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# Return of Private Foundation

## or Section 4947(a)(1) Nonexempt Charitable Trust

### Treated as a Private Foundation

Department of the Treasury  
Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

**2009**

For calendar year 2009, or tax year beginning

, 2009, and ending

, 20

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

<b>Use the IRS label. Otherwise, print or type. See Specific Instructions.</b>	Name of foundation <b>Herman O. West Foundation</b>		A Employer identification number <b>38-3674460</b>	
	Number and street (or P O box number if mail is not delivered to street address) Room/suite <b>101 Gordon Drive</b>		B Telephone number (see page 10 of the instructions) <b>610 594-2905</b>	
	City or town, state, and ZIP code <b>Lionville, PA 19341</b>			
	H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		C If exemption application is pending, check here <input type="checkbox"/> D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>\$ 2,029,626</b>		J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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) (see page 11 of the instructions).)		(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 (attach schedule)	1,300,000			
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	25,884	25,884		
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10				
b	Gross sales price for all assets on line 6a				
7	Capital gain net income (from Part IV, line 2)				
8	Net short-term capital gain				
9	Income modifications				
10a	Gross sales less returns and allowances				
b	Less: Cost of goods sold				
c	Gross profit or (loss) (attach schedule)				
11	Other income (attach schedule)				
12	<b>Total. Add lines 1 through 11</b>	<b>1,325,884</b>	<b>25,884</b>		
13	Compensation of officers, directors, trustees, etc.				
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
16a	Legal fees (attach schedule)				
b	Accounting fees (attach schedule)				
c	Other professional fees (attach schedule)				
17	Interest				
18	Taxes (attach schedule) (see page 11 of the instructions)				
19	Depreciation (attach schedule) and depletion				
20	Occupancy				
21	Travel, conferences, and meetings				
22	Printing and publications	685			685
23	Other expenses (attach schedule)				
24	<b>Total operating and administrative expenses. Add lines 13 through 23</b>	<b>685</b>			<b>685</b>
25	Contributions, gifts, grants paid	1,348,515			1,348,515
26	<b>Total expenses and disbursements. Add lines 24 and 25</b>	<b>1,349,200</b>			<b>1,349,200</b>
27	Subtract line 26 from line 12:				
a	Excess of revenue over expenses and disbursements	(23,316)			
b	Net investment income (if negative, enter -0-)		25,884		
c	Adjusted net income (if negative, enter -0-)				

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<b>Part II Balance Sheets</b>		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .			
	<b>2</b> Savings and temporary cash investments . . . . .	0	0	0
	<b>3</b> Accounts receivable ▶ . . . . .			
	Less: allowance for doubtful accounts ▶ . . . . .			
	<b>4</b> Pledges receivable ▶ . . . . .			
	Less: allowance for doubtful accounts ▶ . . . . .			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 16 of the instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ . . . . .			
	Less: allowance for doubtful accounts ▶ . . . . .			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule) . . . . .			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	2,164,364	2,029,626	2,029,626
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment: basis ▶ . . . . .			
<b>Liabilities</b>	Less: accumulated depreciation (attach schedule) ▶ . . . . .			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .			
	<b>14</b> Land, buildings, and equipment: basis ▶ . . . . .			
	Less: accumulated depreciation (attach schedule) ▶ . . . . .			
	<b>15</b> Other assets (describe ▶ . . . . .)			
	<b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I) . . . . .	2,164,364	2,029,626	2,029,626
	<b>17</b> Accounts payable and accrued expenses . . . . .	594,971	454,404	
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
<b>Net Assets or Fund Balances</b>	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons . . . . .			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ . . . . .)			
	<b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .	594,971	454,404	
	<b>Foundations that follow SFAS 117, check here</b> . . . . . <input type="checkbox"/>			
	<b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .			
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/>			
	<b>and complete lines 27 through 31.</b>			
<b>Net Assets or Fund Balances</b>	<b>27</b> Capital stock, trust principal, or current funds . . . . .	1,569,393	1,575,222	
	<b>28</b> Paid-in or capital surplus, or land, bldg., and equipment fund . . . . .			
	<b>29</b> Retained earnings, accumulated income, endowment, or other funds . . . . .			
	<b>30</b> <b>Total net assets or fund balances</b> (see page 17 of the instructions) . . . . .	1,569,393	1,575,222	
	<b>31</b> <b>Total liabilities and net assets/fund balances</b> (see page 17 of the instructions) . . . . .	2,164,364	2,029,626	

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	1,569,393
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	(23,316)
<b>3</b> Other increases not included in line 2 (itemize) ▶ . . . . .	<b>3</b>	39,378
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	1,585,455
<b>5</b> Decreases not included in line 2 (itemize) ▶ . . . . .	<b>5</b>	10,233
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	<b>6</b>	1,575,222

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., 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.)	
<b>1a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
(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)		
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(j) FMV as of 12/31/69	(i) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any			
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>2</b> Capital gain net income or (net capital loss)	<div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px;">           If gain, also enter in Part I, line 7            If (loss), enter -0- in Part I, line 7         </div> </div>			<b>2</b>	
<b>3</b> 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) (see pages 13 and 17 of the instructions). If (loss), enter -0- in Part I, line 8				<b>3</b>	

**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 does not qualify under section 4940(e). Do not complete this part.

(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))
2008	430,051	0	0.0
2007	0	0	0.0
2006	0	0	0.0
2005	0	0	0.0
2004	0	0	0.0
<b>2</b> Total of line 1, column (d)			<b>2</b> 0.0
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			<b>3</b> 0.0
<b>4</b> Enter the net value of noncharitable-use assets for 2009 from Part X, line 5			<b>4</b> 0
<b>5</b> Multiply line 4 by line 3			<b>5</b> 0
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 259
<b>7</b> Add lines 5 and 6			<b>7</b> 259
<b>8</b> Enter qualifying distributions from Part XII, line 4 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 on page 18.			<b>8</b> 1,349,200

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	<b>1</b>	259
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	
<b>3</b>	Add lines 1 and 2	<b>3</b>	259
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	<b>5</b>	259
<b>6</b>	<b>Credits/Payments:</b>		
<b>a</b>	2009 estimated tax payments and 2008 overpayment credited to 2009	<b>6a</b>	
<b>b</b>	Exempt foreign organizations—tax withheld at source	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d	<b>7</b>	0
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	<b>9</b>	259
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	<b>10</b>	
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2010 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> 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>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? <i>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.</i>		✓
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?		✓
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ► \$ _____ (2) On foundation managers. ► \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		✓
<b>3</b> 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? <i>If "Yes," attach a conformed copy of the changes</i>		✓
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?		✓
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		✓
<b>6</b> 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?	✓	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV</i>	✓	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ►		
<b>b</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? <i>If "No," attach explanation</i>	✓	
<b>9</b> 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 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)? <i>If "Yes," complete Part XIV</i>	✓	
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	✓	

**Part VII-A Statements Regarding Activities (continued)**

<b>11</b>	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 page 20 of the instructions)	<b>11</b>		✓
<b>12</b>	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	<b>12</b>		✓
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ►	<b>13</b>	✓	
<b>14</b>	The books are in care of ► <u>West Pharmaceutical Services, Inc.</u> Telephone no. ► <u>610 594-2905</u> Located at ► <u>101 Gordon Drive, Lionville, PA</u> ZIP+4 ► <u>19341-0065</u>			
<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here. ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ► <b>15</b>			

**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
<b>1a</b> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . <input type="checkbox"/> Yes <input checked="" 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? ( <b>Exception.</b> 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>b</b> If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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 page 20 of the instructions)? . . . <b>1b</b>		
Organizations relying on a current notice regarding disaster assistance check here . . . . . ► <input type="checkbox"/>		
<b>c</b> 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 2009? . . . . . <b>1c</b>		✓
<b>2</b> 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)):		
<b>a</b> At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____		
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> 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 page 20 of the instructions.) . . . . . <b>2b</b>		✓
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
<b>3a</b> 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>b</b> If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009.) . . . . . <b>3b</b>		
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? <b>4a</b>		✓
<b>b</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 2009? <b>4b</b>		✓

**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 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the 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 page 22 of the instructions)?**5b**

✓

Organizations relying on a current notice regarding disaster assistance check here ☐**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? ☐ 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? ☐ Yes ☒ No**6b**

✓

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

**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? ☐ Yes ☒ No**7b****Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1** List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).

(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
Richard Luzzi 101 Gordon Dr., Lionville, PA 19341	Trustee	-0-		
George Bennyhoff 272 Valley Rd., Strafford, PA 19087	Chairman	-0-		
Paula A. Johnson MD, MPH 101 Gordon Drive, Lionville, PA 19341	Trustee	-0-		

**2** Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). 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
NONE				

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

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)***3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		

**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
<b>1 Contributions to United Way - Schedule Attached</b>	-0-
<b>2 Contributions to Community Service - Schedule Attached</b>	-0-
<b>3 Contributions to Hospital / Health Care - Schedule Attached</b>	-0-
<b>4 Contributions to Education - Schedule Attached</b>	-0-

**Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments. See page 24 of the instructions	
<b>3</b>	
Total. Add lines 1 through 3	

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities . . . . .	<b>1a</b>	-0-
<b>b</b>	Average of monthly cash balances . . . . .	<b>1b</b>	-0-
<b>c</b>	Fair market value of all other assets (see page 24 of the instructions) . . . . .	<b>1c</b>	-0-
<b>d</b>	<b>Total</b> (add lines 1a, b, and c) . . . . .	<b>1d</b>	-0-
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) . . . . .	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets . . . . .	<b>2</b>	-0-
<b>3</b>	Subtract line 2 from line 1d . . . . .	<b>3</b>	-0-
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of the instructions) . . . . .	<b>4</b>	-0-
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	-0-
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5 . . . . .	<b>6</b>	-0-

**Part XI Distributable Amount** (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6 . . . . .	<b>1</b>	-0-
<b>2a</b>	Tax on investment income for 2009 from Part VI, line 5 . . . . .	<b>2a</b>	259
<b>b</b>	Income tax for 2009. (This does not include the tax from Part VI.) . . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b . . . . .	<b>2c</b>	259
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1 . . . . .	<b>3</b>	(259)
<b>4</b>	Recoveries of amounts treated as qualifying distributions . . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4 . . . . .	<b>5</b>	(259)
<b>6</b>	Deduction from distributable amount (see page 25 of the instructions) . . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 . . . . .	<b>7</b>	(259)

**Part XII Qualifying Distributions** (see page 25 of the instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 . . . . .	<b>1a</b>	1,349,200
<b>b</b>	Program-related investments—total from Part IX-B . . . . .	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes . . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required) . . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule) . . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	1,349,200
<b>5</b>	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 page 26 of the instructions) . . . . .	<b>5</b>	259
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 . . . . .	<b>6</b>	1,348,941

**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.

**Part XIII Undistributed Income** (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
<b>1</b> Distributable amount for 2009 from Part XI, line 7 . . . . .				<b>(259)</b>
<b>2</b> Undistributed income, if any, as of the end of 2009:				
<b>a</b> Enter amount for 2008 only . . . . .				
<b>b</b> Total for prior years: 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2009:				
<b>a</b> From 2004 . . . . . <b>-0-</b>				
<b>b</b> From 2005 . . . . . <b>-0-</b>				
<b>c</b> From 2006 . . . . . <b>-0-</b>				
<b>d</b> From 2007 . . . . . <b>-0-</b>				
<b>e</b> From 2008 . . . . . <b>-0-</b>				
<b>f</b> <b>Total</b> of lines 3a through e . . . . .				
<b>4</b> Qualifying distributions for 2009 from Part XII, line 4: ► \$ <u>1,349,200</u>				
<b>a</b> Applied to 2008, but not more than line 2a . . . . .				
<b>b</b> Applied to undistributed income of prior years (Election required—see page 26 of the instructions)				
<b>c</b> Treated as distributions out of corpus (Election required—see page 26 of the instructions) . . . . .				
<b>d</b> Applied to 2009 distributable amount . . . . .				
<b>e</b> Remaining amount distributed out of corpus	<b>1,349,200</b>			
<b>5</b> Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	<b>1,349,200</b>			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b . . . . .				
<b>c</b> 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 . . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see page 27 of the instructions . . . . .				
<b>e</b> Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount—see page 27 of the instructions . . . . .				
<b>f</b> Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010 . . . . .				<b>(259)</b>
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions) . . . . .				
<b>8</b> Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions) . . . . .				
<b>9</b> <b>Excess distributions carryover to 2010.</b> Subtract lines 7 and 8 from line 6a . . . . .				
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2005 . . . . .				
<b>b</b> Excess from 2006 . . . . .				
<b>c</b> Excess from 2007 . . . . .				
<b>d</b> Excess from 2008 . . . . . <b>429,855</b>				
<b>e</b> Excess from 2009 . . . . . <b>1,349,200</b>				

**Part XIV Private Operating Foundations** (see page 27 of the instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling . . . . . ▶

**b** Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					
<b>b</b> "Endowment" alternative test—enter $\frac{2}{3}$ of minimum investment return shown in Part X, line 6 for each year listed . . . . .					
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .					
<b>(3)</b> Largest amount of support from an exempt organization . . . . .					
<b>(4)</b> Gross investment income . . . . .					

**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 page 28 of the 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. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

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

Herman O. West Foundation, 101 Gordon Drive, Lionville, PA 19341

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

Sample Attached

- c** Any submission deadlines:

February 28th

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

Scholarship recipients must be dependents of West Pharmaceutical Services employees.

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

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
<b>a Paid during the year</b>				
United Way				180,956
Cultural				14,500
Community Services				132,800
Hospital / Health Care				130,362
Education				113,150
Scholarship Payments				59,167
Matching Gifts				17,580
<b>Total</b>			<b>3a</b>	<b>648,515</b>
<b>b Approved for future payment</b>				
<b>Total</b>			<b>3b</b>	

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

Enter gross amounts unless otherwise indicated.

		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See page 28 of the instructions.)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b>	Program service revenue:					
<b>a</b>	_____					
<b>b</b>	_____					
<b>c</b>	_____					
<b>d</b>	_____					
<b>e</b>	_____					
<b>f</b>	_____					
<b>g</b>	Fees and contracts from government agencies					
<b>2</b>	Membership dues and assessments . . . . .					
<b>3</b>	Interest on savings and temporary cash investments					<b>102</b>
<b>4</b>	Dividends and interest from securities . . . . .					<b>25,782</b>
<b>5</b>	Net rental income or (loss) from real estate:					
<b>a</b>	Debt-financed property . . . . .					
<b>b</b>	Not debt-financed property . . . . .					
<b>6</b>	Net rental income or (loss) from personal property					
<b>7</b>	Other investment income . . . . .					
<b>8</b>	Gain or (loss) from sales of assets other than inventory					
<b>9</b>	Net income or (loss) from special events . . . . .					
<b>10</b>	Gross profit or (loss) from sales of inventory . . . . .					
<b>11</b>	Other revenue: <b>a</b> _____					
<b>b</b>	_____					
<b>c</b>	_____					
<b>d</b>	_____					
<b>e</b>	_____					
<b>12</b>	Subtotal. Add columns (b), (d), and (e) . . . . .					<b>25,884</b>
<b>13</b>	Total. Add line 12, columns (b), (d), and (e) . . . . .					<b>25,884</b>

(See worksheet in line 13 instructions on page 28 to verify calculations.)

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**[illegible]

		Yes	No
<b>1</b>	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
<b>a</b>	Transfers from the reporting foundation to a noncharitable exempt organization of:		
	(1) Cash	<b>1a(1)</b>	✓
	(2) Other assets	<b>1a(2)</b>	✓
<b>b</b>	Other transactions:		
	(1) Sales of assets to a noncharitable exempt organization	<b>1b(1)</b>	✓
	(2) Purchases of assets from a noncharitable exempt organization	<b>1b(2)</b>	✓
	(3) Rental of facilities, equipment, or other assets	<b>1b(3)</b>	✓
	(4) Reimbursement arrangements	<b>1b(4)</b>	✓
	(5) Loans or loan guarantees	<b>1b(5)</b>	✓
	(6) Performance of services or membership or fundraising solicitations	<b>1b(6)</b>	✓
<b>c</b>	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	<b>1c</b>	✓
<b>d</b>	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No

**b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

Signature of officer or trustee

5/13/10  
Date

**TRUSTEE**  
Title

**Sign Here**

**Paid  
Preparer's  
Use Only**

Preparer's  
signature

Date \_\_\_\_\_

Check if self-employed ► ☐

Preparer's identifying  
number (see **Signature** on  
page 30 of the instructions)

Firm's name (or yours if self-employed), address and ZIP code

EIN ►

Phone no. \_\_\_\_\_

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No 1545-0047

**2009**

Name of the organization

Herman O. West Foundation

Employer identification number

38 : 3674460

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33⅓ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ .....

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  
Herman O. West Foundation

Employer identification number  
38 : 3674460

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	West Pharmaceutical Services, Inc.  101 Gordon Drive  Lionville, PA 19341	\$ 1,300,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

**Part II** Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
.....	NONE ..... ..... .....	\$ .....	...../...../.....
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
.....	..... ..... ..... .....	\$ .....	...../...../.....
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
.....	..... ..... ..... .....	\$ .....	...../...../.....
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
.....	..... ..... ..... .....	\$ .....	...../...../.....
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
.....	..... ..... ..... .....	\$ .....	...../...../.....
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
.....	..... ..... ..... .....	\$ .....	...../...../.....
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
.....	..... ..... ..... .....	\$ .....	...../...../.....

Name of organization

Employer identification number

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. 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 information once. See instructions.) ► \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	NONE		
	(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

**Total 2009  
Commitment**

Per M Goebel Sch 3 qtrs	\$180,955.51
Variance	0.01

**THE H. O. WEST FOUNDATION**  
**COMPARATIVE REPORT OF DISBURSEMENTS**  
**HOSPITAL/HEALTH CARE & EDUCATIONAL**  
**FROM January 1, 2009 THRU December 31, 2009**

<u>HOSPITAL/HEALTH CARE</u>	<u>12 MOS 2005</u>	<u>12 MOS 2006</u>	<u>12 MOS 2007</u>	<u>12 MOS 2008</u>	<u>12 MOS 2009</u>	<u>2009 REMAINING COMMITMENTS</u>
PAID TO						
ABINGTON MEMORIAL HOSPITAL	\$ 22,500	\$ 22,500	\$ -	\$ -	\$ -	\$ -
AMERICAN CANCER SOCIETY	-	-	6,156	5,033	4,000	-
AMERICAN DIABETES ASSOCIATION	-	1,000	-	-	1,000	-
BRYN MAWR REHAB	-	-	-	3,000	2,000	-
CANCER CARE INC	10,000	10,000	5,000	5,000	5,000	-
CHESTER COUNTY HOSPITAL FOUNDATION, THE	-	-	-	2,000	5,000	-
CHRISTIANA CARE HEALTH SYSTEMS	-	1,600	1,200	-	-	-
CLINIC, THE	-	-	-	-	5,000	-
DRMIII	-	-	-	1,000	1,000	-
EVANGELICAL COMMUNITY HOSPITAL	5,000	5,000	-	10,000	-	-
FISHER HOUSE FOUNDATION, INC	-	-	-	-	2,750	-
FOX CHASE CANCER CENTER	17,900	100,000	50,000	51,077	85,612	-
GEISINGER HEALTH SYSTEM	-	-	-	-	5,000	-
HOPE LODGE	-	25,000	25,000	-	-	-
HUBERT J P SHOEMAKER CLASSIC	-	-	-	-	1,000	-
JERSEY SHORE HOSPITAL	-	20,000	20,000	20,000	-	-
JUVENILE DIABETES RESEARCH FOUNDATION	5,000	-	-	-	-	-
KOMEN FOR THE CURE, PHILA AFFILIATE	-	-	-	2,000	-	-
THE MYOSITIS ASSOCIATION	-	-	-	5,000	5,000	-
N I C R F	-	-	-	1,000	3,000	-
NATIONAL KIDNEY FOUNDATION OF NEBRASKA	1,000	-	-	-	-	-
OVATIONS FOR THE CURE	-	-	-	1,000	-	-
OVERLOOK HOSPITAL FOUNDATION	4,100	4,100	-	-	-	-
SUSQUEHANNA HEALTH FOUNDATION	-	-	-	-	3,000	-
PHILIP A BRYANT MELANOMA FOUNDATION	-	-	-	1,000	1,000	-
PHOENIX SOCIETY'S WORLD BURN CONGRESS	-	-	-	-	-	-
PITT MEMORIAL HOSPITAL	-	-	-	10,000	-	-
PSAA - PHILADELPHIA CHAPTER	-	-	-	-	1,000	-
<b>TOTAL</b>	<b>\$ 74,000</b>	<b>\$ 191,825</b>	<b>\$ 115,856</b>	<b>\$ 117,110</b>	<b>\$ 130,362</b>	<b>\$ -</b>

Per M Goebel Sch \$127,362 41  
Variance (3,000 00)  
**SUSQUEHANNA HEALTH FOUNDATION** 3,000 00

**EDUCATIONAL**

PAID TO						
ACADEMY OF NATURAL SCIENCES, THE	\$ 7,500	\$ 5,000	\$ 5,000	\$ 5,000	\$ 10,000	\$ -
AMERICAN ASSOC OF IND COLLEGES AND UNIV	-	-	5,000	5,000	-	-
ASSOC OF INDEPENDENT COLLEGES & UNIVS OF PA	5,000	5,000	-	-	5,000	-
DELAWARE VALLEY SCIENCE FAIRS	-	-	-	1,000	1,000	-
FINANCIAL EXECUTIVES RESEARCH FOUNDATION	-	-	-	-	2,100	-
FOUNDATION FOR FREE ENTERPRISE	-	850	1,050	2,100	1,050	-
FOUNDATION FOR STUDENT COMMUNICATIONS, INC	-	-	-	-	2,500	-
FRANKLIN INSTITUTE SCIENCE MUSEUM, THE	22,500	35,000	100,000	85,000	85,000	-
MARINE CORPS SCHOLARSHIP FOUNDATION	-	3,000	3,500	-	3,500	-
PENNSYLVANIA SCHOOL FOR THE DEAF	-	1,000	1,000	1,000	2,000	-
SOUTH LENOIR HIGH SCHOOL	-	-	-	1,000	-	-
UNITED NEGRO COLLEGE FUND	1,000	1,000	1,000	1,000	1,000	-
<b>TOTAL</b>	<b>\$ 54,700</b>	<b>\$ 56,350</b>	<b>\$ 153,050</b>	<b>\$ 113,600</b>	<b>\$ 113,150</b>	<b>\$ -</b>

Per M Goebel Sch \$63,150 00  
Variance (50,000 00)  
**FRANKLIN INSTITUTE SCIENCE MUSEUM, THE** 50 000 00

**THE H. O. WEST FOUNDATION**  
**COMPARATIVE REPORT OF DISBURSEMENTS**  
**COMMUNITY SERVICE**  
**FROM January 1, 2009 THRU December 31, 2009**

<b>COMMUNITY SERVICE</b>	<b>12 MOS 2005</b>	<b>12 MOS 2006</b>	<b>12 MOS 2007</b>	<b>12 MOS 2008</b>	<b>12 MOS 2009</b>	<b>2009 REMAINING COMMITMENTS</b>
PAID TO:						
AFRICA HEALTH PLACEMENTS	\$ -	\$ -	\$ -	\$ -	\$ 25,000 00	
ARC OF CHESTER COUNTY	500	1,000	-	1,000	7,500	-
ASSOCIATED SERVICES FOR THE BLIND	1,000	1,000	1,000	1,000	1,000	-
BAKER INDUSTRIES	1,000	1,000	2,000	2,000	2,000	-
BOY SCOUTS OF AMERICA	-	1,500	1,000	1,000	1,500	-
BRANDYWINE HEALTH FOUNDATION	-	2,000	-	500	1,000	-
BRIDGES	1,000	-	12,500	1,000	2,500	-
BV RACE FOR AUTISM	-	-	-	1,000	1,000	-
CHESTER COUNTY FUTURES	-	-	-	1,000	1,000	-
CHILDREN'S COUNTRY WEEK ASSOCIATION	-	500	500	500	500	-
COATESVILLE FAMILY FUND	-	-	-	-	1,000	-
DAEMON HOUSE	-	1,000	1,000	1,000	1,000	-
DELAWARE VALLEY HABITAT FOR HUMANITY	-	-	-	1,000 00	1,000	-
FOLDS OF HONOR FOUNDATION	-	-	-	1,000	1,000	-
FRENCH & PICKERING CREEKS CONSERVATION	-	-	2,500	2,500	1,000	-
GREAT VALLEY NATURE CENTER	2,000	-	-	-	2,000	-
HANDI-CRAFTERS, INC.	1,000	1,000	1,000	2,000	2,000	-
HEART FOR AFRICA	-	-	-	-	1,000	-
HOME OF THE SPARROW	-	1,000	2,500	5,000	5,000	-
INGLIS HOUSE	-	1,000	-	1,000	1,000	-
JAMES V. BROWN, LIBRARY OF	-	5,000	-	-	2,000	-
JASON GOTSCHALL MEMORIAL FOUNDATION	-	-	1,000	1,000	1,000	-
LENOIR COUNTY COMMUNITY Council FOR THE ARTS	-	-	-	-	1,000	-
MIRACLE LEAGUE OF NORTHAMPTON TOWNSHIP	-	-	-	-	5,000	-
NEW YORK CITY OUTWARD BOUND CENTER	2,500	5,000	10,000	10,000	10,000	-
NHS KEY CLUB - ADOPT A CHILD FOR CHRISTMAS	-	-	-	1,400	1,000	-
PHILABUNDANCE	-	1,000	1,000	-	1,000	-
PHILADELPHIA ZOO	3,000	5,000	-	5,000	5,000	-
PHOENIXVILLE AREA SENIOR CENTER	-	-	-	-	1,000	-
FREEDOM VALLEY YMCA	10,000	10,000	10,000	10,000	10,000	10,000
PLANNED PARENTHOOD	3,000	-	4,000	-	3,000	-
RONALD MCDONALD HOUSE	500	500	-	-	1,000	-
SAINT ANTHONY'S CHARITABLE FOUNDATION	-	-	-	-	5,000	-
SAINT MARY'S FOOD BANK ALLIANCE	-	-	-	-	2,300	-
SPECIAL EQUESTRIANS	2,500	2,500	3,000	1,000	2,000	-
STEPPING STONES MUSEUM FOR CHILDREN	-	-	-	10,000	10,000	-
SURREY SERVICES FOR SENIORS	500	-	-	1,000	1,000	-
THORNCROFT	1,000	1,000	1,000	1,000	1,000	-
URBAN LEAGUE OF PHILADELPHIA	-	-	-	-	1,500	-
UNITED WAY Greater Triangle	-	-	-	-	5,000	-
UWCHLAN TOWNSHIP	-	-	2,500	2,500	2,500	-
WBDC	-	-	-	-	2,500	-
<b>TOTAL</b>	<b>\$ 136,537</b>	<b>\$ 108,700</b>	<b>145,051</b>	<b>134,739 75</b>	<b>132,800.00</b>	<b>\$ 10,000</b>

Per M Goebel Sch \$117,800 00  
Variance (15,000 00)

FREEDOM VALLEY YMCA 10,000 00

SAINT ANTHONY'S CHARITABLE FOUNDATION 5,000 00

THE H.O. WEST FOUNDATION  
COMPARATIVE REPORT OF DISBURSEMENTS  
CULTURAL  
FROM January 1, 2009 THRU December 31, 2009

CULTURAL	12 MOS 2005	12 MOS 2006	12 MOS 2007	12 MOS 2008	12 MOS 2009	2009 REMAINING COMMITMENTS
PAID TO						
COMMUNITY ARTS CENTER	\$ 1,000	\$ -	\$ -	\$ -	\$ -	\$ -
PEOPLE'S LIGHT & THEATRE COMPANY	5,000	5,000	2,000	-	2,000	-
PHILADELPHIA HOSPITALITY, INC	-	-	-	2,500	-	-
PHILA MUSEUM OF ART	3,000	8,000	-	5,000	10,000	-
PHILA YOUTH ORCHESTRA	1,000	1,000	2,000	1,000	1,000	-
KENNEDY CENTER HONORS GALA	1,500	1,500	1,500	1,000	1,500	-
TOTAL	<u>\$ 11,500</u>	<u>\$ 15,500</u>	<u>\$ 5,500</u>	<u>\$ 9,500</u>	<u>\$ 14,500</u>	<u>\$ -</u>

Per M Goebel Sch \$14,500 00  
Vanance 0 00

**THE H. O. WEST FOUNDATION**  
**DETAILED SCHEDULE OF MATCHING GIFTS TO EDUCATION**  
**FROM January 1, 2009 THRU December 31, 2009**

**MATCHING GIFTS**

<u>Name</u>	<u>Institution</u>	<u>Amount</u>
S. Leventhal	University of Pennsylvania	100.00
D. Gohl	Kearney Catholic High School	1,000.00
T. Meyer	Mansfield University	100.00
J. Abbott	LaSalle University	500 00
T. Hofmann	University of Delaware	1,000 00
R. Nase	Catawba College	750.00
D. Rajapaksa	The John Cooper School	250 00
J. Neafsey	Cornell University	1,000.00
S. McCormick	Drexel University	75.00
L. Whitehead	University of North Carolina at Chapel Hill	35.00
S. Olexa	The Pennsylvania State University	200 00
R. Marosek	St. Charles Borromeo Seminary	50.00
D. Labresco	Gettysburg College	50 00
H. Poff	Virginia Tech	100.00
S. Heumann	University of Pennsylvania	125.00
G. Worden	Episcopal Academy	1,000.00
D. Herbranson	University of Northern Iowa	100.00
T. Meyer	Penn State University	250 00
K. Werley	Millersville University	50.00
D. Herbranson	Kansas State University	125.00
J. Abbott	St. Genevieve School	500 00
D. Dugan	Wilkes University	100 00
J. Mueller	New York University	100.00
D. Readdy	St. Peters College	100 00
G. Bennyhoff	East Stroudsburg University	200 00
M. Glowacki	Manhattan College	50.00
J. Pauling	Bloomsburg University	50.00
Z. Marks	University of Vermont	50.00
R. Simpson	Dartmouth College	1,000 00
J. Mueller	University of Pennsylvania	100.00
J. Mueller	Loyola Blakefield	100 00
J. Mueller	Phi Delta Theta Foundation	50.00
S. Heumann	St. Joseph's Preparatory School	250 00
P. Zenner	Fairleigh Dickinson University	1,000.00
E. Jones	Grove City College	375 00
G. Hauptfuhrer	William Penn Charter School	500 00
R. Young	Weill Medical College of Cornell	1,000.00
L. Whitehead	University of North Carolina at Chapel Hill	50.00
E. Jones	Hillsdale College	375 00
L. Whitehead	University of North Carolina at Chapel Hill	350.00
G. Bennyhoff	East Stroudsburg University	200.00
P. Johnson	Nobel & Greenough School	1,000.00
H. Brown	The Williamson School	500 00
L. Shafer	Bucknell University	50.00
M. Stearns	Harvard Business School	500.00
J. Nikkila	Concordia University	300.00
J. Weiland	DeSales University	1,000.00
J. Boyle	Providence College	500 00
S. Heumann	Colgate University	35.00
S. Heumann	Franklin & Marshall College	35.00
J. Nikkila	Hillsdale College	300 00

**\$ 17,580.00**

Per M. Goebel Sch 17,580.00  
Variance

**THE H. O. WEST FOUNDATION  
DETAILED SCHEDULE OF SCHOLARSHIP PROGRAM  
FROM January 1, 2009 THRU December 31, 2009**

**SCHOLARSHIPS**

Name	School	Amount
B. Young	Cedarville University	\$ 1,250.00
S. Illic	University of South Florida	1,250.00
A. Williams	Arizona State University	1,250.00
K. Colville	University of Florida	1,250.00
G. Marks	Washing & Lee University	2,916.66
A. Bryan	Jefferson College of Health Professions	1,250.00
J. Swier	West Chester University	1,250.00
K. McGrath	Lafayette College	1,250.00
C. Pound	Indiana University of Pennsylvania	1,250.00
N. Longnecker	Lock Haven University of Pennsylvania	1,250.00
S. Fuga	Franklin & Marshall College	1,250.00
K. Keene	Penn State University	1,250.00
S. King	University of Pittsburgh	1,250.00
S. Marks	University of Vermont	1,250.00
A. Byrne	The University of Arizona	1,250.00
H. Durkee	University of Miami	1,250.00
A. Russell	Auburn University	1,250.00
K. Frank	Delaware Valley College	1,250.00
B. Ward	University of Michigan	1,250.00
N. Stabley	Grove City College	1,250.00
G. Alicknavitch	Penn State University	1,250.00
K. Smith	The Savannah College of Art & Design	833.32
C. Pound	Montgomery County Community College	1,250.00
A. Williams	Arizona State University	1,250.00
T. Hostelley	Lycoming College	1,250.00
C. Earles	Hope College	1,250.00
L. Player	UNC-CH	1,250.00
H. Durkee	University of Miami	1,250.00
K. McGrath	Lafayette College	1,250.00
T. Leventhal	The George Washington University	1,250.00
S. Illic	University of South Florida	1,250.00
J. Swier	West Chester University	1,250.00
A. Byrne	The University of Arizona	1,250.00
A. Diorio	University of Delaware	1,250.00
S. Pitt	Roger Williams University	1,250.00
K. Colville	University of Florida	1,250.00
K. Wright	University of Nebraska - Lincoln	1,250.00
S. Marks	University of Vermont	1,250.00
N. Longnecker	Lock Haven University of Pennsylvania	1,250.00
G. Marks	Washington & Lee University	833.34
K. Smtih	Savannah College of Art & Design	833.33
B. Ward	University of Michigan	1,250.00
A. Russell	Arizona State University	1,250.00
K. Keene	University of Florida	1,250.00
N. Stabley	Grove City College	1,250.00
G. Alicknavitch	Penn State University	1,250.00
S. Fuga	Franklin & Marshall College	1,250.00

**Total Scholarships      \$ 59,166.65**

Per M. Goebel Sch      59,166.65  
Variance      -

**THE H. O. WEST FOUNDATION**  
101 GORDON DRIVE, LIONVILLE, PA 19341

DEAR HIGH SCHOOL SENIOR:

Congratulations on reaching your senior year of high school! We know this is an exciting time for you.

Attached is the three-part application form for The H. O. West Foundation's current Scholarship Program competition. The completed application must be returned to The H. O. West Foundation, 101 Gordon Drive, Lionville, PA 19341 by the 28<sup>th</sup> day of February of the year that you will graduate.

The Foundation will award up to seven college scholarships, valued at up to \$2,500 per year for four successive years toward tuition costs *only*, at an accredited college or university of your choice. One of the seven scholarships, the William S. West Scholarship, is made possible through a gift to the Foundation from Mr. West's family in memory of our former Chairman and Chief Executive Officer. Initially, a student may choose to attend a two-year accredited college and later transfer to a four-year college or university to complete a baccalaureate degree. The basic rules of eligibility require you to be a high school senior who will be pursuing an undergraduate degree and the son, daughter or other qualifying dependent of a U.S., full-time employee of West. Children of executive officers, West's Board of Directors, and the Foundation's Board of Trustees are ineligible.

The selection of recipients of the scholarships is determined by a committee composed of secondary school or college administrators who will consider each applicant on the basis of his/her character, maturity, leadership, extracurricular activities, motivation, interest and desire, patriotism, predicted success in college and academic achievement.

The attached forms include. (1) an Eligibility Verification to be completed by you and signed by the Human Resources person at the location at which your parent is employed, (2) a four-page Scholarship Application to be completed by you, and (3) a High School Certification to be completed by a representative of your high school. Each application must include the results of a College Entrance Examination, either the Scholastic Aptitude Test (SAT) or the American College Testing Program (ACT). We request that you include at least three recommendations from teachers, a guidance counselor or principal.

It is also important for you to know that if you are selected as a recipient of a scholarship, you must enter college by the fall of the year in which the scholarship is awarded and continue for four successive years in college without interruption, except for usual vacation periods or active duty military training or service.

**We suggest you read all of the instructions at the top of the forms and carefully check all dates and information you have entered on the forms.** Should you have any questions, you may contact Maureen Goebel at (610) 594-2945.

We wish you much success as you select the college of your choice! Good luck!

Sincerely,



Richard D. Luzzi  
Trustee

**HERMAN O. WEST FOUNDATION  
SCHOLARSHIP APPLICATION  
ELIGIBILITY VERIFICATION**

Please enter all information requested. All forms must be mailed directly to The Herman O. West Foundation, 101 Gordon Drive, Lionville, PA 19341 before February 28.

I hereby apply for a scholarship under the Scholarship Program of The Herman O. West Foundation and submit the following verified information:

**1. Name:** Mr.  
Miss

\_\_\_\_\_  
Last First Middle

**2. Home Address:**

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

**3. Birth Date:**

\_\_\_\_\_  
Month Day Year

**4. Indicate** on whose employment status you wish to base your application for a scholarship:

☐ Father ☐ Mother ☐ Step-father ☐ Step-mother ☐ Legal Guardian

**5. Full Name of this Parent:** Mr.  
Mrs.

\_\_\_\_\_  
Last Name First Name Middle

**6. Full Home Address of this Parent:**

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

**7. This parent is employed at this West location:**

\_\_\_\_\_  
City State

**8. This parent started consecutive employment with West on:**

\_\_\_\_\_  
Month Day Year

**9. Full name and address  
of your other Parent:**

Mr.  
Mrs.

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

**SIGNED:**

\_\_\_\_\_  
Applicant Date

**VERIFIED:**

\_\_\_\_\_  
Human Resources Manager

# HERMAN O. WEST FOUNDATION

## SCHOLARSHIP APPLICATION

Please enter all information requested in items 1-18. All forms must be mailed directly to The Herman O. West Foundation, 101 Gordon Drive, Lionville, PA 19341 before February 28.

I hereby apply for a scholarship under the Scholarship Program of The Herman O. West Foundation and submit the following verified information:

1. Name: Mr.  
Miss

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

2. Home Address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

3. Birth Date:

\_\_\_\_\_  
Month

\_\_\_\_\_  
Day

\_\_\_\_\_  
Year

4. Please describe in your own words your work activities during the past three years and the number of hours involved, either for your family at home or for outside employers.

5. List all High Schools and Secondary Schools attended:

<u>Name of School</u>	<u>City and State</u>	<u>Attendance</u> <u>Dates</u>	<u>Graduation</u> <u>Date</u>	<u>Name of</u> <u>Principal</u>
1.		To		
2.		To		
3.		To		

**IMPORTANT:** If you have earned credits in high schools other than the one you are now attending (or last attended) be sure that **all** grades and credits earned are included in the high school record to be submitted to The Herman O. West Foundation Scholarship Committee by your present school principal.

6. What subjects have you found most interesting in your high school work?

First:

Second:

7. Do you feel that your high school grades are an accurate index of your ability?  
If not, what were the factors that prevented you from doing better?

Yes

No



14. Specify what part you have played in organized out-of-school activities such as rank attained as Boy or Girl Scout, 4-H Club work, church organizations, etc. Designate by number in right-hand column the high school year in which you participated in each activity as follows: 1 - Freshman, 2 - Sophomore, 3 - Junior, 4 - Senior.

<u>Activity</u>	<u>Position Held</u>	<u>Hours Spent Per Week</u>	<u>Year of Participation</u>

15. List your hobbies in order of preference:

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16. If you have received any special recognition in connection with your recreational activities or hobbies, describe briefly.

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17. List the titles and authors of some of the books you have read during the past year outside of school requirements.

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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

***I have personally signed this Herman O. West Foundation Scholarship application and I have requested my high school to send a certification of my grades to The Herman O. West Foundation. I certify that all statements contained in the foregoing application are true and correct, and that I believe myself eligible to apply for a scholarship.***

***Date***

## HIGH SCHOOL CERTIFICATION

			<b>Signature of Applicant</b>		<b>Date</b>
<b>Student's Name</b>  Last                  First                  Middle			<b>School Name and Address:</b>		<b>Phone No.:</b>
<b>Home Address:</b>			<b>Accredited by:</b> ( ) State                  ( ) Non-public ( ) Reg. Accred. Assoc.      ( ) Public		
<b>Previous Secondary School Attended:</b>		<b>Date Left:</b>	<b>Enrollment in Grades 11 - 12:</b>		<b>Percent Graduates Entering College</b>
			<b>4-Year College:</b>		<b>2-Year College and other:</b>
<b>Birth Date:</b>	<b>Sex:</b>	<b>Date Graduated:</b>	<b>Pass. Mark:</b> <b>Honors Mark:</b> Circle Lowest No. Equivalent: A     B     C     D		
<b>Explanation of Honors Courses:</b>					

CLASS RECORD		Identity Honors Accel. Etc.	Marks				RANK IN CLASS		Based on _____ Semesters _____ in Class of		
Include subjects Failed or repeated			1 <sup>st</sup> Sem.	Final 2nd Sem.	Cred. or Unit	State Exam. Score	Rank based on: ( ) All Subjects Given Credit ( ) Major Subject Only		( ) All Students ( ) College Prep. Study Only		
Year	Subjects						Explain Weighting of Marks in Determining Rank -				
Fr.											
Soph.							TEST RECORD				
							Date	Name of Test	Raw or Standard Score	Percentile Score	Norm Group
Jr.											
Sr.							OUTSTANDING ACTIVITIES, HONORS, AWARDS:				

Teacher observations will be used only by the Herman O. West Foundation officials in making Scholarship Award decisions.

Please include the number of teachers observing and each one's evaluation.

(specify number at each level)

Summary descriptions made by teachers of Grade(s)

10 11 12

**1. Participation in Discussion (Self-Initiated)**

- ☐ always involved, often initiates discussion
- ☐ usually participates
- ☐ often participates
- ☐ occasionally participates
- ☐ seldom participates
- ☐ not applicable

**3. Pursuit of Independent Study**

- ☐ considerable study and major project(s)
- ☐ considerable study or major project(s)
- ☐ some study and minor project(s)
- ☐ some study or minor project(s)
- ☐ no evidence of independent study
- ☐ not applicable

**5. Critical and Questioning Attitude**

- ☐ often challenges
- ☐ sometimes challenges
- ☐ occasionally is skeptical
- ☐ sometimes probes
- ☐ rarely questions
- ☐ not applicable

**7. Personal Responsibility**

- ☐ always accepts fully
- ☐ usually accepts fully
- ☐ partially accepts
- ☐ sometimes refuses
- ☐ often refuses

**2. Involvement in Classroom Activities**

- ☐ very high in all activities
- ☐ active, usually shows genuine interest
- ☐ mild, politely attentive
- ☐ languid, attention often wanders
- ☐ distracted, does other things during class
- ☐ vacillates greatly

**4. Evenness of Performance**

- ☐ exceptionally consistent
- ☐ even, varies no more than one mark
- ☐ slightly uneven, often varies one mark
- ☐ uneven, often varies two marks
- ☐ erratic, performance fluctuates greatly

**6. Depth of Understanding**

- ☐ excellent insight
- ☐ good understanding
- ☐ some insight
- ☐ little insight
- ☐ poor understanding
- ☐ not applicable

**8. Consideration for Others**

- ☐ always considerate of others' rights and feelings
- ☐ usually considerate
- ☐ courteous, little evidence of consideration
- ☐ sometimes inconsiderate
- ☐ often inconsiderate
- ☐ inadequate opportunity to observe

**COMMENTS OR OTHER PERTINENT OBSERVATIONS:**

**RECOMMENDATION TO SELECTION COMMITTEE:**

Date

Signature

Title