Extended to November 15, 2018 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.

_			w.irs.gov/Form990PF for instance EC 14, 2017	and e		DEC 31, 201	Open to Public Inspection
		f foundation	GC 14, 2017	, and c		A Employer identificati	
14211		· roundation				- Employor Identificati	
J	as	on and Adriana West F	oundation			82-371456	6
Num	ber a	and street (or P O box number if mail is not delivered to s	treet address)		Room/suite	B Telephone number	-
4	02	9 Franks Creek Dr				813-390-3	773
		own, state or province, country, and ZIP or foreign	ın postal code			C If exemption application is	s pending, check here
		y, NC 27518]	_
G C	heck	k all that apply:	Initial return of a f	ormer public i	charity	D 1. Foreign organizatio	ns, check here
		Final return	Amended return			2. Foreign organizations a check here and attach	meeting the 85% test,
		Address change	Name change		00	1	· ·
H CI		k type of organization; \(\begin{array}{c} \begin{array}{c} \begin{array}{	exempt private foundation Other taxable private found	ation	90	E If private foundation s	tatus was terminated
I Fai		arket value of all assets at end of year J Acco		Acci	ual	under section 507(b)(
		Part II, col (c), line 16)	Other (specify)	Acc	uai	F If the foundation is in under section 507(b)(
•		5,016,441. (Part I, ci		IS.)		under section 507 (b)(1)(U), clicck liefe
Pa		Analysis of Revenue and Expenses	(a) Revenue and		vestment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may no necessarily equal the amounts in column (a))	expenses per books		ome	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	2,461,863.			N/A	
	2	Check II the foundation is not req					
	3	Interest on savings and temporary cash investments					
<u> </u>	4	Dividends and interest from secu	13,110.	1	3,110.		Statement 1
20.07	5a	Gross rents					
4	b	Net rental income or (loss)	0 515 013				
		Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 4,990,381	2,515,813.				
Revenue	b		•	2 51	5,813.	 -	
{ &	8	Capital gain net income (from Part IV, line 2)		2,31	J,01J.		
_	٥	Net short-term capital gain Income modifications					
	10a	Gross sales less returns and allowances	·				
		Less Cost of goods sold					
		Gross profit or (loss)					
5	11	Other income					
ot	12	Total. Add lines 1 through 11	4,990,786.	2,52	8,923.		
	13	Compensation of officers, directors, trustees, etc	0.		0.	"	0
ŀ	14	Other employee salaries and wages					
		Pension plans, employee benefits					
enses		Legal fees		KE	CEIVE	ט ט	
<u>ē</u>		Accounting fees		64			_
Ω		Other professional fees		등 NO	/ 1 9 21	18 9	
Ě		Interest		 		8	· · · · · · · · · · · · · · · · · · ·
stra	18 19	Taxes Depreciation and depletion		00	DEN	17	
를	20	Occupancy			ULIN,	U I	
₽	21	Travel, conferences, and meetings					
ğ	22	Printing and publications					-
ga	23	Other expenses Stmt 2	162.		162.		0
.⊑.		Total operating and administrative					
per		expenses. Add lines 13 through 23	162.		162.		0
Ō	25	Contributions, gifts, grants paid	0.				0
	26	Total expenses and disbursements.					
		Add lines 24 and 25	162.		162.		0
	27	Subtract line 26 from line 12;					
	a	Excess of revenue over expenses and disbursements	4,990,624.				
	b	Net investment income (if negative, enter -0-)		2,52	8,761.		
\perp	C	Adjusted net income (if negative, enter -0-)		<u> </u>		N/A	Form 990-PF (201)



28 Paid-in or capital surplus, or land, bldg., and equipment fund

30 Total net assets or fund balances

31 Total liabilities and net assets/fund balances

29 Retained earnings, accumulated income, endowment, or other funds

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	0.
2	Enter amount from Part I, line 27a	2	4,990,624.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	4,990,624.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	F6	4.990.624.

4,990,624

4,990,624

4,990,624

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Form 990	-PF(2017) Jason and Adriana West Foundat				3714566	Page 4
Part V	Excise Tax Based on Investment Income (Section 494)	0(a), 4	4940(b), 4940(e), or	4948	- see instruc	tions)
1a Exer	npt operating foundations described in section 4940(d)(2), check here 🕨 📖 and ei	nter "N/A	A" on line 1.			
` Date	of ruling or determination letter: (attach copy of letter if nec	essary	-see instructions)	l		
b Dom	estic foundations that meet the section 4940(e) requirements in Part V, check here	.	and enter 1%	1	50	,575.
of Pa	art I, line 27b					J
c All o	ther domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4%	6 of Par	t I, line 12, col. (b). 📗			
2 Tax	under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; ot	hers, en	nter -0-)	2		0.
3 Add	lines 1 and 2			3	50	,575.
4 Sub	itle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; o	thers, e	nter -0-)	4		0.
5 Tax	based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5	50	,575.
6 Cred	its/Payments:					1
a 201	restimated tax payments and 2016 overpayment credited to 2017	6a	0.	<u>.</u>		
b Exer	npt foreign organizations - tax withheld at source	6b	0 -	<u>.</u>		1
c Tax	paid with application for extension of time to file (Form 8868)	6c	50,600	<u>.</u>		1
d Back	rup withholding erroneously withheld	6d	0	<u>.</u>		
	credits and payments. Add lines 6a through 6d			7	50	,600.
8 Ente	r any penalty for underpayment of estimated tax. Check here 🔀 if Form 2220 is attai	ched		8		0.
9 Tax	due. If the total of lines 5 and 8 is more than line 7, enter amount owed		>	9		
	rpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		▶	10		25.
	r the amount of line 10 to be: Credited to 2018 estimated tax		0 • Refunded ▶	11		25.
	II-A Statements Regarding Activities					
1a Duri	ng the tax year, did the foundation attempt to influence any national, state, or local legis	lation oi	r did it participate or interven	e in	Y	cs No
	political campaign?				1a	X
b Did i	t spend more than \$100 during the year (either directly or indirectly) for political purpos	ses? Se	e the instructions for the defi	nition	1b	X
If the	e answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of	of any m	aterials published or			{
distr	ibuted by the foundation in connection with the activities.				_	_
c Did t	he foundation file Form 1120-POL for this year?				10	X
d Ente	r the amount (if any) of tax on political expenditures (section 4955) imposed during the	-			.	
(1)	On the foundation. ▶ \$ O . (2) On foundation managers	.▶\$	0	<u>.</u>		
e Ente	r the reimbursement (if any) paid by the foundation during the year for political expendi	ture tax	imposed on foundation			
man	agers. ▶ \$0 .				_	
2 Has	the foundation engaged in any activities that have not previously been reported to the IF	RS?			2	X
	es," attach a detailed description of the activities.				.	
3 Has	the foundation made any changes, not previously reported to the IRS, in its governing $\scriptstyle \parallel$	nstrume	ent, articles of incorporation,	or	_	
byla	ws, or other similar instruments? If "Yes," attach a conformed copy of the changes		•		3	X
4a Did t	he foundation have unrelated business gross income of \$1,000 or more during the year	r?			4a	X
b If "Ye	es," has it filed a tax return on Form 990-T for this year?			N	/A 4b	
	there a liquidation, termination, dissolution, or substantial contraction during the year?				5	X
	es," attach the statement required by General Instruction T					_
	he requirements of section 508(e) (relating to sections 4941 through 4945) satisfied ei	ther:	•			
•	language in the governing instrument, or					
● Ву	state legislation that effectively amends the governing instrument so that no mandatory	y dırectı	ons that conflict with the stat	e law	_	
rema	in in the governing instrument?					X
7 Did t	he foundation have at least \$5,000 in assets at any time during the year? If "Yes," comp	lete Par	t II, col. (c), and Part XV		7	X
	r the states to which the foundation reports or with which it is registered. See instructio	ns. 🕨			·	1
NO						
b If the	answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	ttorney	General (or designate)		_	
of ea	ch state as required by General Instruction G? If "No," attach explanation				8b	X /
9 Is th	e foundation claiming status as a private operating foundation within the meaning of se	ction 49	142(j)(3) or 4942(j)(5) for cal	endar		_ ′
year	2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," com	plete Pa			9	X O
10 Did a	iny persons become substantial contributors during the tax year? if "Yes," attach a schedu	ile listing	theli names and addresses	3tmt		X
					Form 990-	PF (2017)

Pa	art VII-A Statements Regarding Activities (continued)			
		T	Yes	No
٦1	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of		Ì	
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		Х
12	Did the foundation make a distribution to a denor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		·X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ Jason B West Telephone no ▶818-3	3 0-3	773	
	Located at ▶ 4029 Franks Creek Drive, Cary, NC ZIP+4 ▶2	7518		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			· 🔲
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	
	securities, or other financial account in a foreign country?	16	<u> </u>	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
<u> </u>	foreign country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		\ <u>-</u> -	- NI -
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u> </u>	Yes	No
18	a 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			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?]
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			ŀ
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			}
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			ĺ
b	of fany answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			ĺĺ
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b		
	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 2017?	10		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			i
	defined in section 4942(j)(3) or 4942(j)(5)):			j
8	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			3
	before 2017?			1
	If "Yes," list the years			1
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	26		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.]
_	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
3a			•	ļ
	during the year?			•
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
4-	Form 4720, to determine if the foundation had excess business holdings in 2017.) N/A	3b		X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		
D	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		$\frac{1}{X}$
		rm 99 0)-PF	
				(/

Form 990-PF (2017) Jason and Adriana West F			82-37145	66	F	age 6
Part VII-B Statements Regarding Activities for Which	Form 4/20 May Be I	Requirea (contin	ued)	-	/ 1	Na
5a During the year, did the foundation pay or incur any amount to:	10.151.330	<u> </u>			⁄es	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es 🗶 No			
(2) Influence the outcome of any specific public election (see section 4955); o	or to carry on, directly or indir		es X No			
any voter registration drive?	n		es X No			į
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y	ES LALINO			
(4) Provide a grant to an organization other than a charitable, etc., organizatio 4945(d)(4)(A)? See instructions	ii described iii section		es 🗶 No			i
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or aducational nurnoces, or		ES LAL INU			
the prevention of cruelty to children or animals?	or educational purposes, or		es X No		- 1	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unit	for the exceptions described		ES LAS INU			
section 53.4945 or in a current notice regarding disaster assistance? See instri	· ·	iii negulations	N/A	5b -		
Organizations relying on a current notice regarding disaster assistance, check l			_ `` (^^	30	-	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		inad		l i		
expenditure responsibility for the grant?			es No			
If "Yes," attach the statement required by Regulations section 53 4945-5(d).	•	.,				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	nav nremilims on		1		- 1	
a personal benefit contract?	pay promising on		es X No		;	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b -		<u>_x</u> _
If "Yes" to 6b, file Form 8870	orden borroni doniradi.		<u> </u>	**		 - ₁
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		es X No			i
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b		
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors		ınagers, Highl				
1 List all officers, directors, trustees, and foundation managers and t	heir compensation.					
1	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to	(e) Expe	ense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	acc	ount, Ilowan	other
Jason B West	President & B					
224 Lochwood West Drive						
Cary, NC 27518	1.00	0.	0.			0.
Adriana T West	VP and Secret	ary				
224 Lochwood West Drive		-				
Cary, NC 27518	1.00	0.	0.			0.
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	acc) Expe ount, llowan	other
NONE						
		1		1		
		l				
					•	
		<u> </u>				
Total number of other employees paid over \$50,000						<u> </u>

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Part VIII	Information About Officers, Directors, Trustees, Foundation Mar Paid Employees, and Contractors (continued)	agers, Highly	_
3 Five highe:	st-paid independent contractors for professional services. If none, enter "NONE."		
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
N	ONE		
	<u> </u>		
Total number o	others receiving over \$50,000 for professional services		▶ 0
Part IX-A	Summary of Direct Charitable Activities	············	<u> </u>
	ion's four largest direct charitable activities during the tax year. Include relevant statistical informat	on such as the	
number of orga	nizations and other beneficiarios served, conferences convened, research papers produced, etc.	5.1. 555.1. 45 till5	Expenses
1 N.	/A		
2			
3			
			
<u>, ——</u>			<u>-</u>
<u></u>			
		-	
Part IX-B	Summary of Program-Related Investments		
Doscribe the tw	plargest program-rolated investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N.	/A		
2			
All other progra	m-related investments. See instructions.		
·			
-			
Total. Add line	s 1 through 3	•	0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions)
<u> </u>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	4,990,624.
b	Average of monthly cash balances	1b	0.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	4,990,624.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	4,990,624.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	74,859.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,915,765.
6	Minimum investment return. Enter 5% of line 5 Adjusted for Short Tax Period	6	12,122.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations, check here ▶ ☐ and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	12,122.
2a	Tax on investment income for 2017 from Part VI, line 5 2a 50, 575.		
b	Income tax for 2017. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	50,575.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	0.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	0.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	_	
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	- 1a	0.
þ	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	jualifies for	the section

Form **990-PF** (2017)

(e) (c) (d) (2017) 1 Distributible amount for 2017 from Part XI, Inter 2 2 Unicase-bands Inserim X fars, six of the end of 2017 at Enter amount for 2015 only 5 Excess distributions carryover, if arry, to 2017; a From 2014 6 From 2013 6 From 2013 6 From 2014 6 From 2015 6 From 2016 7 Total of Inner as a thirrough a 4 Qualifying distributions for 2017 from Part XII, Inter X is S. Applied to 2016, but not more than line 2a Applied to 2016, but not more than line 2a Applied to 2016, but not more than line 2a Applied to 2016, but not more than line 2a Applied to 2016, but not more than line 2a Applied to 2016, but not more than line 2a Applied to 2016, dust not more than line 2a Applied to 2016, dust not more than line 2a Applied to 2016, dust not more than line 2a Applied to 2016, dust not more than line 2a Applied to 2016, dust not more than line 2a Applied to 2016, dust not more than line 2a Applied to 2016, dust not more than line 2a Applied to 2016, dust not more than line 2a Applied to 2016, dust not more than line 2a Applied to 2016, dust not be not consult (Election required - see instructions) 9 Carried and selections out of corpus 9 Carried and applied to 2016, dust house her amount 9 Carried and applied to 2016, dust house her amount 9 Carried and applied to 2016, dust house her amount 9 Carried and applied to 2016, dust house her amount 9 Carried and applied to 2016, dust house her amount 9 Carried and applied to 2016, dust house her amount 9 Carried and applied to 2016, dust house her amount 9 Carried and applied to 2016, dust house her amount 9 Carried and applied to 2016, dust house her amount 9 Carried and applied to 2016, dust house her amount 9 Carried and applied to 2016, dust house her amount 9 Carried and applied to 2016, dust house her amount 9 Carried and applied to 2016, dust house her amount 9 Carried and applied to 2016, dust house her amount 9 Carried and applied to 2016, dust house her amount 9 Carried and applied to 2016, dust house her amount	Part XIII Undistributed Income (s	ee instructions)			
1. Obstrokable amount for 2017 from Part XI, Inter 7 2. Unassistantial recents, if any, as at this and of 2017 a Einter amount for 2016 only 5. Total for piece years; 5. Docess distributions carryover, if any, to 2017; 6. From 2013 6. From 2013 6. From 2015 6. From 2015 6. From 2016 6. Total of piece years 6. Outliness 3 through the Control of Part XI, Inter 8. P. S. C. Adaptive of 2016, but not more than line 2.0 6. Applied to 2016, but not more than line 2.0 7. Amount of proxy years (pieceton recent of corpus of the pieceton of the pi			` '		
In a P 2 Lindenbursed income, if any, is of the and of 2917 & Enter amount for 2016 only b Total for prior years. O . Excess distributions carryover, if any, to 2017: a From 2019 c From 2014 d From 2015 e From 2016 f Total of lines 3s through e O . Applied to 2015, but not more than line 2a Applied to 2015, but not more than line 2a Applied to 2015, but not more than line 2a Applied to undistributed income of prior years (Election required - see instructions) of Treated as distributions or or of corpus (Election required - see instructions) of Treated as distributions or or of corpus (Election required - see instructions) of Treated as distributions or or of corpus (Election required - see instructions) of Treated as distributions or or of corpus (Election required - see instructions) of Treated as distributions or	Distributable amount for 2017 from Part XI	Otipus	Tears prior to 2010	2010	2017
2. Undeshould frozens, if any, as of the eard of 2017 a. Enter amount of the 2015 b. Total for prior years: 3. Excess distributions carryover, if any, to 2017; a. From 2013 c. From 2014 d. From 2015 e. From 2015 e. From 2016 f. Total for lines. 3st through e. 4. Qualifying distributions to 2017 from Part XII, line 4. ► ► ► 4. Qualifying distributions to 2017 from Part XII, line 4. ► ► 5. O. 4. Applied to 2016, but not more than line 2a. b. Applied to undistributed morned of prior years (Election required - see instructions) c. Frented as distributions out of corpus (Election required - see instructions) d. Applied to 2017 distributiols amount of corpus (Election required - see instructions) d. Applied to 2017 distributiols amount of the corpus S. Excess distributions carryove applied to 2017 from a mount of given in coultry for the management of the corpus of the co	· '				0.
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may be required - see instructions) 8 Excess distributions carryover from 2012 not applied on line 5 or line 7 9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016	corpus to satisfy requirements imposed by				
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016	section 170(b)(1)(F) or 4942(g)(3) (Election				
not applied on line 5 or line 7 9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016	· · · · · · · · · · · · · · · · · · ·	0.			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016					
Subtract lines 7 and 8 from line 6a	• •		<u>.</u>		!
10 Analysis of line 9: a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016	-				
a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016	.			·	
b Excess from 2014 c Excess from 2015 d Excess from 2016	i i				
c Excess from 2015 d Excess from 2016					
d Excess from 2016					i
PEYCPSS ITOM 2017	e Excess from 2017				

	nd Adriana				714566 Page 1
Part XIV Private Operating Fo			II-A, question 9)	N/A	
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for			▶		
b Check box to indicate whether the found		ng foundation described		4942(j)(3) or 49	ر (5)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	_	
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of	İ				
exempt activities					
e Qualifying distributions made directly	· -				
for active conduct of exempt activities.	l		\ /		
Subtract line 2d from line 2c	i .				
3 Complete 3a, b, or c for the alternative test relied upon;	İ				
a "Assets" alternative test - enter	İ				
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on			1		
securities loans (section				1	\
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
sečtion 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income			<u> </u>	<u> </u>	L.,
Part XV Supplementary Infor			if the foundation	n had \$5,000 or m	ore in assets
at any time during the	ne year-see instr	uctions.)			
1 Information Regarding Foundation	_				
a List any managers of the foundation who year (but only if they have contributed me) have contributed more	than 2% of the total con	tributions received by the	foundation before the clo	so of any tax
• • • •	ore man \$5,000). (See S	ection 507 (u)(2).)			
Jason B West					
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large porti	on of the ownership of a p	artnership or
	a 1070 of greater interes	ot.			
None					
2 Information Regarding Contribution Check here ► if the foundation on			-		t. for front 16
the foundation makes gifts, grants, etc., t				not accept unsolicited requ	lests for funds. If
a The name, address, and telephone numb					
a The hame, address, and telephone humb	ei or eman address of th	ie person to whom appir	cations snould be addres	seu.	
See Statement 5					
b The form in which applications should be	submitted and informat	ion and materials they s	honly include:		
o .o winon applications should be	, oconimica and inivillat	and materials tricy 5	nous moleut,		
c Any submission deadlines:	·				
d Any restrictions or limitations on awards,	, such as by geographica	il areas, charitable fields	, kinds of institutions, or	other factors:	

Jason and Adriana West Foundation Form 990-PF (2017) 82-3714566 Page 11 Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation status of recipient Purpose of grant or contribution Amount Name and address (home or business) a Paid during the year None ٥. Total **▶** 3a **b** Approved for future payment None

▶ 3b

Total

Part XVI-A	Analysis of	Income-Producing	Activities
------------	-------------	------------------	-------------------

nter gross amounts unless otherwise indicated	Unrelated b	Unrelated business income Excluded by section			(e)
	(a) Business	(b) Amount	Exclu- sion	(d)	Related or exempt
Program service revenue:	code		code	Amount	function income
a	_				
D	_		+		
·	_		+		
d	_		+		
f	_				
g Fees and contracts from government agencies	-	· -	 -		
Membership dues and assessments					
Interest on savings and temporary cash investments					
Dividends and interest from securities			14	13,110.	
Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income					
Gain or (loss) from sales of assets other					
than inventory			18	2,515,813.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue.					
a	_				
b	_		+		
C	_				
d					
<u> </u>	_		+	2 520 022	
2 Subtotal. Add columns (b), (d), and (e)		0	•	2,528,923.	2,528,92
B Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculations.	.)			13	2,526,92
Part XVI-B Relationship of Activities		plishment of I	Exempt I	Purposes	
ine No. Explain below how each activity for which ii	ncome is reported in c	olumn (e) of Part XVI	-A contribute	ed importantly to the accomp	lishment of
the foundation's exempt purposes (other th					
				•	

▼	the foundation's exempt purposes (other than by providing funds for such purposes).

Form 9	90-PF	(2017) Jason	and Adriana	West Foundatio	n 82-3	714566	Pa	age 13
Part	XVI	Information Re Exempt Organ		o and Transactions a	nd Relationships With Non-	charitable	•	
				owing with any other organization	• •		Yes	No
				lating to political organizations?				
		· •	ation to a noncharitable exemp	ot organization of,		4-/41		
•	I) Cas	er assets				1a(1)		X
	•	er assets insactions;				1a(2)	-	
		es of assets to a noncharita	ble exempt organization			1b(1)		X
			ncharitable exempt organization	on		1b(2)	+	X
•	•	tal of facilities, equipment,	, -			1b(3)		Х
(4	I) Reii	mbursement arrangements				1b(4)		X
(5	i) Loa	ns or loan guarantees				1b(5)		Х
(6) Per	formance of services or me	embership or fundraising solici	tations		1b(6)		Х
			illing lists, other assets, or paid			10	<u> </u>	X
					ways show the fair market value of the go		sets,	
			oundation. It the foundation re other assets, or services receiv		ie in any transaction or sharing arrangem	ient, snow in		
(a)Line		(b) Amount involved		table exempt organization	(d) Description of transfers, transaction	e and charing a	ronnomo	
(-/	-	(-)	N/.		(2) Description of Manager, Banadesia.	o, and onamig a	-	
			,				-	
	1		-					
	\neg							
				•				
		· · · · · · · · · · · · · · · · · · ·						
	-							
	\dashv							
	+				- 			
	+							
	-				 			
	\top							
2a Is	the for	undation directly or indirect	tly affiliated with, or related to,	one or more tax-exempt organi	zations described			
			n 501(c)(3)) or in section 527			Yes	X	□No
b lf	"Yes," (complete the following sch						
		(a) Name of org	anization	(b) Type of organization	(c) Description of rela	tionship		
		N/A						
		·						
	Unde	er penalties of perjury, I declare	that I have examined this return, inc	I luding accompanying schedules and	statements, and to the best of my knowledge			
Sign					nation of which preparer has any knowledge	return with the	e prepar	er
Here		4		11 · 15 · 2018	Director	shown below] No

Phone no. 919- 232-5900 Form **990-PF** (2017)

P00967565

Firm's EIN ▶ 56-1415202

Paid

Preparer

Use Only

Signature of officer or trustee

Print/Type preparer's name

Cathy Tribbett

Preparer's signature

Firm's name ▶ Hughes Pittman & Gupton, LLJ

Firm's address ▶ 1500 Sunday Drive, Suite 300 Raleigh, NC 27607

Title

Date

Check _____ if

self- employed

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

Department of the Treasury internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Jason and Adriana West Foundation

OMB No 1545-0047

2017

Name of the organization

Employer identification number

82-3714566

Organization type (check one)
Filers of:	Section:
Form 990 or 990-EZ	501(c)() (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
• •	zation is covered by the General Rule or a Special Rule. 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions
General Rule	
	nization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or om any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 50 any one cor	nization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 9(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from ntributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; 990-EZ, line 1. Complete Parts I and II
year, total c	nization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ion of cruelty to children or animals. Complete Parts I, II, and III
year, contrit is checked, purpose Do	nization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the butions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., on't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively haritable, etc., contributions totaling \$5,000 or more during the year.
but it must answer "I	ation that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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) (2017)

Name of organization

Employer identification number

Jason and Adriana West Founda

82-3714566

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Jason West 224 Lochwood West Drive Cary, NC 27518	\$ 2,461,701.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Jason West 224 Lochwood West Drive Cary, NC 27518	\$162.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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 Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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 Noncash (Complete Part II for noncash contributions)

Employer identification number

Jason and Adriana West Foundation

82-3714566

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	36,079.451 Shs VTCLX stock -Publically traded securities, sold 12/26/17. Cost basis on Prt 1, cl (c)	s 4,977,526.	12/19/17
(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
723453 11-01-		\$Sphodulo B (Form 0	90, 990-EZ, or 990-PF) (2017

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization Employer identification number completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed. (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. (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 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 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

Form 990-PF	Dividends	and Inter	est from	Secur	ities	Statement	1
Source	Gross Amount	Capital Gains Dividend	Rev	a) enue Books	(b) Net Inves ment Inco	-	
Vanguard	13,110.	•	0. 1	3,110.	13,11	.0.	
To Part I, line 4	13,110.		0. 1	3,110.	13,11	.0.	
Form 990-PF		Other E	xpenses			Statement	2
Description		(a) Expenses Per Books	(b) Net Inv ment In		(c) Adjusted Net Incom		
Miscellaneous Fees	_	162.		162.			0.
To Form 990-PF, Pg 1	l, ln 23 =	162.		162.			0.
Form 990-PF		Other Inv	estments			Statement	3
Description			luation ethod	Воо	k Value	Fair Marke Value	t
Vanguard Mutual Fund	ls '		COST	4	,990,624.	5,016,4	41.
Total to Form 990-PF	, Part II,	line 13		4	,990,624.	5,016,4	41.

Form 990-PF	ubstantial Contributors t VII-A, Line 10	Statement	4
Name of Contributor	Address		
Jason B West	224 Lochwood West Dr		

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Form 990-PF Grant Application Submission Information Part XV, Lines 2a through 2d

Statement

5

Name and Address of Person to Whom Applications Should be Submitted

Jason & Adriana West 4029 Franks Creek Dr Cary, NC 27518

Form and Content of Applications

Charitable recipient's should state how gifts and grants will be used to further the Foundation's 501(c)(3) purposes.

Any Submission Deadlines

Applications accepted at any time.

Restrictions and Limitations on Awards

The foundation will make grants to other educational, scientific and charitable organizations that have been recognized by the IRS as tax exempt under code sections 501(c)(3), and 509(a)(1), (2), or (3). The gifts and grants will be made for (i) capital endowment, including equipment purchase or construction of facilities, (ii) a specific program need as proposed by the charity, or (iii) general support.