assets 10 255,661. d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 3 255,661. Subtract line 2 from line 1d .835 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 251,826 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 12,591 Minimum investment return. Enter 5% of line 5 Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here > X and do not complete this part.) Minimum investment return from Part X, line 6 2a 2a Tax on investment income for 2013 from Part VI, line 5 b Income tax for 2013. (This does not include the tax from Part VI.) 2c c Add lines 2a and 2b 3 Distributable amount before adjustments. Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions 4 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 4,926,715. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1b b Program-related investments - total from Part IX-B 2 4.938. 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) За b Cash distribution test (attach the required schedule) 3b 4,931,653. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

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4,931,653

income, Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (se	e instructions)	N/A		
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2012	2012	2013
1 Distributable amount for 2013 from Part XI, line 7			<del></del>	
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only				
b Total for prior years:		-		-
, ,				
3 Excess distributions carryover, if any, to 2013:				
a From 2008				
<b>b</b> From 2009				
¢ From 2010		1		
<b>d</b> From 2011				
e From 2012				
f Total of lines 3a through e			·	
4 Qualifying distributions for 2013 from				Ti.
Part XII, line 4: ►\$				
a Applied to 2012, but not more than line 2a	·			
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)	· · · · · · · · · · · · · · · · · · ·		·	
c Treated as distributions out of corpus			!	
(Election required - see instructions)				
d Applied to 2013 distributable amount				
e Remaining amount distributed out of corpus				<del></del>
Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income. Subtract				
line 4b from line 2b				<del></del>
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable				
amount - see instructions	·····		<del></del>	
e Undistributed income for 2012. Subtract line				
4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2013. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2014				
7 Amounts treated as distributions out of				I.
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)				<del></del>
8 Excess distributions carryover from 2008				
not applied on line 5 or line 7  9 Excess distributions carryover to 2014.				
Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:	<del> </del>		<u> </u>	<del></del>
a Excess from 2009				
b Excess from 2010				
c Excess from 2011				
d Excess from 2012				
e Excess from 2013				

GARY AN Form 990-PF (2013) 'INC.	D MARY WEST	HEALTH POL	ICY CENTER,	27-53	88874 Page 10
Part XIV   Private Operating F	oundations (see ins	structions and Part VII-	A. question 9)		0007± 109010
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for			▶ 01/	09/12	
<b>b</b> Check box to indicate whether the found					42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	g roundation documents	Prior 3 years	10 11(1)(0) 01 1	(/)(-/
income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
investment return from Part X for					
each year listed	0.	0.	0.	0.	0.
<b>b</b> 85% of line 2a	0.	0.	0.	0.	0.
c Qualifying distributions from Part XII,					
line 4 for each year listed	4,931,653.	2,752,055.	652,821.	0.	8,336,529.
d Amounts included in line 2c not	<u></u>				<del></del>
used directly for active conduct of					
exempt activities	384,001.	66,667.	0.	0.	450,668.
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c	4,547,652.	2,685,388.	652,821.	0.	7,885,861.
3 Complete 3a, b, or c for the					
alternative test relied upon:  a "Assets" alternative test - enter:					
(1) Value of all assets				:	0.
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					0.
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed	8,394.	2,805.	802.	0.	12,001.
c "Support" alternative test - enter:					
(1) Total support other than gross				l	
investment income (interest, dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					0.
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					0.
(3) Largest amount of support from					•
an exempt organization					0.
(4) Gross investment income		da dhia mandanhai		h = d & 6 000 - 11 - 11	0.
Part XV Supplementary Info at any time during t		-	t the foundation	nad \$5,000 or mo	ore in assets
		uctions.,	<del></del>		
1 Information Regarding Foundation	_	than 99/ of the total contr	hutions received by the	foundation before the clos	o of any tay
a List any managers of the foundation who year (but only if they have contributed in			inductis received by the	ioungation before the clos	e of any tax
NONE					
b List any managers of the foundation who	n own 10% or more of th	e stock of a cornoration (	or an equally large portio	n of the ownership of a pa	ertnership or
other entity) of which the foundation has			or an equally large pertile	in or the evineromp or a pe	a and only of
NONE					
2 Information Regarding Contributi	on, Grant, Gift, Loan,	Scholarship, etc., Pro	ograms:	<del></del>	
Check here ► X if the foundation o				ot accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	ber or e-mail address of t	he person to whom applic	cations should be addres	sed:	
b The form in which applications should b	e submitted and informat	tion and materials they sh	ould include:		
c Any submission deadlines:					
<del></del>				Alt a - f - al - a - a	
d Any restrictions or limitations on awards	s, such as by geographica	ai areas, charnadie lieids, i	kiiius oi institutions, or o	iner factors:	

27-5388874 Page 11

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year TUFTS MEDICAL CENTER INC. CENTER FOR PC RESEARCH AIMED AT LOWERING THE COST OF THE EVALUATION OF VALUE AND RISK IN HEALTH CARE HEALTH INST. FOR CLINICAL RESEARCH & HEALTH POLICY 800 WASHINGTON STREET 133,334. BOSTON, MA 02111 RESEARCH AIMED AT HARVARD UNIVERSITY DEPARTMENT OF N/A PC LOWERING THE COST OF HEALTH POLICY AND MANAGEMENT HEALTH CARE 677 HUNTINGTON AVENUE BOSTON, MA 02115 200,000. PRESIDENT & FELLOWS OF HARVARD N/A PC RESEARCH AIMED AT COLLEGE ON BEHALF OF HARVARD MEDICAL LOWERING THE COST OF HEALTH CARE 25 SHATTUCK STREET, SUITE 509 50,667. BOSTON, MA 02115 **▶** 3a 384,001. Total b Approved for future payment NONE 0. **▶** 3b Total

INC.

Part XVI-A	Analysis of Income-Produci	ng Activities
Part Avi-A	Analysis of income-Product	ng Acuvilies

nter gross amounts unless otherwise indicated.	Ulliciale	d business income		ded by section 512, 513, or 514	(e)
I Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a					
b	_				<del></del>
c	_		ļ		
d	_		<del> </del>		
e	-				
	_	<del></del>	<del> </del>	·····-	
g Fees and contracts from government agencies	<del> </del>	<del></del>			
Membership dues and assessments			├		
Interest on savings and temporary cash			j		
investments Dividends and interest from securities			╁		<del></del>
Net rental income or (loss) from real estate:			<del> </del>		
a Debt-financed property	-		<del> </del>		
b Not debt-financed property			<del> </del>		<del> </del>
Net rental income or (loss) from personal	-		<del>                                     </del>		
property					
Other investment income		<del> </del>	<b>†</b>		
Gain or (loss) from sales of assets other			†		
than inventory					
Net income or (loss) from special events			ĺ		
Gross profit or (loss) from sales of inventory					
Other revenue:		<del></del>			
a	_				
b					
С	_		ļ		
d			ļ		
u	_				
е			ļ —		
e Subtotal. Add columns (b), (d), and (e)		0.		0.	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)		0.	<u> </u>	0.	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.				13_	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.				13_	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  we worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities	to the Acco	omplishment of Ex	xemp	13_ ot Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  the worksheet in line 13 instructions to verify calculations.  The property of the pro	to the Acco	omplishment of Ex	xemp	13_ ot Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  the worksheet in line 13 instructions to verify calculations.  Bart XVI-B  Relationship of Activities  The No.  Explain below how each activity for which in	to the Acco	omplishment of Ex	xemp	13_ ot Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations.  art XVI-B Relationship of Activities  ne No. Explain below how each activity for which in	to the Acco	omplishment of Ex	xemp	13_ ot Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.  art XVI-B Relationship of Activities  ne No. Explain below how each activity for which in	to the Acco	omplishment of Ex	xemp	13_ ot Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations.  art XVI-B Relationship of Activities  ne No. Explain below how each activity for which in	to the Acco	omplishment of Ex	xemp	13_ ot Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  the worksheet in line 13 instructions to verify calculations.  Bart XVI-B  Relationship of Activities  The No.  Explain below how each activity for which in	to the Acco	omplishment of Ex	xemp	13_ ot Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations.  art XVI-B Relationship of Activities  ne No. Explain below how each activity for which in	to the Acco	omplishment of Ex	xemp	13_ ot Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations.  art XVI-B Relationship of Activities  ne No. Explain below how each activity for which in	to the Acco	omplishment of Ex	xemp	13_ ot Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.  ART XVI-B Relationship of Activities  ne No. Explain below how each activity for which in	to the Acco	omplishment of Ex	xemp	13_ ot Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.  art XVI-B Relationship of Activities  ne No. Explain below how each activity for which in	to the Acco	omplishment of Ex	xemp	13_ ot Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.  art XVI-B Relationship of Activities  ne No. Explain below how each activity for which in	to the Acco	omplishment of Ex	xemp	13_ ot Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations.  art XVI-B Relationship of Activities  ne No. Explain below how each activity for which in	to the Acco	omplishment of Ex	xemp	13_ ot Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  the worksheet in line 13 instructions to verify calculations.  Bart XVI-B  Relationship of Activities  The No.  Explain below how each activity for which in	to the Acco	omplishment of Ex	xemp	13_ ot Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities  ine No. Explain below how each activity for which in	to the Acco	omplishment of Ex	xemp	13_ ot Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities  ine No. Explain below how each activity for which in	to the Acco	omplishment of Ex	xemp	13_ ot Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculations.  Part XVI-B  Relationship of Activities  ine No.  Explain below how each activity for which in	to the Acco	omplishment of Ex	xemp	13_ ot Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities  ine No. Explain below how each activity for which in	to the Acco	omplishment of Ex	xemp	13_ ot Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in	to the Acco	omplishment of Ex	xemp	13_ ot Purposes	

	D-PF (2013) INC.						388874		age 13
Part 2			nsfers To a	and Transactions a	and Relations	hips With Non	charitabl	е	
	Exempt Orga					<del> </del>	<del></del>	15.6	
	the organization directly or inc					ion 501(c) of		Yes	No
	Code (other than section 501(				nizations?				
	nsfers from the reporting found	dation to a noncharita	able exempt or	ganization of:					l
	Cash						1a(1)		X
	Other assets			•			1a(2)	ļ	X
	er transactions:								
	Sales of assets to a noncharit						1b(1)		X
	Purchases of assets from a n		organization				1b(2)		X
	Rental of facilities, equipment						1b(3)	L	X
٠.	Reimbursement arrangement	S					1b(4)		X
• •	Loans or loan guarantees						1b(5)		X
• •	Performance of services or m	•	-				1b(6)		X
	aring of facilities, equipment, m						1c		
	ne answer to any of the above i	· · ·	_	• •				seis,	
	services given by the reporting umn (d) the value of the goods				ie ili aliy ilalisaciloi	TO SHAINIY ATTAILYCH	ent, snow m		
(a) Line n	<del>- 1                                   </del>			e exempt organization	(d) Description	n of transfers, transactions	and sharing ar	rangeme	nte
(a)cinon	C (B)/IIIICAIII III/CIVCA	(e) Marrie o	N/A		(4) 2000 17110	TOTALISTICS, BUILDING	, and smaring a	- Indirection	
	<del></del>	<del></del>	11/21	·	+	<del></del>			
	<del>                                     </del>	<del> </del>	<del></del>	_ <del></del>	<del></del>				
	<del>                                     </del>	+	<del></del>	<del></del>					
		<del> </del>			<del> </del>				
	<del></del>	<del></del>			_				
	<del></del>	† <del>-</del>		<del></del>	<del></del>				
		·   · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·	··		
								**	
						·			
2a Ist	he foundation directly or indire	ctly affiliated with, or	related to, one	or more tax-exempt organi	zations described				
ın s	ection 501(c) of the Code (oth	er than section 501(c	c)(3)) or in sect	tion 527?			Yes	LX	No
b if "\	es," complete the following sc			<del></del>	···				
	(a) Name of or	rganization		(b) Type of organization		(c) Description of rela	tionship		
	N/A	····			<del></del>				
				<u> </u>					
	<del> </del>				<del></del>		<del> </del>		
<del></del>	Under constitution of control of control	o that I have avanued th	no roturn unabudur	a accompany to a cahadulan and	statements, and to the	best of my traculadas			-
Sian	Under penalties of perjury, I declar and belief, it is true, correct, and or						May the IRS or return with th	discuss t	his er
Sign Here		1 6 - 4	4	I what here	Tank		shown below	(see insi	tr)?
11010	Signature of officer or truste	C Came	/		Title	nev.	X Yes		J No ∣
	Print/Type preparer's r		Preparer's s	Date /	Date	Check If P	TIN		
	T THIS TYPE PIEPAIET ST	iuii/G	l ichaici 2 2	gnaturo	"	self- employed	1117		
Paid	DIANA J. 1	MCCIITCHEN	Diama	i Q mc Cutchen	11-11-14		P00545	657	
Prepa				- y cultur			-10657		
lise (		POTITE INV	י יווד			LIIII SEIN POO	T005/	, 4	

323622 10-10-13

Firm's address ► 655 WEST BROADWAY, SUITE 700 SAN DIEGO, CA 92101-8590

Phone no. (619) 232-6500

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

**2013** 

**Employer identification number** 

GARY AND MARY WEST HEALTH POLICY CENTER, 27-5388874 INC. Organization type (check one): Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor, Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. — For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year,

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

the prevention of cruelty to children or animals. Complete Parts I, II, and III.

religious, chantable, etc., contributions of \$5,000 or more during the year

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization
GARY AND MARY WEST HEALTH POLICY CENTER,

Employer identification number

27-5388874

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GARY AND MARY WEST FOUNDATION  5796 ARMADA DRIVE, SUITE 300  CARLSBAD, CA 92008	\$184,655.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u></u>			Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Oncash Occash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\ \$	Person Payroll Oncash Occash (Complete Part II for noncash contributions.)

Employer identification number

GARY AND MARY WEST HEALTH POLICY CENTER,

27-5388874

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	-13	Schedule R (Form	990, 990-EZ, or 990-PF) (

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Name of organization Employer identification number GARY AND MARY WEST HEALTH POLICY CENTER, INC. 27-5388874 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 9.90-PF	LEGAL FEES		STATEMENT 1		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
LEGAL FEES	25,635.	0.	0.	20,810.	
TO FM 990-PF, PG 1, LN 16A	F, PG 1, LN 16A 25,635. 0.		0.	20,810.	
FORM 990-PF	ACCOUNTING FEES		STATEMENT 2		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	17,983.	0.	0.	17,983.	
TO FORM 990-PF, PG 1, LN 16B	17,983.	0.	0.	17,983.	
FORM 990-PF C	THER PROFES	SIONAL FEES	SI	PATEMENT 3	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
MANAGEMENT/ADMINISTRATIVE SERVICES CONTRACTORS IT CONSULTANT SERVICES FEES	35,796. 275,000. 8,691.	0.	0. 0.	35,796. 258,700. 8,273.	
TO FORM 990-PF, PG 1, LN 16C	319,487.	0.	0.	302,769.	

FORM 990-PF	OTHER E	OTHER EXPENSES		TATEMENT 4	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
OFFICE EQUIPMENT & WIRELESS OFFICE SUPPLIES BUILDING MAINTENANCE MEALS AND ENTERTAINMENT INSURANCE PAYROLL PROCESSING FEES EE MORALE/WELFARE OTHER EXPENSES POSTAGE/COURIER/MAIL SERVIC DUES & MEMBERSHIPS LICENSES & PERMITS RECRUTING & RELOCATION COST MARKETING/BRANDING GOVERNMENT RELATIONS STUDIES/WHITEPAPERS	986. 33.	0. 0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0.	24,100. 4,125. 7,227. 15,280. 10,128. 1,527. 14,532. 2,938. 1,806. 1,229. 33. 1,947. 57,742. 452,500. 175,300.	
TO FORM 990-PF, PG 1, LN 23	879,789.	0.	0.	770,414.	
FORM 990-PF DEPRECIATION	<del></del>	HELD FOR INV		TATEMENT 5	
DESCRIPTION		ACCUMULATED DEPRECIATION	BOOK VALUE	FAIR MARKET VALUE	
LEASEHOLD/TENANT IMPROVEMENTS FURNITURE & FIXTURES COMPUTER/PHONE EQUIPMENT	321,929. 315,041. 173,069.	67,595. 81,693. 91,342.	254,334. 233,348. 81,727.	254,334. 233,348. 81,727.	
TO 990-PF, PART II, LN 14	810,039.	240,630.	569,409.	569,409.	

<del>=</del>			
FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS	STATEMENT	6
	PART VII-A, LINE 10		

NAME OF CONTRIBUTOR **ADDRESS** 

GARY AND MARY WEST FOUNDATION 5796 ARMADA DRIVE, SUITE 300

CARLSBAD, CA 92008

	ST OF OFFICERS, I O FOUNDATION MANA		STAT	ement 7
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
JAMES HASSON 1909 K STREET NW, SUITE 730 WASHINGTON, DC 20006	DIRECTOR 5.00	0.	0.	0.
THOMAS BARKER 1909 K STREET NW, SUITE 730 WASHINGTON, DC 20006	DIRECTOR 5.00	0.	0.	0.
MICHAEL JOHNS 1909 K STREET NW, SUITE 730 WASHINGTON, DC 20006	DIRECTOR 5.00	0.	0.	0.
JOSEPH SMITH * 1909 K STREET NW, SUITE 730 WASHINGTON, DC 20006	CHAIRMAN/PRESI 8.00	IDENT 101,469.	0.	0.
SHELLEY LYFORD * 1909 K STREET NW, SUITE 730 WASHINGTON, DC 20006	COO/SECRETARY 15.00	53,207.	0.	0.
RODGER CURRIE * 1909 K STREET NW, SUITE 730 WASHINGTON, DC 20006	EVP 50.00	635,287.	0.	0.
MICHAEL O'GRADY 1909 K STREET NW, SUITE 730 WASHINGTON, DC 20006	PRESIDENT THRO		013 11,542.	0.
MICHAEL CAPONETTO * 1909 K STREET NW, SUITE 730 WASHINGTON, DC 20006	TREASURER 5.00	101,883.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE (	6, PART VIII	1,204,363.	11,542.	0.

<sup>\*</sup> MESSRS SMITH, CURRIE, AND CAPONETTO AND MS LYFORD WERE COMPENSATED AS EMPLOYEES OF THE GARY AND MARY WEST HEALTH INSTITUTE AND/OR GARY AND MARY WEST MANAGEMENT COMPANY AND AN ALLOCABLE PORTION OF THEIR COMPENSATION RELATED TO THEIR WORK FOR THE CENTER WAS REIMBURSED TO THE INSTITUTE AND/OR MANAGEMENT COMPANY BY THE CENTER, AS REPORTED IN PART VIII OF THIS RETURN TRAVEL EXPENSES FOR THE OFFICERS AND DIRECTORS TO ATTEND BOARD OF DIRECTORS MEETINGS WERE REIMBURSED

Gary and Mary West Health Policy Center, Inc. Summary of Direct Charitable Activities Form 990-PF, Part IX-A

In 2013, the Gary and Mary West Health Policy Center focused policy, research, and convening efforts in the following areas:

Medicare Reform: Advancing the policy discussion through the creation of a tool in Microsoft Excel in collaboration with the Actuarial Research Corporation. The tool has two main capabilities: It provides a Congressional Budget Office-like score for any permutation of cost-sharing reform that is input by a user; and second, it provides the effect of the proposed reforms on varying beneficiaries. Cost-sharing reform is a bipartisan issue and the Policy Center is employing the tool with policymakers interested in simplifying Medicare's benefit design and lowering overall healthcare costs.

Valued-Based Insurance Design: Promoting high-value care through value-based insurance design (V-BID), an innovative concept in insurance design that is centered on driving patients to high-value care. The Policy Center initiated a research study, with Harvard University, the University of Michigan and the University of Minnesota, to test whether incorporating V-BID into high-deductible health plans will encourage individuals with chronic disease to migrate to these plans. Currently, high deductible health plans are not attractive options for individuals with chronic disease. As high deductible plans comprise a larger share of the health insurance marketplace, ensuring these types of plans meet the needs of all individuals is critical. The Policy Center is anticipating results from this research study next year.

Healthcare Transparency: Liberating healthcare data through research and innovation by conducting transparency research. The Policy Center is collaborating with the Center for Studying Health System Change to quantify savings from three transparency policy initiatives. The research and evaluation of policy options will be informed by the current legislative landscape, current transparency tools provided by private payers, and input from expert panels convened during the second half of this year.

Gary and Mary West Health Policy Center, Inc. Goods, services, or facilities furnished by a disqualified person Form 990-PF, Part VII-B, question 1(a)(3)

In 2013 West Development, LLC, in which a disqualified person owns greater than 35%, provided IT services in the amount of \$8,691 to the Gary and Mary West Health Policy Center, Inc. on an armslength basis. This is an excepted act of self-dealing under IRC Section 4941(d)(2)(E).