

Form **990-PF****Return of Private Foundation**

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

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2019

Open to Public Inspection

For calendar year 2019 or tax year beginning , and ending

Name of foundation
GARY AND MARY WEST HEALTH POLICY CENTER, INC.

Number and street (or P.O. box number if mail is not delivered to street address) Room/suite
1909 K STREET NW, SUITE 730

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20006

A Employer identification number
27-5388874

B Telephone number
(202) 729-8577

C If exemption application is pending, check here ☐

D 1. Foreign organizations, check here ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here ☐

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity
☐ Final return ☐ Amended return
☐ Address change ☐ Name change

H Check type of organization: ☒ Section 501(c)(3) exempt private foundation **03**
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16)
\$ **1,634,183.**

J Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) _____
(Part I, column (d), must be on cash basis.)

Part I 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	5,816,205.			
2	Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
3	Interest on savings and temporary cash investments				
4	Dividends and interest from securities				
5a	Gross rents				
5b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10				
6b	Gross sales price for all assets on line 6a				
7	Capital gain net income (from Part IV, line 2)		0.		
8a	Net short-term capital gain			0.	
9	Income modifications				
10a	Gross sales less returns and allowances				
10b	Less: Cost of goods sold				
c	Gross profit or (loss)				
11	Other income				
12	Total. Add lines 1 through 11	5,816,205.	0.	0.	
13	Compensation of officers, directors, trustees, etc.	210,709.	0.	0.	210,709.
14	Other employee salaries and wages	1,235,027.	0.	0.	1,214,100.
15	Pension plans, employee benefits	247,783.	0.	0.	226,999.
16a	Legal fees STMT 1	8,607.	0.	0.	8,617.
b	Accounting fees STMT 2	26,034.	0.	0.	26,034.
c	Other professional fees STMT 3	1,924,792.	0.	0.	2,024,689.
17	Interest				
18	Taxes STMT 4	1,600.	0.	0.	1,600.
19	Depreciation and depletion	124,682.	0.	0.	
20	Occupancy	334,500.	0.	0.	263,726.
21	Travel, conferences, and meetings	155,112.	0.	0.	156,953.
22	Printing and publications	22,483.	0.	0.	20,980.
23	Other expenses STMT 5	216,418.	0.	0.	227,196.
24	Total operating and administrative expenses. Add lines 13 through 23	4,507,747.	0.	0.	4,381,603.
25	Contributions, gifts, grants paid	1,500,133.			1,121,322.
26	Total expenses and disbursements. Add lines 24 and 25	6,007,880.	0.	0.	5,502,925.
27	Subtract line 26 from line 12:				
a	Excess of revenue over expenses and disbursements	-191,675.			
b	Net investment income (if negative, enter -0-)		0.		
c	Adjusted net income (if negative, enter -0-)			0.	

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Part III Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	1,144,112.	1,275,730.	1,275,730.
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ 30.			
	Less: allowance for doubtful accounts ▶	142.	30.	30.
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	39,268.	60,412.	60,412.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	Liabilities	11 Investments - land, buildings, and equipment basis ▶		
Less: accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other				
14 Land, buildings, and equipment basis ▶ 1,228,389.				
Less: accumulated depreciation STMT 6 ▶ 956,143.		387,053.	272,246.	272,246.
15 Other assets (describe ▶ LEASE/RENT DEPOSIT)		25,765.	25,765.	25,765.
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		1,596,340.	1,634,183.	1,634,183.
17 Accounts payable and accrued expenses		1,284,015.	1,513,533.	
18 Grants payable				
19 Deferred revenue				
20 Loans from officers, directors, trustees, and other disqualified persons				
21 Mortgages and other notes payable				
22 Other liabilities (describe ▶)				
23 Total liabilities (add lines 17 through 22)	1,284,015.	1,513,533.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions	312,325.	120,650.	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 Total net assets or fund balances	312,325.	120,650.	
30 Total liabilities and net assets/fund balances	1,596,340.	1,634,183.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	312,325.
2 Enter amount from Part I, line 27a	-191,675.
3 Other increases not included in line 2 (itemize) ▶	0.
4 Add lines 1, 2, and 3	120,650.
5 Decreases not included in line 2 (itemize) ▶	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	120,650.

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Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			
b NONE			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	{ }	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before 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	(d) Distribution ratio (col. (b) divided by col. (c))
2018	4,510,899.	1,241,686.	3.632882
2017	3,389,698.	767,731.	4.415216
2016	3,098,333.	514,047.	6.027334
2015	3,857,904.	717,981.	5.373268
2014	4,864,575.	708,692.	6.864160

2 Total of line 1, column (d)	2	26.312860
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	5.262572
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	2,137,453.
5 Multiply line 4 by line 3	5	11,248,500.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	0.
7 Add lines 5 and 6	7	11,248,500.
8 Enter qualifying distributions from Part XII, line 4	8	5,512,801.

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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Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

- 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)
- b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☐ and enter 1% 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-)
- 3 Add lines 1 and 2
- 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)
- 5 **Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-
- 6 Credits/Payments:
- a 2019 estimated tax payments and 2018 overpayment credited to 2019
- b Exempt foreign organizations - tax withheld at source
- c Tax paid with application for extension of time to file (Form 8868)
- d Backup withholding erroneously withheld
- 7 Total credits and payments. Add lines 6a through 6d
- 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached
- 9 **Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed**
- 10 **Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid**
- 11 Enter the amount of line 10 to be: **Credited to 2020 estimated tax** ☐ **Refunded** ☐

6a	0.
6b	0.
6c	0.
6d	0.

1	0.
2	0.
3	0.
4	0.
5	0.
7	0.
8	0.
9	0.
10	
11	

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 intervene in any political campaign?
- b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition. If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.
- c Did the foundation file Form 1120-POL for this year?
- d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:
(1) On the foundation. ☐ \$ 0. (2) On foundation managers. ☐ \$ 0.
- 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?
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 incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes
- 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?
- b If "Yes," has it filed a tax return on Form 990-T for this year?
- 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?
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 state law remain in the governing instrument?
- 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 XV
- 8a Enter the states to which the foundation reports or with which it is registered. See instructions. ☐ 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) of each state as required by General Instruction G? If "No," attach explanation
- 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV
- 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

N/A

	Yes	No
1a		X
1b		X
1c		X
2		X
3		X
4a		X
4b		
5		X
6	X	
7	X	
8b	X	
9	X	
10		X

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Part VII-A: Statements Regarding Activities (continued)

	Yes	No
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		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW.WESTHEALTH.ORG	X	
14 The books are in care of SALLY HALLAK Telephone no. (858) 535-7000 Located at 10350 NORTH TORREY PINES ROAD, LA JOLLA, CA ZIP+4 92037		
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	15	N/A
16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		X

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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(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)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(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.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If 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 Organizations relying on a current notice regarding disaster assistance, check here		X
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 2019?		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? If "Yes," list the years	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2019 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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019.)	N/A	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
b 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 2019?		X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year, did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions
Organizations relying on a current notice regarding disaster assistance, check here

N/A

☐

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ 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 pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870.

☐ Yes ☒ No

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

☐ Yes ☒ No

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 7		210,709.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, 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	(e) Expense account, other allowances
CRISTINA BOCCUTI - 1909 K STREET NW, SUITE 730, WASHINGTON, DC 20006	DIR. HEALTH POLICY	40.00	231,308.	35,072.
AMY HERR - 1909 K STREET NW, SUITE 730, WASHINGTON, DC 20006	DIR. HEALTH POLICY	40.00	180,982.	26,557.
SEAN DICKSON - 1909 K STREET NW, SUITE 730, WASHINGTON, DC 20006	DIR. HEALTH POLICY	40.00	105,963.	10,355.
MEAGAN ALLEY - 1909 K STREET NW, SUITE 730, WASHINGTON, DC 20006	STRATEGY ANALYST	40.00	89,686.	20,271.

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

0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-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
WAXMAN STRATEGIES - 1150 CONNECTICUT AVE. NW, STE. 800, WASHINGTON, DC 20036	CONSULTANTS	630,033.
HART HEALTH STRATEGIES, INC. 3823 FORDHAM ROAD NW, WASHINGTON, DC 20016	CONSULTANTS	360,000.
ACTUARIAL RESEARCH CORPORATION - 6928 LITTLE RIVER TURNPIKE, SUITE E, ANNANDALE, VA 22003	CONSULTANTS	327,050.
RHETT BUTTLE (PUBLIC PRIVATE STRATEGIES) 776 GIRARD STREET NW, WASHINGTON, DC 20001	CONSULTANTS	187,500.
ANNE TUMLINSON - 1627 I STREET NW, STE 835, WASHINGTON, DC 20006	CONSULTANTS	140,000.

Total number of others receiving over \$50,000 for professional services

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

Expenses

1 STATEMENT 8

5,502,924.

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 on lines 1 and 2.

Amount

1	N/A
---	-----

2

All other program-related investments. See instructions.

3

Total. Add lines 1 through 3

0.

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Part X 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:	
a	Average monthly fair market value of securities	1a 0.
b	Average of monthly cash balances	1b 2,170,003.
c	Fair market value of all other assets	1c
d	Total (add lines 1a, b, and c)	1d 2,170,003.
e	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 2,170,003.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4 32,550.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5 2,137,453.
6	Minimum investment return. Enter 5% of line 5	6 106,873.

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	Minimum investment return from Part X, line 6	1
2a	Tax on investment income for 2019 from Part VI, line 5	2a
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b
c	Add lines 2a and 2b	2c
3	Distributable amount before adjustments. Subtract line 2c from line 1	3
4	Recoveries of amounts treated as qualifying distributions	4
5	Add lines 3 and 4	5
6	Deduction from distributable amount (see instructions)	6
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7

Part 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 5,502,925.
b	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 9,876.
3	Amounts set aside for specific charitable projects that satisfy the:	
a	Suitability test (prior IRS approval required)	3a
b	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 5,512,801.
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 5,512,801.

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 4940(e) reduction of tax in those years.

Form 990-PF (2019)

Part XIII Undistributed Income (see instructions)

N/A

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only				
b Total for prior years:				
3 Excess distributions carryover, if any, to 2019:				
a From 2014				
b From 2015				
c From 2016				
d From 2017				
e From 2018				
f Total of lines 3a through e				
4 Qualifying distributions for 2019 from Part XII, line 4: ► \$				
a Applied to 2018, but not more than line 2a				
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 2019 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2019 (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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b				
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				
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
8 Excess distributions carryover from 2014 not applied on line 5 or line 7				
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2015				
b Excess from 2016				
c Excess from 2017				
d Excess from 2018				
e Excess from 2019				

GARY AND MARY WEST HEALTH POLICY CENTER,

Form 990-PF (2019)

INC.

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Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

- 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling

01/09/12

- b Check box to indicate whether the foundation is a private operating foundation described in section

☒ 4942(j)(3) or ☐ 4942(j)(5)

- 2 a Enter the lesser of the adjusted net income from Part I or the minimum 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 exempt activities

- e Qualifying distributions made directly for active conduct of exempt activities.

Subtract line 2d from line 2c

- 3 Complete 3a, b, or c for the alternative test relied upon:

- a "Assets" alternative test - enter:

- (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 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

Tax year	Prior 3 years				(e) Total
(a) 2019	(b) 2018	(c) 2017	(d) 2016		
1X0.	0.	0.	0.	1X0.	
0.	0.	0.	0.	0.	
5,512,801.	4,510,899.	3,389,698.	3,098,333.	16,511,731.	
1,121,051.	448,481.	329,954.	358,903.	2,258,389.	
4,391,750.	4,062,418.	3,059,744.	2,739,430.	14,253,342.	
1				1X0.	
				0.	
71,249.	41,389.	25,591.	17,135.	155,364.	
				0.	
				0.	
				0.	
				0.	

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

- 1 Information Regarding Foundation Managers:

- a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

- b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

- 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- a The name, address, and telephone number or email address of the person to whom applications should be addressed:

- b The form in which applications should be submitted and information and materials they should include:

- c Any submission deadlines:

- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

GARY AND MARY WEST HEALTH POLICY CENTER,
INC.

Form 990-PF (2019)

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Part XV. Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution **	Amount
Name and address (home or business)				
a Paid during the year				
CENTER FOR HEALTH CARE STRATEGIES, INC. 200 AMERICAN METRO BLVD., SUITE 119 HAMILTON, NJ 08619	NONE	PC	DEDICATED TO IMPROVING THE HEALTH OF LOW-INCOME AMERICANS.	23,316.
LONG-TERM QUALITY ALLIANCE 1666 K STREET, NW - STE 1100 WASHINGTON, DC 20006	NONE	PC	DESIGN AND DEVELOP A PILOT TO IMPROVE INTEGRATED CARE FOR SENIORS LIVING IN AFFORDABLE HOUSING.	10,000.
NATIONAL PACE ASSOCIATION (NPA) 675 N. WASHINGTON ST., STE. 300 ALEXANDRIA, VA 22314	NONE	PC	NPA ADVANCES THE EFFORTS OF PROGRAMS OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE). PACE PROGRAMS	137,427.
DUKE UNIVERSITY ON BEHALF OF DUKE-MARGOLIS CENTER FOR HEALTH POLICY PO BOX 602651 CHARLOTTE, NC 28260-2651	NONE	PC	ENGAGE IN RESEARCHING WAYS TO LOWER HEALTH CARE COSTS THROUGH RESEARCH, ANALYSIS AND SUPPORT FOR NEW MODELS	280,324.
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 3333 CALIFORNIA STREET, SUITE 315 SAN FRANCISCO, CA 94143	NONE	PC	RESEARCH ON ASSESSING DENTAL CARE ACCESS FOR LOW-INCOME ADULTS IN CALIFORNIA AND ANALYSIS OF DENTI-CAL	97,884.
Total SEE CONTINUATION SHEET(S) ▶ 3a				1,121,051.
b Approved for future payment				
NATIONAL PACE ASSOCIATION (NPA) 675 N. WASHINGTON ST., STE. 300 ALEXANDRIA, VA 22314	NONE	PC	NPA ADVANCES THE EFFORTS OF PROGRAMS OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE). PACE PROGRAMS	101,326.
COMMITTEE FOR A RESPONSIBLE FEDERAL BUDGET 1900 M. STREET NW, STE. 850 WASHINGTON, DC 20036	NONE	PC	DEDICATED TO CONDUCT PLANNING-PHASE ACTIVITIES AND RESEARCH TO DEVELOP HEALTH CARE SAVINGS	160,500.
FAMILIES USA FOUNDATION INC 1225 NEW YORK AVE NW, SUITE 500 WASHINGTON, DC 20005	NONE	PC	DEDICATED TO ADVANCE POLICIES TO LOWER UNAFFORDABLE DRUG PRICES FOR INDIVIDUALS AND FAMILIES.	300,000.
Total ▶ 3b				561,826.

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923611 12-17-19

** SEE PURPOSE OF GRANT CONTINUATIONS

11

10410903 149058 27-5388874

2019.04020 GARY AND MARY WEST HEALTH 27-53881

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount		
1 Program service revenue:						
a _____						
b _____						
c _____						
d _____						
e _____						
f _____						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments						
4 Dividends and interest from securities						
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						
11 Other revenue:						
a _____						
b _____						
c _____						
d _____						
e _____						
12 Subtotal. Add columns (b), (d), and (e)		0.		0.		0.
13 Total. Add line 12, columns (b), (d), and (e)						0.

(See worksheet in line 13 instructions to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

GARY AND MARY WEST HEALTH POLICY CENTER,
INC.

27-5388874

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
COMMITTEE FOR A RESPONSIBLE FEDERAL BUDGET 1900 M. STREET NW, STE. 850 WASHINGTON, DC 20036	NONE	PC	DEDICATED TO CONDUCT PLANNING-PHASE ACTIVITIES AND RESEARCH TO DEVELOP HEALTH CARE SAVINGS	118,500.
PACIFIC BUSINESS GROUP ON HEALTH 275 BATTERY STREET SUITE 480 SAN FRANCISCO, CA 94111	NONE	PC	EDUCATE POLICYMAKERS ON PERSPECTIVE OF LARGE EMPLOYERS ON DRUG SPENDING REFORMS.	150,000.
RESEARCH FOUNDATION FOR MENTAL HYGIENE, INC. 150 BROADWAY, STE. 301 MENANDS, NY 12204	NONE	PC	PROVIDE SUPPORT OF THE ANNUAL HEALTH AND AGING POLICY FELLOWS BY COORDINATING TARGETED WORKING	300,000.
CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) 7500 SECURITY BOULEVARD BALTIMORE, MD 21244	NONE	GOV	ANALYSIS OF MEDICARE & US HEALTH CARE FINANCING POLICY CHANGES.	3,600.
Total from continuation sheets				572,100.

Part XV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - NATIONAL PACE ASSOCIATION (NPA)

NPA ADVANCES THE EFFORTS OF PROGRAMS OF ALL-INCLUSIVE CARE FOR THE
ELDERLY (PACE). PACE PROGRAMS COORDINATE AND PROVIDE ALL NEEDED
PREVENTIVE, PRIMARY, ACUTE AND LONG-TERM CARE SERVICES SO OLDER
INDIVIDUALS CAN CONTINUE LIVING IN THE COMMUNITY.

NAME OF RECIPIENT - DUKE UNIVERSITY ON BEHALF OF DUKE-MARGOLIS CENTER FOR
HEALTH POLICY

ENGAGE IN RESEARCHING WAYS TO LOWER HEALTH CARE COSTS THROUGH RESEARCH,
ANALYSIS AND SUPPORT FOR NEW MODELS OF VALUE-BASED PAYMENTS, SYSTEMS
REFORMS, PATIENT ENGAGEMENT, AND COST-EFFECTIVE RESEARCH.

NAME OF RECIPIENT - THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN
FRANCISCO

RESEARCH ON ASSESSING DENTAL CARE ACCESS FOR LOW-INCOME ADULTS IN
CALIFORNIA AND ANALYSIS OF DENTI-CAL CLAIMS EXPERIENCE AND THE ORAL
HEALTH WORKFORCE.

NAME OF RECIPIENT - COMMITTEE FOR A RESPONSIBLE FEDERAL BUDGET

DEDICATED TO CONDUCT PLANNING-PHASE ACTIVITIES AND RESEARCH TO DEVELOP
HEALTH CARE SAVINGS OPTIONS.

NAME OF RECIPIENT - RESEARCH FOUNDATION FOR MENTAL HYGIENE, INC.

PROVIDE SUPPORT OF THE ANNUAL HEALTH AND AGING POLICY FELLOWS BY
COORDINATING TARGETED WORKING SESSIONS RELATED TO EXPLORING AGING
POLICY ISSUES.

Part XV Supplementary Information

3b Grants and Contributions Approved for Future Payment Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - NATIONAL PACE ASSOCIATION (NPA)

NPA ADVANCES THE EFFORTS OF PROGRAMS OF ALL-INCLUSIVE CARE FOR THE
ELDERLY (PACE). PACE PROGRAMS COORDINATE AND PROVIDE ALL NEEDED
PREVENTIVE, PRIMARY, ACUTE AND LONG-TERM CARE SERVICES SO OLDER
INDIVIDUALS CAN CONTINUE LIVING IN THE COMMUNITY.

NAME OF RECIPIENT - COMMITTEE FOR A RESPONSIBLE FEDERAL BUDGET

DEDICATED TO CONDUCT PLANNING-PHASE ACTIVITIES AND RESEARCH TO DEVELOP
HEALTH CARE SAVINGS OPTIONS.

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.

OMB No 1545-0047

2019

Name of the organization

**GARY AND MARY WEST HEALTH POLICY CENTER,
INC.**

Employer identification number

27-5388874

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

☒

501(c)(3) exempt private foundation

☐

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules☐

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, 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, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.☐For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____**Caution:** An organization 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), 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

GARY AND MARY WEST HEALTH POLICY CENTER,
INC.

Employer identification number

27-5388874

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GARY AND MARY WEST FOUNDATION 505 LOMAS SANTA FE DRIVE, SUITE 230 SOLANA BEACH, CA 92075	\$ 5,816,205.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization

GARY AND MARY WEST HEALTH POLICY CENTER,
INC.

Employer identification number

27-5388874

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) FMV (or estimate) (See instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

GARY AND MARY WEST HEALTH POLICY CENTER,
INC.

Employer identification number

27-5388874

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

FORM 990-PF

LEGAL FEES

STATEMENT 1

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	8,607.	0.	0.	8,617.
TO FM 990-PF, PG 1, LN 16A	8,607.	0.	0.	8,617.

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	26,034.	0.	0.	26,034.
TO FORM 990-PF, PG 1, LN 16B	26,034.	0.	0.	26,034.

FORM 990-PF

OTHER PROFESSIONAL FEES

STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MANAGEMENT/ADMINISTRATIVE SERVICES	13,544.	0.	0.	13,544.
CONTRACTORS	1,887,559.	0.	0.	1,987,538.
IT/WEB CONSULTANT SERVICE FEES	23,689.	0.	0.	23,607.
TO FORM 990-PF, PG 1, LN 16C	1,924,792.	0.	0.	2,024,689.

FORM 990-PF

TAXES

STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL INCOME TAX	1,000.	0.	0.	1,000.
STATE INCOME TAX	600.	0.	0.	600.
TO FORM 990-PF, PG 1, LN 18	1,600.	0.	0.	1,600.

FORM 990-PF

OTHER EXPENSES

STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OFFICE EQUIPMENT & WIRELESS	78,364.	0.	0.	94,572.
OFFICE SUPPLIES	10,705.	0.	0.	8,959.
BUILDING MAINTENANCE	10,723.	0.	0.	10,723.
MEALS AND ENTERTAINMENT	14,678.	0.	0.	16,132.
INSURANCE	3,447.	0.	0.	3,687.
PAYROLL PROCESSING FEES	1,927.	0.	0.	1,610.
EE MORALE/WELFARE	525.	0.	0.	1,028.
OTHER EXPENSES	3,282.	0.	0.	732.
POSTAGE/COURIER/MAIL SERVICE	1,102.	0.	0.	1,112.
DUES & MEMBERSHIPS	2,609.	0.	0.	2,079.
LICENSES & PERMITS	1,995.	0.	0.	3,270.
PROPERTY TAXES	5,220.	0.	0.	5,220.
PROGRAM COMMUNICATIONS	35,256.	0.	0.	31,487.
EVENT SPONSORSHIP	45,000.	0.	0.	45,000.
PRESS RELEASES	1,585.	0.	0.	1,585.
TO FORM 990-PF, PG 1, LN 23	216,418.	0.	0.	227,196.

FORM 990-PF

DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT

STATEMENT 6

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LEASEHOLD/TENANT IMPROVEMENTS	358,190.	286,489.	71,701.
FURNITURE & FIXTURES	357,908.	277,367.	80,541.
COMPUTER/PHONE EQUIPMENT	421,724.	310,777.	110,947.
INTANGIBLE ASSET	90,567.	81,510.	9,057.
TOTAL TO FM 990-PF, PART II, LN 14	1,228,389.	956,143.	272,246.

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
TIMOTHY LASH 1909 K STREET NW, SUITE 730 WASHINGTON, DC 20006	OFFICER/PRESIDENT 10.00	122,257.	0.	0.
MARK MCCLELLAN 1909 K STREET NW, SUITE 730 WASHINGTON, DC 20006	BOARD OF DIRECTORS 5.00	0.	0.	0.
GARY WEST 1909 K STREET NW, SUITE 730 WASHINGTON, DC 20006	CHAIRMAN OF THE BOARD 5.00	0.	0.	0.
NICK VALERIANI 1909 K STREET NW, SUITE 730 WASHINGTON, DC 20006	BOARD OF DIRECTORS 5.00	0.	0.	0.
SALLY HALLAK 1909 K STREET NW, SUITE 730 WASHINGTON, DC 20006	SECRETARY & TREASURER 5.00	48,263.	0.	0.
WILLIAM T. EARLEY 1909 K STREET NW, SUITE 730 WASHINGTON, DC 20006	SECRETARY (THROUGH 5/24/19) 5.00	40,189.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		210,709.	0.	0.