2949103013612

Form 990-PF

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

2019

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.

2019

1	Internal R	evenue Service	- Go to www.ns.g		iluctions and the la		J	en to Public Inspection	n ;
	For cal	endar year 2019 or	tax year beginning	1/10 ,2019	, and ending 12	/31 ,	2019		
.\	Wost	C≜aritable '	Truct			A Employer ide 83-309	entification num コクちク1	nber	
7	65 K	enyon Street	IIust				umber (see insti	ructions)	—
	Hart	ford, CT 061	05-2506			860-52	23-1039		
		_				C If exemption	application is	pending, check here	
	G Che	eck all that apply.	X Initial return	Initial return of a forr	mer public charity	D 1 Foreign orga	nizations, chec	k here	\Box
			Final return	Amended return			·		ш
			Address change	Name change			nizations meet ach computatio	ing the 85% test, check	\Box
	H Che	ck type of organiza		1(c)(3) exempt private			·		ш
	<u> </u>		1) nonexempt charitable t		private foundation		undation status n 507(b)(1)(A)	was terminated	
		market value of all asset Part II, column (c), line	'	counting method X C	ash Accrual			•	ш
	► \$		· L	Other (specify)	cash hasis 1	F If the founda	ation is in a 60- n 507(b)(1)(B)	month termination	\Box
5	Part I	Analysis of F		Column (a), mast be on	Ca311 0a313)	1 2.1001 000110			
3		Expenses (Th	ne total of amounts in	(a) Revenue and	(b) Net investmer			(d) Disbursement for charitable	.5
7			, and (d) may not al the amounts in	expenses per books	income	inco	ille	purposes	`
1 v 20 <u>6</u> 5		column (a) (see ii						(cash basis only)	<i>'</i>
	*		rants, etc., received (attach schedule)	3,000,000.					
วี ถึ	1/2	2 Check ► if the	foundation is not required to attach Sch. B						
າ ໄ ປ		3 Interest on savings an	d temporary cash investments	9,649.	9,64	19.	9,649.		i
POSTMARK DATE	(1 m	l <u>-</u>	lerest from securities						\equiv
2	V	5 a Gross rents b Net rental income	<u> </u>						
¥		b Net rental income or (loss)	m sale of assets not on line 1Q						
Ξ	<u> </u>	b Gross sales price	for all						
8	Revenue	assets on line 6a 7 Capital gain net ii	ncome (from Part IV, line 2)						
		8 Net short term ca	•						
	ď	9 Income modificate 10 a Gross sales less	ions I						
		returns and allowances				ļ			ļ
2021		b Less Cost of goods sold							\neg
		C Gross profit or (loss) ((attach schedule)					<u> </u>	
60		11 Other income (att	tach schedule)						1
		12		2 000 640	0.64	10	0 (40		
NNED NOV		12 Total Add lines I 13 Compensation of	officers, directors, trustees, etc	3,009,649.	9,64	19.	9,649.		—'
Ž	88	'	salaries and wages						_
	Expenses	15 Pension plans, er	mployee benefits		DEC	CIVED			
当	8	16a Legal fees (attach			116	/ V E V W	ان.		
Z	ũ	b Accounting fees (•		 & 	9 1 2020	8		
A)	Š	c Other professional fee	s (attach sch)		임	A L ZUZU	35		—
Ŭ.	· 등	18 Taxes (attach schedule	e)(see instrs)		005		 T		
	<u>s.</u>	19 Depreciation (atta	ach		i OGL	JEN, UI			$\overline{}$
	. E	schedule) and de 20 Occupancy	pletion				1:31:30mg	<u></u>	
	퉏		es, and meetings						
	Ø E	22 Printing and publ	ications						
	äĽ	23 Other expenses (attach schedule)					_	
	Operating and Administrative	24 Total operating a	and administrative						
	ij		nes 13 through 23.						
	Ď	25 Contributions, gifts, gr	rants paid Part XV	2,000.				2,00	0.
	Ö	26 Total expenses a Add lines 24 and	and disbursements 25	2,000.		0.	0.	2,00	0 -
		2/ Subtract line 26 t		2,000.		<u> </u>	<u>·</u>	2,00	<u> </u>
		a Excess of revenu		3 007 640	!				ĺ
		and disbursemen	nts ncome (if negative, enter 0).	3,007,649.	9,64	19.	1		
			ome (if negative, enter 0).		3,05	, ,	9.649.	<u> </u>	 ;

BAA For Paperwork Reduction Act Notice, see instructions.

TEEA0301L 08/22/19

Form **990-PF** (2019)



7

Page 2

Dar	F II	Balance Sheets	column should be for end-of year amounts only	Beginning of year		r year,
Гаі			column should be for end-of year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest	_			
	2	=	ary cash investments		3,007,649.	3,007,649.
	3	Accounts receivable				
		Less allowance for	doubtful accounts			──
	4	Pledges receivable				· · · · · · · · · · · · · · · · · · ·
		Less allowance for	doubtful accounts			<u> </u>
	5	Grants receivable				
	6	Receivables due from offi	cers, directors, trustees, and other ch schedule) (see instructions)			
	7	Other notes and loans red	,			
	′	Less allowance for	`			
	8	Inventories for sale				
	9	Prepaid expenses a				
ξ	_		and state government			
Assets		b Investments — corporate	· i			
Ř		: Investments — corporate	· · · · · · · · · · · · · · · · · · ·			
		Investments - land	· · ·			
		equipment basis	•			
		Less accumulated depred (attach schedule)	ciation			
	12	Investments - mort	gage loans			
	13	Investments - othe	r (attach schedule)			,
	14	Land, buildings, and	d equipment basis ►			1.
		Less accumulated depred (attach schedule)	ciation •			`
		Other assets (descr				
	16		completed by all filers – Also, see page 1, item l)	0.	3,007,649.	3,007,649.
	17	• •	nd accrued expenses			**
	18	Grants payable				
<u>.8</u>	19	Deferred revenue	I a distance O allow discount find assessed			
Liabilities	20	•	ctors, trustees, & other disqualified persons			1
iat	21	Other liabilities (des	es payable (attach schedule)			1
_	22	Other habilities (des				
	23	Total liabilities (add	l lines 17 through 22)	0.	0.	
ances		Foundations that for and complete lines	ollow FASB ASC 958, check here ► 24, 25, 29, and 30.			}
_	24	Net assets without of	donor restrictions			
8	25	Net assets with don	or restrictions			
Fun		Foundations that do and complete lines	not follow FASB ASC 958, check here X			
Net Assets or Fund Ba	26	Capital stock, trust	principal, or current funds		3,007,649.	
र्ष्ट्र	27		, or land, bldg , and equipment fund			
ĄŠ	28	•	rulated income, endowment, or other funds			
ਚ	29		fund balances (see instructions) net assets/fund balances	0.	3,007,649.	
Ž	30	(see instructions)	net assets/rund balances	0.1	3,007,649.	
Par	t III		iges in Net Assets or Fund Balanc		, - , , - , - , - ,	<u> </u>
1			palances at beginning of year - Part II, colu		gree with	
•	end-	of-year figure reporte	ed on prior year's return)	• • • • • • • • • • • • • • • • • • • •	1	0.
2		er amount from Part I,			2	3,007,649.
3		increases not included in I	ine 2 (itemize)		3	
4		lines 1, 2, and 3			4	3,007,649.
5		ases not included in line 2			5	2 227 512
6_	Tota	net assets or fund b	palances at end of year (line 4 minus line 5)) – Part II, column (b), li	ne 29 6	3,007,649.

Part I	V Capital Gains and	Losses for Tax on Investmen	t Income			
L 	(a) List and describe	the kind(s) of property sold (for example		(b) How acquired P — Purchase	(C) Date acquired (mo , day, yr)	(d) Date soid (mo , day yr)
	2-story brick warehouse, or common stock, 200 shs MLC Co)			D — Donation	(65,1).)	(, 22,). ,
1 a N	/A					
b	<u> </u>					
<u>c</u>	-i					
d	~			,		
<u>е</u>			(-) (-) (-)	1	(1-) (1-)	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa		(h) Gain or ((e) plus (f) m	
a						
b						
<u> </u>			 			
d						
е						
Cc	omplete only for assets showin	g gain in column (h) and owned by the			(1) Gains (Col	
	(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		ain minus col. (k), b an -0-) or Losses (fi	
a						
b						
с						
d						
е		<u> </u>			·	_
2 Ca	apital gain net income or (ne	et capital loss). — If gain, also If (loss), ent	enter in Part I, line 7 er -0- in Part I, line 7	. 2		
3 Ne	et short-term capital gain or	(loss) as defined in sections 1222(5)	and (6)			•
lf	nam also enter in Part I lin	ne 8, column (c) See instructions If	(loss) enter -0-			
	Part I, line 8	(0)		3		
Part V	/ Qualification Unde	r Section 4940(e) for Reduce	d Tax on Net Investm	ent Income		
(For opti	ional use by domestic private f	foundations subject to the section 4940	(a) tax on net investment ind	come)	N/A	
If section	on 4940(d)(2) applies, leave	this part blank				
					-	
		ction 4942 tax on the distributable a	• •	ase period?	∐Yes	∐ No
		ify under section 4940(e) Do not cor				
1 Er		each column for each year, see the ins	structions before making any	entries		
Ca	(a) Base period years lendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use as	sets	(d) Distributior (col (b) divided	
	2018					
	2017					
	2016					
	2015					
	2014					
2 To	otal of line 1, column (d)			2		
		5-year base period - divide the total o	n line 2 by 5.0 or by the			
nı	umber of years the foundation	n has been in existence if less than	5 years	3		
4 Er	nter the net value of noncha	ritable-use assets for 2019 from Part	X, line 5	4		
5 M	ultiply line 4 by line 3			5		
6 E,	nter 1% of net investment in			6		
6 Er		come (1% of Part I, line 27b)		⊢		
	dd lines 5 and 6	come (1% of Part I, line 27b)		7		
7 Ad	dd lines 5 and 6 nter qualifying distributions f					

	990-PF (2019) West Charitable Trust			age 4	
Par		s)		<u>r</u> .	í
1 a	Exempt operating foundations described in section 4940(d)(2), check here				!
	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,		1	93.	i
	check here. ► and enter 1% of Part I, line 27b				
С	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-).		-	0.	
	Add lines 1 and 2		1	93.	
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		-	0.	
	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		1	93.	i
	Credits/Payments.				
	2019 estimated tax pymts and 2018 overpayment credited to 2019				ĺ
	Exempt foreign organizations — tax withheld at source 6b			:	
	Tax paid with application for extension of time to file (Form 8868) 6 c				ĺ
	Backup withholding erroneously withheld This was a second of the second				İ
	Total credits and payments Add lines 6a through 6d			0.	
8	Enter any penalty for underpayment of estimated tax. Check here I if Form 2220 is attached 8 Tax due If the total of lines 5 and 8 is more than line 7 enter amount owed.		- 1	0.2	
9	Tax due. If the total of files 9 and 9 is those than time 7, excel amount of the		1	93.	
10	Overpayment. If this visit the total of miles of and of other the amount overpayment.				
11	Enter the amount of line 10 to be Credited to 2020 estimated tax Refunded 11				
Par	t VII-A Statements Regarding Activities	$\overline{}$	24.	Al.	
1 a	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?	1 a	Yes	No X	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1 b		Х	_
	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				
С	Did the foundation file Form 1120-POL for this year?	1 c		Х	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				ĺ
	(1) On the foundation > \$ 0. (2) On foundation managers > \$ 0. Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on				ĺ
е	foundation managers \$ 0.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х	!
_	If 'Yes,' attach a detailed description of the activities			21	İ
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	3		Х	ļ
4.5	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a		X	•
	If 'Yes,' has it filed a tax return on Form 990-T for this year?	4 b	N	/A	•
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	IV.	X	
5	If 'Yes.' attach the statement required by General Instruction T	-			i
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
0	By language in the governing instrument, or				l
				1	
	 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? 	6		X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col (c), and Part XV	7	Χ		_
8 a	Enter the states to which the foundation reports or with which it is registered. See instructions				
	N/A			'	ĺ
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 <i>General Instruction G</i> ? If 'No,' attach explanation	8 b	Х		ļ
9				-	1, /
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	9		Х	4
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names				
	and addresses	10		Χ	_
BAA	Fo	rm 990	-PF (2	019)	

r ai	t VII;A Statements Regarding Activities (Continued)			
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	11	Yes	No 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	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► <u>N/A</u>			. – – -
14	The books are in care of ► Carolyn S. West Coated at ► 65 Kenyon Street Hartford CT Telephone no. ► 860-5: Located at ► 65 Kenyon Street Hartford CT ZIP + 4 ► 06105-250		<u>039</u>	
	Located at ► 65 Kenyon Street Hartford CT ZIP + 4 ► <u>06105-250</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here	N/A	. •	
	and enter the amount of tax-exempt interest received or accrued during the year			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?	16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country			
Dar	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
Fai			Yes	No
٠.	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.	 	162	NO.
ı a	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			ŀ
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X 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)? Yes X No	_		
		,		ì
	(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) Yes X No			
ŀ	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	1 b	N.	/A
	Organizations relying on a current notice regarding disaster assistance, check here			[
•	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,	,		l
	that were not corrected before the first day of the tax year beginning in 2019?	1 c		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)):			
ā	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? X No			
	If 'Yes,' list the years ▶ 20 , 20 , 20 , 20			
- t	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)	2 b	N.	/A
•	of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			1
	► 20 , 20 , 20 , 20			
3 a	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No			
ł	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			[
	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)	3 ь	N	/A
				<u> </u>
4 a	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could			• }
•	reopardize its charitable purpose that had not been removed from reopardy before the first day of		٠	
	the tax year beginning in 2019?	4 b		X
BAA	· Fo	rm 99	U-PF (2019)

Form 990-PF (2019) West Charitable Ti	rust		83-3	3092521		Pa	age 6
Part VII-B Statements Regarding Activit		4720 May Be Req	uired (continued	<u>") </u>			
5 a During the year, did the foundation pay or incur a(1) Carry on propaganda, or otherwise attem	•	n (section 4945(e))?	Yes	X No		Yes	No
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section ation drive?	1 4955); or to carry	— ∏ Yes	X No			
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	Yes	X No			Ì
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? See instructions	a charitable, etc., organi	zation described	Yes	X No			
(5) Provide for any purpose other than religio educational purposes, or for the prevention	n of cruelty to children	or animals?		X No			1
b If any answer is 'Yes' to 5a(1)—(5), did any of described in Regulations section 53 4945 or in a See instructions	the transactions fail to current notice regarding o	qualify under the exceptions and the comment of the qualify under the comment of	otions	_	5 b	N/	
Organizations relying on a current notice rega	rding disaster assistant	ce, check here	•				
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	sibility for the grant?		N/A Yes	No			
If 'Yes,' attach the statement required by Regi							
6 a Did the foundation, during the year, receive at on a personal benefit contract?b Did the foundation, during the year, pay prem			∐Yes	ΧNο	6 b	_	 x
If 'Yes' to 6b, file Form 8870.	idino, directly of manee	ny, on a porconal conc	m commune	ŀ	-		$\widehat{}$
7a At any time during the tax year, was the found	dation a party to a proh	ibited tax shelter transa	iction? Yes	X No			1
b If 'Yes,' did the foundation receive any procee	-			N/A	7 b		
8 Is the foundation subject to the section 4960 tax or excess parachute payment(s) during the year		an \$1,000,000 in remune		X No			
Part VIII Information About Officers, D		Foundation Manage					
and Contractors			_	u Emplo	yees,	<u>'</u>	
1 List all officers, directors, trustees, and found							
(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 benef plans and deferre compensation	it (e) E	opense her all		
Carolyn S. West	Trustee	0.		0.			0.
65 Kenyon Street Hartford, CT 06105	5.00						
narciora, ci ooros			<u> </u>	-			—
				j			
				- 			
2 Compensation of five highest-paid employees (o	ther than those included	on line 1 — see instruction	ns), If none, enter 'NO	NE.			
(a) Name and address of each employee	(b) Title, and average		(d)Contributions to employee benefit	7 / 7 / 7	pense	acco	
paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferre compensation		her all		
None							
			_	_			
							—
				- 			
Total number of other employees paid over \$50,000)		<u></u>	-	<u> </u>		0

TEEA0307L 08/22/19

Form 990-PF (2019)

All other program-related investments. See instructions

Total. Add lines 1 through 3

BAA

Par	TX Minimum Investment Return (All domestic foundations must complete this part. For see instructions.)	reign	foundations, ,
1 a	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	1 a	
t	Average of monthly cash balances	1 b	- 751,437.
C	Fair market value of all other assets (see instructions)	1 c	
c	Total (add lines 1a, b, and c)	1 d	√ 751,437.
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	751,437.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	11,272.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	740,165.
6	Minimum investment return. Enter 5% of line 5. Short Year Modified Percentage 4.8767 %	6	36,096.
Par	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera	ting f	oundations
	and certain foreign organizations, check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	36,096.
2 a	Tax on investment income for 2019 from Part VI, line 5		
t	Income tax for 2019 (This does not include the tax from Part VI)		
(Add lines 2a and 2b	2 c	193.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	35,903.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	35,903.
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	35,903.
Par	TXII Qualifying Distributions (see instructions)	II	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes Expenses, contributions, gifts, etc.— total from Part I, column (d), line 26	1 a	2 000
	Program-related investments — total from Part IX-B.	1 b	2,000.
	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required)	3 a	
t	Cash distribution test (attach the required schedule).	3 b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	2,000.
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 See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,000.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four qualifies for the section 4940(e) reduction of tax in those years	ndation	1

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				35,903.
2 Undistributed income, if any, as of the end of 2019.		-		
a Enter amount for 2018 only			· 0.	
b Total for prior years 20 , 20 , 20		0.		
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.	0.			
4 Qualifying distributions for 2019 from Part				
XII, line 4 ► \$ 2,000.				
a Applied to 2018, but not more than line 2a			0.	
· •			· · · · · · · · · · · · · · · · · · ·	
b Applied to undistributed income of prior years (Election required – see instructions)		0.		
c Treated as distributions out of corpus (Election required — see instructions)	0.			
d Applied to 2019 distributable amount	0.			2,000.
e Remaining amount distributed out of corpus	0.			2,000.
5 Excess distributions carryover applied to 2019	· · · · · · · · · · · · · · · · · · ·			
(If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as				
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			•
b Prior years' undistributed income Subtract line 4b from line 2b		0.		ļ
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		0.		
d Subtract line 6c from line 6b. Taxable				•
amount - see instructions.		0.		
e Undistributed income for 2018 Subtract line 4a from				•
line 2a Taxable amount — see instructions.			0.	
f Undistributed income for 2019 Subtract lines				
4d and 5 from line 1. This amount must be			•	
distributed in 2020			•	33,903.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election				1
may be required - see instructions).	0.			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9.	<u></u>			1
a Excess from 2015				
b Excess from 2016				
c Excess from 2017				
				ı
d Excess from 2018.				
e Excess from 2019				Form 990-PF (2019)

Form 990 PF (2019) West Charitable	Trust			83-309252	1 Page 10
PartiXIV Private Operating Foundat					N/A
1 a If the foundation has received a ruling or dete is effective for 2019, enter the date of the	ruling			_	
b Check box to indicate whether the foundat	ion is a private ope	rating foundation of		4942(J)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years	T	(e) Total
investment return from Part X for each year listed	(a) 2019	(b) 2018	(c) 2017	(d) 2016	Ţ,
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					
 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.		Į.			
(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					
PartiXVI Supplementary Information assets at any time during the	(Complete this e year — see in	part only if the structions.)	foundation had	i \$5,000 or mor€	in
1 Information Regarding Foundation Management				h	
a List any managers of the foundation who have close of any tax year (but only if they have	e contributed more ti e contributed more	1an 2% of the total c than \$5,000) (See	section 507(d)(2).)	by the foundation be	rore the
None		. , , ,	,,,,,,		
b List any managers of the foundation who own a partnership or other entity) of which the None	10% or more of the foundation has a 1	stock of a corporation of a corporation of greater inter	on (or an equally larg est.	e portion of the owne	rship of
2 Information Regarding Contribution, Grant, Check here X if the foundation only mare requests for funds If the foundation make	akes contributions to	preselected charitab	ole organizations and	does not accept unso	plicited
requests for funds. If the foundation make 2a, b, c, and d. See instructions	s giπs, grants, etc	, to individuals or c	organizations under	other conditions, co	implete items
a The name, address, and telephone number o	r email address of th	e person to whom a	pplications should be	addressed	
b The form in which applications should be	submitted and infor	mation and materi	als they should incli	ude	
c Any submission deadlines					
d Any restrictions or limitations on awards,	such as by geograp	hical areas, charita	able fields, kinds of	institutions, or other	r factors

83-3092521 Form 990-PF (2019) West Charitable Trust Part XV | Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Foundation status of recipient Recipient Purpose of grant or contribution Amount any foundation manager or substantial contributor Name and address (home or business) a Paid during the year PC 2,000. Conn. Childrens Medical Center None Cancer research 282 Washington Street Hartford CT 06106 3 a 2,000. Total b Approved for future payment

► 3b

Total

Part XVI-A Analysis of Income-Producing	ACUVILLES				
Enter gross amounts unless otherwise indicated.	Unrelated	business income	Excluded by	section 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income (See instructions.)
a 4					·
h			 		
				,	
d	· · · · · · · · · · · · · · · · · · ·				
e					
f	1	-			
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	9,649.	
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	ļ		_		
b					
c	 				
d	 				
10 0 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 		- 	0.640	
12 Subtotal Add columns (b), (d), and (e)				9,649.	0.640
13 Total. Add line 12, columns (b), (d), and (e)				13	9,649.
See worksheet in line 13 instructions to verify calculat Part XVI-B Relationship of Activities to th		humant of Evans	mt Durmos		·
Line No. Explain below how each activity for which accomplishment of the foundation's exemp	ncome is report t purposes (othe	ed in column (e) of er than by providing	f Part XVI-A c In funds for such	ontributed important ch purposes), (See ii	ly to the histructions)
	. pa/padaa (a	,			•
N/A					· · · · · · · · · · · · · · · · · · ·
			·····		
				<u> </u>	
		·			

	(· · · · · · · · · · · · · · · · · · ·		
Part XVII	Information Regarding Transfers to and Transactions and Relationships	s With Noncha	ritable
	Exempt Organizations		

								Yes	No
desc	the organization directly cribed in section 501(c) (ting to political organizat	other than section	ge in any of the following w 501(c)(3) organizations) of	rith any oth r in section	er organization 527,				;
	• •		oncharitable exempt organi	zation of					
	Cash		, ,				1 a (1)		X
(2)	Other assets						1 a (2)		X
	er transactions								; I
(1)	Sales of assets to a non-	charitable exempt	organization				1 b (1)		X
(2)	(2) Purchases of assets from a noncharitable exempt organization						1 b (2)		X
(3)	Rental of facilities, equip	ment, or other as	sets				1 b (3)		Χ_
(4)	Reimbursement arrangei	ments					1 b (4)		X
(5)	Loans or loan guarantee	s.					1 b (5)		X
(6)	Performance of services	or membership of	r fundraising solicitations				1 b (6)		_X_
c Sha	ring of facilities, equipme	ent, mailing lists, (other assets, or paid emplo	yees			1 c		<u>X</u>
1.46.11		h 10/ 1		. 0.1	(h) abardal abroa		المدر فمراسم		
d if the dany	e answer to any of the a goods, other assets, or ser transaction or sharing ai	bove is 'Yes,' com vices given by the i rrangement, show	plete the following schedul eporting foundation. If the for in column (d) the value of	e Column undation red the goods,	eived less than factor of the control of the contro	ys snow the fair r air market value in services receive	narket van d	ue oi	
(a) Line no	(b) Amount involved	(c) Name of nor	charitable exempt organization	(d)	Description of transfe	ers, transactions, and	sharing arran	gement	s
N/A									
				ļ					
_									
									
	ļ <u>.</u>			ļ			 		
				-					
	-			+					
					 				
		l							
2 a is th	e foundation directly or inc	directly affiliated wit	h, or related to, one or more i 501(c)(3)) or in section 52	tax-exempt	organizations		Yes	X	No
	es, complete the following		1 30 1 (0)(0)) 01 111 3001011 02	.,			□		
D ., .	(a) Name of organizati		(b) Type of organizatio	n T	(c)	Description of rela	ationship		
N/A	(a) Harris or organizati		(2) 1) FO O O O O O	-	(3)	<u> </u>			
11/ 11	······								
	<u> </u>						_		
	· · · · · · · · · · · · · · · · · · ·								
U	nder penalties of perjury, I declar	e that I have examined	this return, including accompanying	schedules and	statements, and to th	ne best of my knowledge	e and belief, i	t is true,	
Sign	orrect, and complete Declaration	or preparer (other than	taxpayer) is based on all information	i or which prep	arer rias arry knowied	ige	May the I	RS disci	uss
Here	X /an /	2/5	1 7/12/24	η. ▶ m.	~a+aa		this returi	n with th shown b	e I
	Signature of officer or trustee	J. IVW	Date	Title	rustee		See mstr	uctions. Yes	¬₀
	Print/Type preparer's nar	me	Prepager's signature	\v/\i	Date	Check If	PTIN	163	140
			1 Man V	Collen		self employed	P00046	210	
Paid	Adam P. Cohe		Adam P. Cohén		7/09/20			1317	
Prepare	·		n CPA, LLC		F	ırm's EIN ► 06-1	609121		
Use On		1 South Mai				thorn no OCC	E01 C44	0.0	
	<u> </u>	est Hartfor	d, CT 06107-2405		I ^P	hone no 860 –	521-64		2010
BAA							Form 99	U-PF (2019)

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. OMB No 1545 0047

Employer identification number

2019

		83-3092521			
Organizatiửh 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	n			
Form 990-PF	527 political organization				
	X 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					
under sections 509(a received from any c	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.				
during the year, tota	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receival contributions of more than \$1,000 exclusively for religious, charitable, scientific prevention of cruelty to children or animals. Complete Parts I, II, and III	ved from any one contributor, ic, literary, or educational			
during the year, cor \$1,000 If this box in charitable, etc., pur	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recentributions exclusively for religious, charitable, etc., purposes, but no such contributions checked, enter here the total contributions that were received during the year roose. Don't complete any of the parts unless the General Rule applies to this oursively religious, charitable, etc., contributions totaling \$5,000 or more during the	ributions totaled more than for an exclusively religious, irganization because			

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)

Employer identification number Name of organization 83-3092521 West Charitable Trust

Parti	Contributors (see instructions) Use duplicate copies of Part I if additional s	pace is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	William M. West 2017 Trust 9/22/17 65 Kenyon Street Hartford, CT 06105-2506	\$3,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

Employer identification number 83-3092521

West C	Charitable Trust	83-3092	521
Part II	Noncash Property (see instructions) Use duplicate copies of Part II if addition	onal space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
(a) No.	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I		(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
		\$ 	
BAA		Schedule B (Form 990, 990-EZ	z, or 990-PF) (201

Name of organ	nization	-	Employer identification numb 83-3092521	oèr ,
Part III	Exclusively religious, charitable, et or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	he year from any one contribute ompleting Part III, enter the total of (Enter this information once. See in	ations described in section 501(c)(7) or. Complete columns (a) through (e) and f exclusively religious, charitable, etc.,	, (8), N/A
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	d
	N/A			
	(e) Transfer of gift Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is hele	d
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is hel	dd
	(e) Transfer of gift Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is hel	id
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee	
RAA			Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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