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TIN:

Form 990EZ

Department of the Treasury
Internal Revenue
Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Open to **Public**

► Go to <u>www.irs.gov/Form990EZ</u> for instructions and the latest information.

Inspection

A	For ti	ne 2023 calend	lar year, or tax year beginning 01-01-2023, and ending 12-31-2023			
		if applicable:	C Name of organization		D Emplo	yer identification number
	Name (s change	WEST SUPPORT INC		32-06	46124
	Initial i	_	Number and street (or P. O. box, if mail is not delivered to street address) Room/sui 30 N Gould St Ste 5052	te	E Telepho	one number
O Final return/terminated						(951) 225-5111
0	Amend	led return	City or town, state or province, country, and ZIP or foreign postal code Sheridan, WY 82801		F Group	Exemption
0	Applica	ition pending			Numbe	
ΙV	Vebsit	te: ▶www.helpcam		required t	o attach	e organization is not Schedule B Z, or 990-PF).
J T	ax-exe	empt status (check	only one) - ♥ 501(c)(3) □ 501(c)() (insert no.) □ 4947(a)(1) or □ 527			
K F	orm of	forganization:	✓ Corporation □ Trust □ Association □ Other			
		,000 or more, fi	b to line 9 to determine gross receipts. If gross receipts are \$200,000 or mode Form 990 instead of Form 990-EZ	<u></u>		► \$ 173,200 `
F	Part I	Revenue Check if the	, Expenses, and Changes in Net Assets or Fund Balances (see e organization used Schedule O to respond to any question in this Part I \dots	the instructio	ns for Pa	nrt I)
_	1		gifts, grants, and similar amounts received		1	173,200
	2	Program service	ce revenue including government fees and contracts		2	<u> </u>
	3		ues and assessments		3	
	4	Investment inc	come		4	
	5a	Gross amount	from sale of assets other than inventory 5a			
	ь		ther basis and sales expenses			
	С		from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fu	indraising events			
ine	а	Gross income	from gaming (attach Schedule G if greater than \$15,000) 6a			
Revenue	b		from fundraising events (not including \$ of contributions ents reported on line 1) (attach Schedule G if the	s from		
		sum of such gr	ross income and contributions exceeds \$15,000) 6b			
	С	Less: direct ex	penses from gaming and fundraising events 6c			
	d	Net income or	(loss) from gaming and fundraising events (add lines 6a and 6b and subtract	t line 6c)	6d	
	7a	Gross sales of	inventory, less returns and allowances			
	b	Less: cost of g	oods sold			
	С	Gross profit or	(loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue	(describe in Schedule O)		8	
	9	Total revenue	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	🕨	▶ 9	173,200
	10	Grants and sim	nilar amounts paid (list in Schedule O)		10	29,700
	11		o or for members		11	237.00
	12	•	compensation, and employee benefits		12	15,000
56	13	·	es and other payments to independent contractors		13	15/555
Expenses	14		nt, utilities, and maintenance		14	12,600
ΕX	15		cations, postage, and shipping		15	10,400
	16		is (describe in Schedule O)		16	47,340
	17		es. Add lines 10 through 16		-	115,040
_	18	•	icit) for the year (Subtract line 17 from line 9)		18	58,160
ets	19	•	fund balances at beginning of year (from line 27, column (A)) (must agree w		<u></u>	35,100
Assets			gure reported on prior year's return)		19	81,969
Net A	20		in net assets or fund balances (explain in Schedule O)		20	32,505
ž	21	_	fund balances at end of year. Combine lines 18 through 20		21	140,129

Part II Balance Sheets(see the instructions Check if the organization used Schedule		question in this F	Part II			0
			(A) B	eginning of year		(B) End of year
22 Cash, savings, and investments		[81,969	22	140,129
23 Land and buildings					23	
24 Other assets (describe in Schedule O)		[24	
25 Total assets				81,969	25	140,129
26 Total liabilities (describe in Schedule O)					26	
27 Net assets or fund balances (line 27 of column	(B) must agree with	line 21)		81,969	27	140,129
Part III Statement of Program Service	Accomplishments	(see the instruction	ns for Pa	rt III)		Expenses
Check if the organization used Schedule	O to respond to any	question in this I	Part III	0		quired for section 501(c)
What is the organization's primary exempt purpose?						and 501(c)(4) anizations; optional for
Protection of human rights	-1					ers.)
Describe the organization's program service accompli measured by expenses. In a clear and concise manne benefited, and other relevant information for each pro-	er, describe the service					
28 organization and conduct of the Special Monitoring	g Mission in Ukraine a	nd Israel			28a	47,340
(Grants \$ 93,730) If this amoun	it includes foreign grai	nts, check here		. 🕨 🔽		
29					29a	
(Grants \$) If this amoun	t includes foreign gran	nts, check here		. ▶ □		
30					30a	
	t includes foreign gra	·		. ▶ □		
31 Other program services (describe in Schedule O)						
	t includes foreign gra	-			31a	
32 Total program service expenses (add lines 28a					32	47,340
Part IV List of Officers, Directors, Trustees, Check if the organization used Schedule						
(a) Name and title	(b) Average hours per week devoted to position	(c) Reporta compensati (Forms W-2/1 MISC) (if not enter -0-	on .099- paid,	(d) Health bene contributions to en benefit plans, a deferred compen	nployee and	(e) Estimated amount of other compensation
Oleksandr Havryshuk	38.00		0		0	0
President						
	•	•				Form 990-F7 (2023)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 detailed description of each activity in Schedule O 33 No Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions. 34 No 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a No b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e)notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c No Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 No 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37b Nο 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a No **b** If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: **a** Initiation fees and capital contributions included on line 9 **b** Gross receipts, included on line 9, for public use of club facilities 39b **40a** Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: ; section 4912 ; section 4955 🕨 section 4911 **b** Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b No c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 0 All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter 40e No List the states with which a copy of this return is filed. The organization's books are in care of Poleksandr Havryshuk Telephone no. (951) 225-5111 42a ZIP + 4 > 82801 Located at 30 N Gould St Ste 5052 W Sheridan, Yes No At any time during the calendar year, did the organization have an interest in or a signature or other authority over a Yes 42b financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: --See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.? 42c Yes If "Yes," enter the name of the foreign country: 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here . and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead 44a Nο of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed 44b No c Did the organization receive any payments for indoor tanning services during the year? 44c No If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d **45a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a No 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning

of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of

45b

No

orm	990-EZ	(2023)						1	Page
								Yes	No
46		organization engage, directly or indirectly or indirectly or public office? If "Yes," complete							
					• • •		46		No
Par	Δ	Section 501(c)(3) Organization All section 501(c)(3) organizations Check if the organization used Schedule	must answer questi	ons 47- 49b an	d 52, and	complete the ta	bles for	lines 50	and 5
		The organization used senedule	o to respond to diffy q	destion in this rui		<u></u>		Yes	No
	Did de	and the state of t		(01/le) also the section	- 66 t d d d	. th - t			
47		organization engage in lobbying activit " complete Schedule C, Part II		or(n) election in			. 47		No
48	Is the o	organization a school as described in sec	ction 170(b)(1)(A)(ii)?	If "Yes," complete	e Schedule I		. 48		No
49a		organization make any transfers to an					498	3	No
		,	·	related organizat	cioii.		491	<u> </u>	No
D		" was the related organization a section	•				•		
50		te this table for the organization's five lock that the contraction of the contract that the the that the the contract the contract that the the the the contract					ees and ke	ey emplo	yees)
	(a) N	ame and title of each employee	(b) Average	(c) Reportab) Health benefits		stimated	
			hours per week devoted to position	compensatio (Forms W-2/10 MISC)	099- b	ibutions to emplo enefit plans, and erred compensation		her comp	ensatio
NONE	<u> </u>								
f	Total r	number of other employees paid over \$	100,000			▶			0
51		te this table for the organization's five leastion from the organization. If there is		ndependent contr	actors who	each received mo	re than \$1	100,000	of
	compen	(a) Name and business address of	<u> </u>	ractor	(b) 7	Type of service	(a) Con	npensatio	<u> </u>
		(a) Name and Dusiness address of 6	each independent cont	ractor	(0)	type of service	(C) Con	ірепѕацо	<u>'II </u>
NONE									
d	Total r	number of other independent contracto	rs each receiving over	\$100,000					
-	rotari	number of other macpendent contracto	is each receiving over	¥100,0001 I					
52		he organization complete Schedule A? I					. •		
								Yes U	No
		es of perjury, I declare that I have exand d belief, it is true, correct, and complet							
	ny knowl					T		- 1 -1-	
		Signature of officer				2024-03-28 Date			
Sign Here									
)	Oleksandr Havryshuk President Type or print name and title							
		Print/Type preparer's name	Preparer's signature		Date	Check if	ΓIN		
Paid						self-employed			
	parer	Firm's name				Firm's EIN			
Jse	Only	Firm's address				Phone no.			

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SCHEDULE A

(Form 990) Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

TIN:

Open to Public Inspection

Name of the organization WEST SUPPORT INC							Employer identification number		
WEST	SUPPO	ORT INC					32-0646124		
	rt I	Reason for Public	Charity Stat	us (All organization	s must comple	te this part.) S	See instructions.		
The c	rganiz	zation is not a private fou	ndation because	e it is: (For lines 1 thro	ough 12, check o	nly one box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) .							
2		A school described in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90).)			
3		A hospital or a cooperat	ive hospital ser	vice organization desc	ribed in section	170(b)(1)(A)(iii).		
4		A medical research organisme, city, and state:	anization operat	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). Er	nter the hospital's	
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or op	perated by a gov	ernmental unit describ	oed in section	
6		A federal, state, or local	l government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	\)(v).		
7		An organization that no section 170(b)(1)(A)	(vi). (Complete	e Part II.)			ınit or from the genera	l public described in	
8	\checkmark	A community trust desc	ribed in sectio i	n 170(b)(1)(A)(vi).	(Complete Part I	I.)			
9		An agricultural research non-land grant college o						ege or university or a	
10		An organization that no from activities related to investment income and 30, 1975. See section	o its exempt fur unrelated busir	nctions—subject to cer ness taxable income (le	tain exceptions,	and (2) no more	than 33 1/3% of its su	pport from gross	
11		An organization organiz	ed and operated	d exclusively to test fo	r public safety. S	ee section 509	(a)(4).		
12		An organization organiz more publicly supported on lines 12a through 12	d organizations	described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a		
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	er to regularly	appoint or elect a major					
b		Type II. A supporting of management of the sup must complete Part I	porting organiz	ation vested in the sar	n connection with me persons that	h its supported o control or manag	organization(s), by hav ge the supported organ	ring control or nization(s). You	
С		Type III functionally supported organization(ted with, its	
d		Type III non-function functionally integrated. instructions). You mus	The organizatio	n generally must satis	fy a distribution	requirement and			
e		Check this box if the orgintegrated, or Type III r				RS that it is a Ty	pe I, Type II, Type III	functionally	
f	Enter	r the number of supported	,	3 11 3	3		0		
g		ide the following informat	_						
(i) Name of supported organization		Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
T									
Tota	ı								

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total (or fiscal year beginning in) Gifts, grants, contributions, and 74,850 2.180.387 173,200 membership fees received. (Do not 2,428,437 include any "unusual grant.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . The value of services or facilities furnished by a governmental unit to the organization without charge.. n 74,850 2,180,387 173,200 2,428,437 Total. Add lines 1 through 3 n The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from 2,428,437 line 4 Section B. Total Support Calendar year (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total (or fiscal year beginning in) 74,850 2,180,387 173,200 2,428,437 Amounts from line 4. . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . Net income from unrelated business activities, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). 11 Total support. Add lines 7 through 2,428,437 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) 14 100.000 % 15 Public support percentage for 2022 Schedule A, Part II, line 14 100.000 % 16a 33 1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 33 1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test-2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Schedule A (Form 990) 2023 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. **c** Add lines 7a and 7b. . Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (f) Total (e) 2023 (or fiscal year beginning in) Amounts from line 6. . Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. C Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital

	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c,						
	11, and 12.).				<u> </u>	===() (=)	
14	First 5 years. If the Form 990 is for the	ne organization's f	first, second, third	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) or	ganization, check
	this box and stop here						▶ □
Se	ction C. Computation of Public						
15	Public support percentage for 2023 (lin	ne 8, column (f) di	ivided by line 13,	column (f))		15	
16	Public support percentage from 2022 S	Schedule A, Part II	II, line 15			16	
Se	ction D. Computation of Invest	ment Income	Percentage				
17	Investment income percentage for 202	23 (line 10c, colur	nn (f) divided by	line 13, column (f	f))	17	
18	Investment income percentage from 2	022 Schedule A, I	Part III, line 17 .			18	
19a	33 1/3% support tests-2023. If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than	1 33 1/3%, and	ine 17 is not
	more than 33 1/3%, check this box and	stop here. The o	organization quali	fies as a publicly s	supported organiza	ation	🕨 🗆
b	33 1/3% support tests—2022. If the						
	not more than 33 1/3%, check this box	and stop here. T	he organization o	qualifies as a publi	icly supported org	anization	▶□
20	Private foundation If the organization	on did not chack a	hov on line 14 1	Oa or 10h chack	thic how and coo	instructions	

Schedule A (Form 990) 2023

Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	Ja		
	determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
.0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.			
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10a 10b		
	Schedule A		990)	2023

Pa	rt IV Supporting Organizations (continued)			
	cupper and cryamical (commutal)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а				
	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
С		11c		
	VI.			
	ection B. Type I Supporting Organizations		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the trustees.		les	NO
	applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit			
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
	ection C. Type II Supporting Organizations			
			Yes	No
Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the				
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the			
	organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant			
	voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ons):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	inctru	ctions)	
	The organization supported a governmental entity. Describe in Fait VI now you supported a government entity (see	ii isti u	ctions)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted		165	140

supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted					
substantially all of its activities.	2a				
Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the					
organization's involvement.					
Parent of Supported Organizations. Answer lines 3a and 3b below.					
Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in Part VI.	3a				
Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard.					

b

Sched	dule A (Form 990) 2023			Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting C	Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tri instructions. All other Type III non-functionally integrated supporting organiz			
	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting o	rganization (see

Schedule A (Form 990) 2023				Page 7
Part V Type III Non-Functionally Integrated	1 509(a)(3) Supporting	Organizations	(continue	d)
Section D - Distributions				Current Year
1 Amounts paid to supported organizations to accomplish	exempt purposes	1		
2 Amounts paid to perform activity that directly furthers corganizations, in excess of income from activity	exempt purposes of supported	2		
Administrative expenses paid to accomplish exempt pur	poses of supported organization	ons 3		
4 Amounts paid to acquire exempt-use assets		4		
5 Qualified set-aside amounts (prior IRS approval require	d - provide details in Part VI)	5		
6 Other distributions (describe in Part VI). See instructio	ns	6		
7 Total annual distributions. Add lines 1 through 6.		7		
8 Distributions to attentive supported organizations to whe details in Part VI). See instructions	ich the organization is respons	sive (<i>provide</i> 8		
9 Distributable amount for 2023 from Section C, line 6		9		
10 Line 8 amount divided by Line 9 amount		10		
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribu Pre-2023		(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in Part VI). See instructions.				
3 Excess distributions carryover, if any, to 2023:				
a From 2017				
b From 2018				
c From 2019				
d From 2021				
e From 2022				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
h Applied to 2023 distributable amount				
 Carryover from 2017 not applied (see instructions) 				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2023 from Section D, line 7:				
\$ Applied to underdictributions of prior years				
a Applied to underdistributions of prior yearsb Applied to 2023 distributable amount				
c Remainder. Subtract lines 4a and 4b from line 4.				
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.				
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.				
7 Excess distributions carryover to 2024. Add lines 3j and 4c.				
8 Breakdown of line 7:				
a Excess from 2018				
b Excess from 2019				
c Excess from 2021.				

d Excess from 2022.e Excess from 2023.

Schedule A (Form 990) 2023 Page 8

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990) 2023

Taxpayer Copy

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization WEST SUPPORT INC

Employer identification number

32-0646124

Return Reference	Explanation
Part I, Line 10	Help for victims of war crimes
Part I, Line 16	Costs associated with the organization and conduct of the Special Monitoring Mission in Ukraine and Israel

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K

Schedule O (Form 990) 2023