(Car)

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.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

806 0MB No. 154

	For	calendar year 2017 or tax year beginning JUI	1, 2017	, and ending	JUN 30, 2018	
	Nar	ne of foundation		-	A Employer identification	number
	Т	HE WEST FAMILY FOUNDATION				
	C	O MARYANN BRYLA	23-2870271			
	Nun	iber and street (or P O box number if mail is not delivered to street	B Telephone number			
	P	O BOX 413			201-638-52	56
	City	or town, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	ending, check here
	S	ADDLE RIVER, NJ 07458			,	
	GC	heck all that apply: Initial return	Initial return of a fe	ormer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return		2	,
		Address change	Name change		Foreign organizations me check here and attach co	imputation
	H C	heck type of organization: X Section 501(c)(3) ex		$a\Psi$	E If private foundation sta	
3	느	, ,,,,	Other taxable private found	ation	under section 507(b)(1)	(A), check here
1		ir market value of all assets at end of year J Account	-	Accrual	F If the foundation is in a	
Q			ther (specify)	<u> </u>	under section 507(b)(1)	(B), check here
1	D [™]	Analysis of Revenue and Expenses	T		6.3.6.1 - 1- 1 - 1	(d) Disbursements
	g Inje	(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	for charitable purposes (cash basis only)
		1 Contributions, gifts, grants, etc., received	10,000.		≥ N/A	(cash basis unity)
		2 Check if the foundation is not required to attach Sch B			200	
		3 Interest on savings and temporary cash investments	\$\$\$\#\$\\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	and a second country to the second se		
		4 Dividends and interest from securities	258,836.	258,836.		STATEMENT 1
		5a Gross rents		<u> </u>	,	
		Net rental income or (loss)	ENTER WINDS	是,他们都没有	2 9 20 20 20 20 20	7 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4
	ω.	6a Net gain or (loss) from sale of assets not on line 10				
	Ž	Gross sales price for all assets on line 6a			新心理學學學	
•	Revenue	7 Capital gain net income (from Part IV, line 2)		0.		
	ш	8 Net short-term capital gain	THE ASSESSMENT OF THE PARTY OF			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
		9 Income modifications Gross sales less returns	260021.A.270.2		SANCERO SETR	CENTER
		10a and allowances			CONT. TREASUREMENT SERVICE	
		D Less Cost of goods sold	of the mounts of met mounting the m		8 N(17/50 62 63 63 63 63 63 63 63 63 63 63 63 63 63
		c Gross profit or (loss) 11 Other income		K 46 680, 670 K K 7 3/108/	<u> </u>	1 1 9 ZUIS C
		12 Total. Add lines 1 through 11	268,836.	258,836.		RESOURCE OF THE PARTY OF THE PA
	_	13 Compensation of officers, directors, trustees, etc	0.	0.	00	DEN, UT 01
		,14 Other employee salaries and wages				
		15 Pension plans, employee benefits				
	ses	16a Legal fees		ŧ		
6	penses	b Accounting fees STMT 2	7,250.	0.		0.
201	ŵ	c Other professional fees				
S	tive	17 Interest			ę	
0	tra	18 Taxes STMT 3	5,100.	0.		0.
	inis	19 Depreciation and depletion			-	
FEB	Administrative	20 Occupancy		<u></u>		
	and A	21 Travel, conferences, and meetings22 Printing and publications				
		22 Printing and publications 23 Other expenses				<u> </u>
Z	ıtın	24 Total operating and administrative	'			
Z	perating	expenses. Add lines 13 through 23	12,350.	0.		0.
\triangleleft	ŏ	25 Contributions, gifts, grants paid	1,329,710.			1,329,710.
SCANNED		26 Total expenses and disbursements.			3,000	
UJ		Add lines 24 and 25	1,342,060.	_0.		1,329,710.
		27 Subtract line 26 from line 12:				
		a Excess of revenue over expenses and disbursements	<1,073,224.			
		b Net investment income (if negative, enter -0-)		258,836.		X 74. /2. /2. /2. /2. /2. /2. /2. /2. /2. /2
		C#Adjusted net income (if negative, enter -0-)	I STATE THE PARTY OF THE PARTY	LANGUAGE AND	N/A	IEL3 2507.第 50% 5 % 557 7 #

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions

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Partil Balance Sheets Attached schedules and amounts in column should be for end of year a	the description	Beginning of year	End	of year
column should be for end-of year a	mounts only	(a) Book Value	, (b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing		0.		
2 Savings and temporary cash investments		86,827.	140,095	140,095.
3 Accounts receivable ►		爱的医多次生产量 學	《	学校学学
Less: allowance for doubtful accounts				
4 Pledges receivable ►				######################################
Less: allowance for doubtful accounts		3.000,73.4500,000, 193.15 1.a. 35 1.4500 and 193.	T	
5 Grants receivable		-		
6 Receivables due from officers, directors, trustees, and	other			 .
disqualified persons	Ottion			
7 Other notes and loans receivable	····			
Less; allowance for doubtful accounts				
8 Inventories for sale or use				<u> </u>
9 Prepaid expenses and deferred charges				
10a investments - 0.5. and state government obligations	CONTROL A	24 122 404	26 066 470	26 066 470
b Investments - corporate stock	STMT 4	24,132,484.	26,866,470	26,866,470.
c Investments - corporate bonds				
11 Investments - land, buildings, and equipment, basis				
Less accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other				
14 Land, buildings, and equipment; basis ▶				
Less accumulated depreciation				
15 Other assets (describe ►)			
16 Total assets (to be completed by all filers - see the		-		ľ
instructions. Also, see page 1, item I)		24,219,311.	27,006,565	27,006,565.
17 Accounts payable and accrued expenses			•	7 A M. A. W
18 Grants payable				
40 Deferred records				
20 Loans from officers, directors, trustees, and other disqualified p 21 Mortgages and other notes payable	ercone			
2 21 Mortgages and other notes payable	G 30113			
22 Other liabilities (describe	١			
- Cities indentities (describe)				1
23 Total liabilities (add lines 17 through 22)		0.	0.	
Foundations that follow SFAS 117, check here	•			
and complete lines 24 through 26, and lines 30 and	31	1		
	01.			
8 I				
				-
D 20 Permanently restricted	e ▶ X	}		
Foundations that do not follow SFAS 117, check her	e P A			
and complete lines 27 through 31.		24 210 211	27 006 565	
27 Capital stock, trust principal, or current funds		24,219,311.	27,006,565	
Foundations that do not follow SFAS 117, check her and complete lines 27 through 31. Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg., and equipme Retained earnings, accumulated income, endowment, Total net assets or fund balances		0.	0.	4
29 Retained earnings, accumulated income, endowment,	or other funds	0.	•	TO 25 5 ST. 35 5 ST 75 S
30 Total net assets or fund balances		24,219,311.	27,006,565	
			3	
31 Total liabilities and net assets/fund balances		24,219,311.	27,006,565	
Partill Analysis of Changes in Net Asse	ets or Fund E	Balances		
(*************************************				
1 Total net assets or fund balances at beginning of year - Part		30		24 210 211
(must agree with end-of-year figure reported on prior year's	1	_1		
2 Enter amount from Part I, line 27a		2		
	ET VALUA	ATION	3	
4 Add lines 1, 2, and 3			4	
5 Decreases not included in line 2 (itemize)			5	
6 Total net assets or fund balances at end of year (line 4 minu	s line 5) - Part II, o	column (b), line 30	6	27,006,565.

		N BRYLA					2	3-287	0271	Page 3
Part IV Capital Gains	and Losse	s for Tax on In	vestmen	Income						
(a) List and describe 2-story brick w	the kind(s) of parehouse, or co	property sold (for exam mmon stock, 200 shs	nple, real esta . MLC Co.)	te,	P - Pi D - D	acquired urchase onation		acquired lay, yr.)		te sold lay, yr.)
1a										
b NC	NE									
<u>c</u>					ļ					
<u>d</u>		<u> </u>			<u> </u>					-
<u>e</u>	(f) Done	anation allowed	(a) Cos	at or other besie	\perp		(h) C	aın or (loss)		
(e) Gross sales price		eciation allowed allowable)		st or other basis expense of sale				s (f) minus (
<u>a</u> ,	ļ ———				$-\!\!\!+\!\!\!\!-$					
<u>b</u>						_				
<u>d</u>				 		_				
e										
Complete only for assets show	ng gain in colur	nn (h) and owned by t	he foundation	on 12/31/69.		(I) Gains (C	ol. (h) gain	minus	
(i) FMV as of 12/31/69		Justed basis f 12/31/69	(k) Ex over	cess of col. (i) col. (j), if any		col. _	(k), but l Losses	not less than (from col. (n -0-) or h))	
_a										
<u>b</u>										
<u>c</u>										
d e										
	ł	<u></u>	.		$\neg \vdash$					
2 Capital gain net income or (net ca	apıtal loss)	If gain, also enter If (loss), enter -0-	in Part I, line in Part I, line	<i>7</i> 7	<u>}</u> 2	_				
3 Net short-term capital gain or (lo		n sections 1222(5) and	d (6):		٦					
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8					a					
Part V Qualification L		ion 4940(e) for	Reduced	Tax on Net	Inves	tment Inc	ome			
(For optional use by domestic privat										
		,	(-)		,					
If section 4940(d)(2) applies, leave t	his part blank.									
Was the foundation liable for the sec If "Yes," the foundation doesn't quali					rıod?				Yes	X No
1 Enter the appropriate amount in					ntries.					
(a)		(b)		, , , , , , , , , , , , , , , , , , ,	(c)		$\overline{}$	5.4.1	(d)	
Base periód years Calendar year (or tax year beginn	ing in) A	djusted qualifying dist	ributions	Net value of no		le-use assets		(col. (b) div	utión ratio ided by col.	. (c))
2016			7,300.			32,030			• 0	44459
2015		98	5,938.			06,990				43041
2014			2,283.			19,255				37957
2013			9,733.			13,845				36989
2012		39	9,948.		12,/	76,356	+-		<u>. u</u>	31304
2 Total of line 1, column (d)							2		.1	93750
3 Average distribution ratio for the	-		n line 2 by 5.0), or by the numb	er of year	S				20550
the foundation has been in existe	ence if less than	5 years					3		• 0	38750
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5				4_	2	8,329	,193.			
5 Multiply line 4 by line 3				5		1,097	,756.			
6 Enter 1% of net investment incor	me (1% of Part	I, line 27b)					6		2	,588.
7 Add lines 5 and 6							7		1,100	,344.
8 Enter qualifying distributions from	m Part XII, line	4					8		1,329	,710.
If line 8 is equal to or greater that See the Part VI instructions.	•		1b, and comp	lete that part usin	ıg a 1% ta	ıx rate.				

THE WEST FAMILY FOUNDATION

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40.4		4 1

_	rtVI Excise Tax Based on Investment Income (Section 4940)(a).	4940/b), 4940(e).	or 4		- see inst		ns)
	Exempt operating foundations described in section 4940(d)(2), check here and en				0	運物學	·塞尔·德	SECTION SECTION	772:38
14	Date of ruling or determination letter: (attach copy of letter if nec					影響	2		
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here					<u> </u>	التقديد المستقدية	2,5	88
U		لقفا	and till	170		Maria A	17432-488 - 00 2		
_	of Part I, line 27b	of Do	rt Llung 1	2 col (b)					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4%			2, 601. (0).		2		000000000000000000000000000000000000000	0.
_	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; of	iers, er	11(61 -0-)			3		2,5	
3	Add lines 1 and 2	hara a	nator () \			4	<u></u>		0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, of Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	11615, 6	enter -u-)	•		5		2,5	
5						(% V V V V	1 19kg あり 3種	Service C	395-28
	Credits/Payments:	6a	1	5,1	71.	建 增	機會物		
	2017 estimated tax payments and 2016 overpayment credited to 2017	6b	+	<u></u>	0.				
	Exempt foreign organizations - tax withheld at source Tax paid with application for extension of time to file (Form 8868)	6c	+		0.				
		6d	+		0.				
	Backup withholding erroneously withheld Tatal and asymptote Add lines for through 6d	- Ou	ا		••	7	352.33	5,1	71
_	Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attack.	had				8		<u> </u>	0.
8	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	illeu				9			
9 10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid					10		2,5	83.
	Enter the amount of line 10 to be; Credited to 2018 estimated tax		2 58	3 . Refunde	ad E	11		,_	0.
	rtVIIA Statements Regarding Activities			7 5 1 1101ana	-		I		
"/	During the tax year, did the foundation attempt to influence any national, state, or local legisl	ation c	or did it p	articipate or int	ervene	ın		Yes	No
	any political campaign?		·	•			18	_	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos	es? Se	ee the ins	tructions for th	e defin	ition	11	1	Х
•	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies o						4	科 计 图》	
	distributed by the foundation in connection with the activities.	,		'					
c	Did the foundation file Form 1120-POL for this year?						10	;	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	vear:						કોર્કેટ કરે છે. કોર્કેટ કરો હો	200
	(1) On the foundation. > \$ 0. (2) On foundation managers.		;		0.			28 E-28	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expendit	ure tax	x impose	d on foundation	n	•			
	managers. ▶ \$ 0.								
2	Has the foundation engaged in any activities that have not previously been reported to the IF	S?					_ 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 in	ıstrum	ent, artic	les of incorpor	ation, c	or			**
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes						3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year	?					4		Х
	If "Yes," has it filed a tax return on Form 990-T for this year?					N	[/A 4		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?						5		X
	If "Yes," attach the statement required by General Instruction T						4.0	ď.	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied en	her:							A.J
	By language in the governing instrument, or								
	By state legislation that effectively amends the governing instrument so that no mandatory	direct	tions that	conflict with th	ne state	e law	* 3 ° °		التكك
	remain in the governing instrument?						6		<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," comp	ete Pa	ırt II, col.	(c), and Part X	V			X	##36 S
0-	Enter the states to which the foundation reports or with which it is registered. See instruction								
ва	PA	15.							
h		tornev	General	(or designate)			·		
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) of each state as required by General Instruction G? If "No," attach explanation 8b							81	X	
	or open dutions required by derived metro-chorr d. It into, action explanation								the commen
9	Is the foundation claiming status as a private operating foundation within the meaning of sec	ction 4	942(1)(3)	or 4942(1)(5) 1	for cale	endar	`?%	SS POMP	

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

THE WEST FAMILY FOUNDATION C/O MARYANN BRYLA

orm	990-PF (2017) C/O MARYANN BRYLA	23	-28702	71	P	age 5
Pa	ort VII-A Statements Regarding Activities (continued)					
	<u> </u>			Y	es	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of				T	
	section 512(b)(13)? If "Yes," attach schedule. See instructions			11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had	advisory privile:	ges?			
	If "Yes," attach statement. See instructions	• •		12		Х
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 MARYANN BRYLA Telep	hone no. ▶ (201)63	852	56	
•	Located at ▶ PO BOX 413, SADDLE RIVER, NJ		+4 ▶074			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here				$\overline{\triangleright}$	
	and enter the amount of tax-exempt interest received or accrued during the year	▶ 15	1	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 ba					No
	securities, or other financial account in a foreign country?	•	Г	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			(A) (A)		
	foreign country		2			
ŧ₽ε	it VII B Statements Regarding Activities for Which Form 4720 May Be Require	d		U.57		
124 14 14	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		4,	&AZY	es	No
1a	During the year, did the foundation (either directly or indirectly):			7	3384	2.3
	(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 D	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		X No	變量	N. S.	數學
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		X No	多 小量		
	(5) Transfer any income or assets to a disqualified person (or make any of either available		;			
	for the benefit or use of a disqualified person)?	Yes [X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		,7 44	(30%) // (603 / 1) 37		
	if the foundation agreed to make a grant to or to employ the official for a period after				ã,	
	termination of government service, if terminating within 90 days.)	Yes [X No	200		
t	of any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		,			
	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	ı		13/15	1975	3577 551. A
Đ	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not cor	rected				管海
	before the first day of the tax year beginning in 2017?			1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating for	oundation	Į.		W .	(460)
	defined in section 4942(j)(3) or 4942(j)(5)):		,			
a	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	ā			
	before 2017?	Yes [X No			
	If "Yes," list the years ▶ ,,,,,					
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating t	o incorrect	*:			327
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No"					
	statement - see instructions.)		N/A [2b		
0	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		3		k i	W 4
	, , , ,		4			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		26			
	during the year?	Yes 🗌	X No			
t	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified p	ersons after	Į. Į.			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispos	ie 🖫			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Sci		F			
	Form 4720, to determine if the foundation had excess business holdings in 2017.)	•	N/A [3b		
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		Γ	4a		X
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitat	le purpose that				ž
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?		"	4b		X

THE WEST FAMILY FOUNDATI Form 990-PF (2017) C/O MARYANN BRYLA	ON		23-28702	71	Page (
Part VII-B Statements Regarding Activities for Which I	orm 4720 May Be F			· - -	9- (
5a During the year, did the foundation pay or incur any amount to:	, , , , , , , , , , , , , , , , , , ,		9,	≋∷Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	s 🗶 No 🗒		7000
(2) Influence the outcome of any specific public election (see section 4955); o			٠. ا	7050	
any voter registration drive?	r to ourry on, on ootly or mane		s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes'	2		s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization					
	i described in section	□ v _e	s 🗶 No 🖹		
4945(d)(4)(A)? See instructions	or advantional ouropean or f		3 22 10		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or i		s 🗓 No_		
the prevention of cruelty to children or animals?	tor the eventions described .		3 ZX -NU		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		ii negulalions	N/A	5b	
section 53.4945 or in a current notice regarding disaster assistance? See instri			N/A	GER VACE	1 6054
Organizations relying on a current notice regarding disaster assistance, check i		.nad			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr			. 🗀 ". 🏻		
expenditure responsibility for the grant?	IN	I/A	s L No		33
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	pay premiums on		∵		
a personal benefit contract?		Ye	s 🗶 No 🧕		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X Language
If "Yes" to 6b, file Form 8870.			TT		
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye		· ·	1 10000
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b	
Information About Officers, Directors, Trust	ees, Foundation Ma	magers, Higniy	/		
List all officers, directors, trustees, and foundation managers and t	hair compensation				
List all officers, directors, trustees, and foundation managers and t	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Ex	pense
(a) Name and address	hours per week devoted	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and delerred	(e) Ex accoun	t, other ances
	to position	enter-0-)	compensation	allowe	111003
SEE STATEMENT 5		l o.l	0.		0.
SEE STATEMENT 5	·	0.			
	- -				
<u> </u>					
2 Compensation of five highest-paid employees (other than those inc	Judad on line 1) If name	enter "NONE "			
2 Compensation of five nignest-paid employees (other than those inc	(b) Title, and average	enter NONE.	(d) Contributions to	(e) Fx	nense
(a) Name and address of each employee paid more than \$50,000	` 'hour's per week	(c) Compensation	employee benefit plans and deferred	(e) Ex accoun	t, other
2027	devoted to position		compensation	allowa	ances
NONE					
		.			

Total number of other employees paid over \$50,000

Page 7

Form 990-PF (2017) C/O MARYANN BRYLA	23-2	870271 Page 7
Part VIII Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued)	dation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, e	nter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant si number of organizations and other beneficiaries served, conferences convened, research papers	ratistical information such as the produced, etc.	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year 1 N/A	on lines 1 and 2.	Amount
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	>	0.

Form 990-PF (2017)

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 28,565,268. a Average monthly fair market value of securities 195,334. 1b b Average of monthly cash balances c Fair market value of all other assets 1c 28,760,602. 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e 2 2 Acquisition indebtedness applicable to line 1 assets 28,760,602. 3 Subtract line 2 from line 1d 431,409. 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 28,329,193. 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 1,416,460. 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
and do not complete this part.) 1,416,460. Minimum investment return from Part X, line 6 2,588 2a Tax on investment income for 2017 from Part VI, line 5 b Income tax for 2017. (This does not include the tax from Part VI.) 2b 2,588. 2c c Add lines 2a and 2b 1,413,872. Distributable amount before adjustments. Subtract line 2c from line 1 3 4 Recoveries of amounts treated as qualifying distributions 5 Add lines 3 and 4 Ō. Deduction from distributable amount (see instructions) 6 1,413,872. 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. 1,329,710. 1a a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1b b Program-related investments - total from Part IX-B 2 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 3 Amounts set aside for specific charitable projects that satisfy the: 3a a Suitability test (prior IRS approval required) 35 b Cash distribution test (attach the required schedule) 1,329,710. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 2,588. 5 income. Enter 1% of Part I, line 27b 1,327,122. 6 Adjusted qualifying distributions. Subtract line 5 from line 4 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

Form **990-PF** (2017)

4940(e) reduction of tax in those years.

Form 990-PF (2017)

Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1	Distributable amount for 2017 from Part XI,				
•	line 7				1,413,872.
2	Undistributed income, if any, as of the end of 2017				
	a Enter amount for 2016 only			1,071,573.	
	o Total for prior years.			1,0,1,0,0	
١	2015 , ,		163,877.		
2	Excess distributions carryover, if any, to 2017.		103,0170		
	a From 2012				
	b From 2013				,
	c From 2014				;
	d From 2015				
	e From 2016				
	f Total of lines 3a through e	·			
	Qualifying distributions for 2017 from				1
7	Part XII, line 4 ▶\$ 1,329,710.				1
	a Applied to 2016, but not more than line 2a			1,071,573 .	,
	b Applied to undistributed income of prior			2707270700	
	years (Election required - see instructions) *		163,877.		ı
	c Treated as distributions out of corpus		200,0,7.		
	(Election required - see instructions)	0.			ļ ļ
	d Applied to 2017 distributable amount				94,260.
	e Remaining amount distributed out of corpus	0.	· ·		7172000
	Excess distributions carryover applied to 2017	0.		· · · · · · · · · · · · · · · · · · ·	0.
J	(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	0.			<u></u>
ı	Prior years' undistributed income. Subtract				•
	line 4b from line 2b		0.		
•	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				i
	assessed		0.		
(d Subtract line 6c from line 6b. Taxable				,
	amount - see instructions		0.		
•	e Undistributed income for 2016. Subtract line			•	
	4a from line 2a. Taxable amount - see instr.			0.	
1	f Undistributed income for 2017. Subtract	1			
	lines 4d and 5 from line 1. This amount must				1 210 610
	be distributed in 2018		···		1,319,612.
7	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed by				}
	section 170(b)(1)(F) or 4942(g)(3) (Election	o.			
_	may be required - see instructions)	0.			
8	Excess distributions carryover from 2012	0.			
_	not applied on line 5 or line 7	0.			
9	Excess distributions carryover to 2018.	_			
	Subtract lines 7 and 8 from line 6a	0.		"	
	Analysis of line 9:			;	
	a Excess from 2013	1			
	b Excess from 2014	{			· ·
	c Excess from 2015	{			'
	d Excess from 2016	1			
•	e Excess from 2017	1			l

THE WEST FAMILY FOUNDATION

Form 990-PF (2017) C/O MAR	YANN BRYLA			23-287	70271 Page 10
Part XIV Private Operating F		structions and Part VII	·A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter that	t it is a private operating	T		
foundation, and the ruling is effective for	r 2017, enter the date of	the ruling	>		
b Check box to indicate whether the found	lation is a private operatii	ng foundation described i	n section	4942(j)(3) or 494	2(1)(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				/ I	
exempt activities			/		
e Qualifying distributions made directly			/		
for active conduct of exempt activities.					
Subtract line 2d from line 2c		ł		}	
3 Complete 3a, b, or c for the			/		
alternative test relied upon: a "Assets" alternative test - enter:			/		
(1) Value of all assets					
` <i>'</i>		-	/		
(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,		/		1	
dividends, rents, payments on		/			
securities loans (section 512(a)(5)), or royalties)		/			
(2) Support from general public				 	
and 5 or more exempt		/			
organizations as provided in		/			
section 4942(j)(3)(B)(iii)		 / 			
(3) Largest amount of support from					
an exempt organization				 	
(4) Gross investment income Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5 000 or mo	re in assets
at any time during t			ii tiic iodiidatioii	11100 40,000 01 1110	C III assets
	 _			·	
Information Regarding Foundation a List any managers of the foundation who	-	than 20% of the total contr	whitene received by the	foundation before the close	of any tay
year (but only if they have contributed m			ibutions received by the	Touridation before the close	or any tax
ALFRED P. WEST, JR.	4-,,- (
b List any managers of the foundation who	o own 10% or more of th	e stock of a corporation (or an equally large portion	on of the ownership of a par	tnership or
other entity) of which the foundation has			or an equally large portion	on or the ownership of a par	thership of
NONE	v				
2 Information Regarding Contributi	on Grant Gift Loan	Scholarship etc. Pr	ograms:		
Check here X if the foundation o				not accept unsolicited reque	ete for funde. If
the foundation makes gifts, grants, etc.,)to for funds. II
a The name, address, and telephone numl					
a The hame, address, and telephone ham	ici di cinali addicess di ti	ie person to whom applie	ations should be address	300.	
b The form in which applications should b	e submitted and informati	tion and materials they sh	ould include:		
Similar applications should b		and the state of t			
c Any submission deadlines:					
• 					
d Any restrictions or limitations on awards	such as by geographics	al areas, charitable fields.	kinds of institutions, or o	other factors:	

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Form 990-PF (2017)

C/O MARYANN BRYLA

Part XV | Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation status of recipient show any relationship to any foundation manager or substantial contributor Amount Name and address (home or business) a Paid during the year FUND CHARITY WESTBRIDGE COMMUNITY SERVICES N/A REHABILITATION/HEALTH 1361 ELM STREET STE, 207 1,329,710. MANCHESTER, NH 03101 CENTER 1,329,710. ▶ 3a Total b Approved for future payment NONE Total

Form 990-PF (2017)

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ided by section 512, 513, or 514	(e)
1 Program service revenue;	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a		•			
b					
с					
d					
e					
1					
g Fees and contracts from government agencies			1		
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	258,836.	
5 Net rental income or (loss) from real estate:		***		•	
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal		-			
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory			<u> </u>		
11 Other revenue:					
a					
b	<u> </u>				
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		258,836.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13_	258,836.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities t					
Line No. Explain below how each activity for which inco the foundation's exempt purposes (other than			contril	buted importantly to the accon	nplishment of
N/A	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	•				
				• •••	·· ····
				`	"
				_	
		· · · · · · · · · · · · · · · · · · ·		-	

THE WEST FAMILY FOUNDATION

C/O MARYANN BRYLA Form 990-PF (2017) 23-2870271 Page 18 Part XVI | Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(q)(8) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a concharitable guampt organization of (2) Other assats 14(Z) h Other transactions: (1) Sales of assets to a noncharitable couragt organization 16(1) X (2) Purchasas of assets from a noncharitable exampt organization 15(2) X (8) Rental of facilities, equipment, or other assets 16(2) (4) Reimburgement arrangements 164 (5) Loans or loss guaranties 1146 (6) Performance of services or membership or turninging societations d Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets. or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (A)Line no. (b) Amount Involved (e) Name of noncheritable exampt organization (d) Description of Examines, transactions, and sharing exampless N/A

2a is the foundation directly or indirectly attitiated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? h !! "Yes," complete the following achedule. (a) Type of organization (e) Description of relationship N/A the eccompanying achedules and statements, and to the best of any knowledge characters of property facility than have per the based on all life motion of which property needs to be the characters from only to be the characters of the property response to the characters of the property response to the characters of the property of the property response to the property re Sign DIRECTOR Signature of officer or trustee Print/Type properer's name Pracarer's signatura Check | I salf-employed Paid MARIANNE INFORZATO P00750114 Preparer Firm's mans > FAIRMAN GROUP FAMILY Firm's EIN > 45-4793713 **Use Only** Firm's address > 899 CASSATT ROAD, SUITE 115 BERWYN, PA 19312 Phone no. 610-889-7300

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.

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

THE WEST FAMILY FOUNDATION

OMB No 1545-0047

2017

Employer identification number

	C/	O MARYANN BRYLA	23-2870271
Organiz	ation type (check o	ne)	
Filers o	f:	Section:	
Form 99	0 or 990-EZ	501(c)() (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	
		527 political organization	
Form 99	0-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	
Note: O	nly a section 501(c)	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le See instructions
General	l Rule		
X		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor.	
Special	Rules		
	sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amou, line 1 Complete Parts I and II	or 16b, and that received from
	year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ations of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educatively to children or animals. Complete Parts I, II, and III	
	year, contributions is checked, enter h purpose Don't con	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from exclusively for religious, charitable, etc., purposes, but no such contributions totaled maker the total contributions that were received during the year for an exclusively religious implete any of the parts unless the General Rule applies to this organization because it is e, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000 If this box , charitable, etc ,
but it m	ust answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fo 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 THE WEST FAMILY FOUNDATION C/O MARYANN BRYLA

Employer identification number

23-2870271

Part I	Contributors (see instructions) Use duplicate copies of Part I	ıf addıtıonal space ıs needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALFRED P. WEST, JR. PO BOX 413 SADDLE RIVER, NJ 07458	\$\$	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 Oncash Complete Part II for noncash contributions)
(a) N o.	(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 Onncash Oceann (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) 1990, 990-EZ, or 990-PF) (2017

Name of organization
THE WEST FAMILY FOUNDATION
C/O MARYANN BRYLA

Employer identification number

23-2870271

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed					
(a) No. from Part I	(b) Description of noncash property given	(c) (d) FMV (or estimate) (See instructions.)				
		- - - - - - - - - -				
(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			
- $]$		- - - - - - - -				

Employer identification number

THE WEST FAMILY FOUNDATION

\sim	/_	3/3	T) 37.7	RTRT	PDVI.7	Α .

23-2870271

Part III	Exclusively religious, charitable, etc., cor the year from any one contributor. Complete completing Part III, enter the total of exclusively religion. Use duplicate copies of Part III if addition	columns (a) through (e) and the follo us, charitable, etc., contributions of \$1,000 o	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations less for the year (Enterthis info once)			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of gif	t			
	Transferee's name, address, a	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			
	Transferee's name, address, a	(e) Transfer of git	er of gift 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			
	Transferee's name, address, a	(e) Transfer of git and ZIP + 4	t Relationship of transferor to transferee			
(a) No.						
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transfer of gr	of gift Relationship of transferor to transferee			

FORM 990-PF	DIVIDENDS	AND INTER	EST F	ROM SECUR	ITIES S	TATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND		(A) REVENUE ER BOOKS	(B) NET INVEST- MENT INCOME	
JP MORGAN	128.	,	0.	128.	128.	
SEI GOVERNMENT FUND SEI INVESTMENTS	872. 257,836.		0. 0.	872. 257,836.		
TO PART I, LINE 4	258,836.		0	258,836.	258,836.	
FORM 990-PF		ACCOUNTI	NG FE	ES	S	TATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) INVEST- INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
THE FAIRMAN GROUP		7,250.		0.	. .	0.
TO FORM 990-PF, PG 1		7,250.		0.	100	0.
FORM 990-PF		TAX	ES		S	TATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) INVEST- INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BALANCE DUE WITH 201 FEDERAL 990-W	.7	5,100.		0.		0.
TO FORM 990-PF, PG 1	., LN 18	5,100.		0.		0.

FORM 990-PF CO	RPORATE STOCK		STAT	EMENT 4
DESCRIPTION		BOOK VALU		MARKET ALUE
429,726 SHS. SEI INVESTMENTS - SEI	TRUST	26,866,4	70. 26	,866,470.
TOTAL TO FORM 990-PF, PART II, LIN	E 10B	70. 26	26,866,470.	
FORM 990-PF PART VIII - LIST TRUSTEES AND	OF OFFICERS, FOUNDATION MAN		STAT	EMENT 5
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ALFRED P. WEST, JR. PO BOX 413 SADDLE RIVER, NJ 07458	PRESIDENT AND	DIRECTOR 0.	0.	0.
LORALEE WEST PO BOX 413 SADDLE RIVER, NJ 07458	DIRECTOR 1.00	0.	0.	0.
ANGELA PAIGE WEST PO BOX 413 SADDLE RIVER, NJ 07458	SEC, TREAS, D	IRECTOR 0.	0.	0.
ALFRED PAUL WEST III PO BOX 413 SADDLE RIVER, NJ 07458	DIRECTOR 0.00	0.	0.	0.
ANDREW PALMER WEST PO BOX 413 SADDLE RIVER, NJ 07458	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	0.	0.	0.