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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Information about Form 990-PF and its separate instructions is at *www.irs.gov/form990pf.***

OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015 or tax year beginning , 2015, and ending , 20

Name of foundation

Herman O. West Foundation

A Employer identification number

38-3674460

Number and street (or P O box number if mail is not delivered to street address) | Room/suite

530 Herman O. West Drive

B Telephone number (see instructions)

610 594-2905

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

Exton, PA 19341

C If exemption application is pending, check here ▶ ☐

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

D 1. Foreign organizations, check here ▶ ☐

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

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

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

I Fair market value of all assets at end of year *(from Part II, col. (c), line 16)* ▶ $ **4,993,983**

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

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

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 instructions).)*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc., received (attach schedule)	1,372,471			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch. B				
	3	Interest on savings and temporary cash investments	42	42		
	4	Dividends and interest from securities	35,681	35,681		
	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)	553,447			
	12	**Total.** Add lines 1 through 11	1,961,641	35,723		
Operating and Administrative Expenses	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)	3,000			3,000
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	326			326
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications	720			720
	23	Other expenses (attach schedule)	72			72
	24	**Total operating and administrative expenses.** Add lines 13 through 23	4,118			4,118
	25	Contributions, gifts, grants paid	1,290,431			1,290,431
	26	**Total expenses and disbursements.** Add lines 24 and 25	1,294,549			1,294,549
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	667,092			
	b	**Net investment income** (if negative, enter -0-)		35,723		
	c	**Adjusted net income** (if negative, enter -0-)			0	

Part II Balance Sheets 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
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less: allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	5,267,972	4,993,982	4,993,982
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment. basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ▶)			
	16	**Total assets** (to be completed by all filers—see the instructions. Also, see page 1, item I)	5,267,972	4,993,983	4,993,983
Liabilities	17	Accounts payable and accrued expenses	1,066,066	124,985	
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)			
	23	**Total liabilities** (add lines 17 through 22)			
Net Assets or Fund Balances		**Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.**			
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	4,201,906	4,868,998	
	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	**Total net assets or fund balances** (see instructions)	4,201,906	4,868,998	
	31	**Total liabilities and net assets/fund balances** (see instructions)	5,267,972	4,817,041	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	4,201,906
2	Enter amount from Part I, line 27a	2	667,092
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	4,868,998
5	Decreases not included in line 2 (itemize) ▶	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	4,868,998

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.)
1a				
b				
c				
d				
e				

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

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a				
b				
c				
d				
e				

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

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☐ No
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2014	1,492,709	0	0.0
2013	755,423	0	0.0
2012	788,216	0	0.0
2011	695,062	0	0.0
2010	669,661	0	0.0

2	**Total** of line 1, column (d)	2	0.0
3	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	3	0
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5	4	0
5	Multiply line 4 by line 3	5	0
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	357
7	Add lines 5 and 6	7	357
8	Enter qualifying distributions from Part XII, line 4	8	1,294,549

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.

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ **(attach copy of letter if necessary—see instructions)**			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☑ and enter 1% of Part I, line 27b	1	357	00
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0	
3	Add lines 1 and 2	3	357	00
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0	
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-	5	357	00
6	Credits/Payments:			
a	2015 estimated tax payments and 2014 overpayment credited to 2015 — 6a			
b	Exempt foreign organizations—tax withheld at source — 6b			
c	Tax paid with application for extension of time to file (Form 8868) — 6c			
d	Backup withholding erroneously withheld — 6d			
7	Total credits and payments. Add lines 6a through 6d	7	0	
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8		
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	357	00
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10		
11	Enter the amount of line 10 to be: **Credited to 2016 estimated tax** ▶ **Refunded** ▶	11		

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		✓
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	1b		✓
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		✓
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: **(1)** On the foundation. ▶ $ _____ **(2)** On foundation managers. ▶ $ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		✓
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		✓
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		✓
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	✓	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV*	7	✓	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ _____			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G? If "No," attach explanation*	8b	✓	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9	✓	
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10	✓	

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

			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		✓
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		✓
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	✓	

Website address ▶

14 The books are in care of ▶ West Pharmaceutical Services, Inc. Telephone no. ▶ 610 594-2905
Located at ▶ 530 Herman O. West Drive, Exton, PA ZIP+4 ▶ 19341-0065

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041**—Check here. . . . . ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶ 15

			Yes	No
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶	16		✓

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

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) ☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	1c		✓
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? ☐ Yes ☐ No			
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions.)	2b		✓
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☐ No			
b	If "Yes," did it have excess business holdings in 2015 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 2015.)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		✓
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 2015?	4b		✓

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

5a	During the year did the foundation pay or incur any amount to:			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☑ No			
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☑ No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes? ☑ Yes ☐ No			
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions) ☐ Yes ☑ No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☑ No			
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?	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?	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?	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 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
Annette Favorite 530 Herman O. West Drive, Exton, PA 19341	Trustee			
George Bennyhoff 272 Valley Road, Strafford, PA	Chairman			
Paula A. Johnson MD, MPH 530 Herman O. West Drive, Exton, PA 19341	Trustee			

2 Compensation of five highest-paid employees (other than those included on line 1—see 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 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
1	
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions 3	
Total. Add lines 1 through 3 ▶	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	0
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	0
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)	4	0
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0
6	**Minimum investment return.** Enter 5% of line 5	6	0

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

1	Minimum investment return from Part X, line 6			1	0
2a	Tax on investment income for 2015 from Part VI, line 5	2a	357		
b	Income tax for 2015. (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	357
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	(357)
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	(357)
6	Deduction from distributable amount (see instructions)			6	
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1			7	(357)

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	1,294,549
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,294,549
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	357
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	1,294,192

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 instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				(357)
2 Undistributed income, if any, as of the end of 2015:				
a Enter amount for 2014 only				
b Total for prior years: 20___,20___,20___				
3 Excess distributions carryover, if any, to 2015:				
a From 2010				
b From 2011				
c From 2012				
d From 2013				
e From 2014				
f **Total** of lines 3a through e				
4 Qualifying distributions for 2015 from Part XII, line 4: ▶ $ 1,294,549				
a Applied to 2014, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions)				
c Treated as distributions out of corpus (Election required—see instructions)				
d Applied to 2015 distributable amount				
e Remaining amount distributed out of corpus	1,294,192			
5 Excess distributions carryover applied to 2015 *(If an amount appears in column (d), the same amount must be shown in column (a).)*				
6 **Enter the net total of each column as indicated below:**				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount—see instructions				
e Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount—see instructions				
f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)	1,294,192			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)				
9 **Excess distributions carryover to 2016.** Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014				
e Excess from 2015				

Part XIV Private Operating Foundations (see 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 2015, 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) 2015	(b) 2014	(c) 2013	(d) 2012	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities . .					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . .					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . .					
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization . . .					
(4) Gross investment income . . .					

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

1 **Information Regarding Foundation Managers:**

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

NONE

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

NONE

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

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

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

Herman O. West Foundation, 530 Herman O. West Drive, Exton, 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, Inc. 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
a *Paid during the year*				
Matching Gifts				**11,910**
Matching Gifts to Non-Profits				**7,042**
Scholarship Recipients				**67,400**
United Way				**185,493**
Culture				**4,500**
Community Service				**296,750**
Hospital / Health Care				**156,925**
Educational				**236,800**
West Without Borders				**323,611**
Total . . . . . ▶ **3a**				**1,290,431**
b *Approved for future payment*				
Total . . . . . ▶ **3b**				

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)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					42
4 Dividends and interest from securities					35,681
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)					35,723
13 **Total.** Add line 12, columns (b), (d), and (e)				13	35,723

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

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions.)

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

			Yes	No
1	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?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of:			
	(1) Cash	1a(1)		✓
	(2) Other assets	1a(2)		✓
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		✓
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		✓
	(3) Rental of facilities, equipment, or other assets	1b(3)		✓
	(4) Reimbursement arrangements	1b(4)		✓
	(5) Loans or loan guarantees	1b(5)		✓
	(6) Performance of services or membership or fundraising solicitations	1b(6)		✓
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		✓

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

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

Sign Here

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) is based on all information of which preparer has any knowledge.

Signature of officer or trustee: Frank J. Knight | Date: 5/12/16 | Title: Vice-President Global Tax

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			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, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2015

Name of the organization	Employer identification number
Herman O. West Foundation	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, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33⅓ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution. An organization that 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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
Herman O. West Foundation	38-3674460

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	West Pharmaceutical Services, Inc. 530 Herman O. West Drive Exton, PA 19341	$ 1,000,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
Herman O. West Foundation	38-3674460

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(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
Herman O. West Foundation	38-3674460

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

THE H O. WEST FOUNDATION
DETAILED SCHEDULE OF OTHER EXPENDITURES
FROM January 1, 2015 THRU December 31, 2015

INTERNAL REVENUE SERVICE	AMOUNT
EXCISE TAX	$ 326.00
TRANSLATION	-
	$ 326.00

PRINTING & OTHER EXPENSES	AMOUNT
FILING FEES	$ -
DAILY LOCAL NEWS	-
OFFICE SUPPLIES	-
PRINTING EXPENSE	-
UPS EXPENSE	-
TRANSLATION	720.31
	$ 720.31

BANK FEES	$ -
BANK FEES - WWB	$ 72.00

THE H. O. WEST FOUNDATION
DETAILED SCHEDULE OF MATCHING GIFTS TO EDUCATION
FROM January 1, 2015 THRU December 31, 2015

MATCHING GIFTS

Date	Institution	Name	Amount
01/06/15	Mansfield University	T. Meyer	$ 300.00
01/06/15	Williams College	S. Heumann	100.00
01/06/15	Franklin and Marshall College	S. Heumann	100.00
01/06/15	Virginia Tech Foundation, Inc.	H. Poff	200.00
01/08/15	West Chester University Foundation	B. Schock	100.00
01/19/15	Maricopa Community Colleges	W. Hayes	100.00
01/19/15	LaSalle College High School	J. Abbott	500.00
01/19/15	St. Joseph's University	J. McNicholas	500.00
01/28/15	Villa Maria Academy	S. Morris	100.00
01/30/15	Greater Atlanta Christian School	D. Duriez	50.00
01/30/15	Northwestern University	S. Leventhal	400.00
02/03/15	University of Nebraska Foundation	L. Jameson	100.00
02/19/15	Albright College	L. Kasdras	100.00
02/19/15	LaSalle University	J. Abbott	250.00
02/27/15	Lutheran Theological Seminary	D. Herbranson	100.00
03/20/15	University of Pennsylvania	S. Heumann	130.00
03/20/15	Woodlynde School	A. Polywacz	500.00
03/20/15	Villa Maria Academy High School	W. Curry	100.00
03/27/15	Catawba College	B. Nase	1,000.00
04/08/15	Mansfield University	T. Meyer	500.00
04/08/15	Drexel Fund	J. Rigney	100.00
04/15/15	St. Joseph's Preparatory School	S. Heumann	250.00
06/08/15	The Learning Prep School	P. Johnson	1,000.00
06/08/15	Dartmouth College	R. Simpson	1,000.00
06/08/15	Fairleigh Dickinson University	P. Zenner	1,000.00
06/15/15	Lehigh University	W. Curry	250.00
07/14/15	Drexel University	K. Lutsch	250.00
08/07/15	Rosemont College	B. Schock	100.00
08/25/15	Concordia University	J. Nikkila	300.00
10/14/15	East Stroudsburg University	G. Bennyhoff	300.00
10/29/15	Grove City College	E. Jones	500.00
10/29/15	Ursinus College	S. Ruoff	60.00
10/29/15	St. Joseph's Preparatory School	S. Heumann	420.00
11/20/15	La Salle College High School	J. Abbott	250.00
11/20/15	Hillsdale College	E. Jones	500.00
12/01/15	North Carolina State University	R. Brown	150.00
12/09/15	Trinity College	S. Leventhal	250.00
			$ 11,910.00

THE H. O. WEST FOUNDATION
DETAILED SCHEDULE OF MATCHING GIFTS TO NON-PROFITS
FROM January 1, 2015 THRU December 31, 2015

MATCHING GIFTS

Date	Institution	Name	Amount
01/06/15	American Rescue Workers	H. Poff	$ 100.00
01/06/15	Chester County SPCA	M. Goebel	100.00
01/06/15	Art Partners Studio	M. Kline	30.00
01/06/15	James V. Brown Library	H. Poff	50.00
01/08/15	North Central Sight Services	H. Poff	100.00
01/19/15	West Point Association of Graduates	J. Boyle	500.00
01/19/15	The Nemours Foundation	S Young	25.00
01/28/15	Appalachian Horse Help & Rescue Inc.	D. Eck	500.00
01/30/15	Phoenixville Public Library	M Goebel	100.00
02/03/15	Avon Products Foundation	M. Mulloy	50.00
02/19/15	Lycoming County SPCA	D. Weaver	150.00
02/24/15	Delaware Valley Golden Retriever Rescue	D. Dunne	500.00
03/04/15	Clinton County Boys & Girls Club	A. Schoonveld	300.00
03/04/15	Nathan B. Stubblefield Foundation	E. Julien	100.00
03/04/15	The Movember Foundation	J. Yen	50.00
03/04/15	The Movember Foundation	J. Toh	50.00
03/04/15	The Movember Foundation	J. Houston	100.00
03/20/15	Gamma Phi Beta	L. Rondeau	50.00
03/20/15	Phoenix Rescue Mission	L. Rondeau	35.00
03/20/15	Arizona Humane Society	L. Rondeau	35.00
03/20/15	Statue of Liberty-Ellis Island Foundation	L. Rondeau	50.00
03/20/15	Canine Partners for Life	J. Cooper	300.00
03/20/15	WHYY	A. Straka	60.00
04/08/15	Cure4Cam Childhood Cancer Foundation	D. McMillan	250.00
04/08/15	American Cancer Society	L. Rondeau	50.00
04/08/15	Pennsylvania Ballet	S. Young	25.00
04/15/15	Pottstown Cluster of Religious Communities	J. Faust	500.00
04/29/15	Cystic Fibrosis Foundation	T. Keohane	100.00
05/15/15	Phoenixville Public Library	M. Goebel	100.00
06/08/15	Student Advancement Foundation	S. Brown	50.00
06/08/15	The Parent Project for Muscular Dystrophy	S. Young	50.00
06/08/15	Trustees of the University of PA (WXPN)	S. Young	72.00
06/15/15	Spina Bifida Association	D. Green	15.00
07/02/15	Special Equestrians	B Hargesheimer	500.00
07/22/15	Special Olympics Arizona	L. Rondeau	100.00
08/13/15	Wounded Warrior Project, Inc.	E. O'Brien	20.00
08/25/15	The Parkinson's Council	T. Burke	25.00
08/25/15	The Parkinson's Council	C. Hoover	50.00
08/25/15	The Parkinson's Council	D. Swinden	50.00
09/17/15	The Leukemia & Lymphoma Society	D. Haughs	100.00
10/02/15	New Eagle Elementary PTO	B. Koutal	100.00
10/02/15	The Leukemia & Lymphoma Society	K. Weaver	50.00
10/02/15	The Leukemia & Lymphoma Society	M. Koger	50.00
10/14/15	Chester County SPCA	M. Goebel	50.00
10/29/15	Playa Animal Rescue Inc.	K. Esterly	250.00
11/06/15	Civil War Trust	H. Mclintock-Racz	500.00
12/01/15	Hospice of the Valley	L. Rondeau	100.00
12/01/15	North Penn School District Educ. Found.	O. Kornienko	50.00
12/09/15	Family Focus Adoption Services	L. Wagner	500.00
			$ 7,042.00

THE H. O. WEST FOUNDATION
DETAILED SCHEDULE OF SCHOLARSHIP PROGRAM
FROM January 1, 2015 THRU December 31, 2015

SCHOLARSHIPS

Date	School	Name	Amount
01/06/15	Temple University	B. Bi	$ 1,250 00
01/06/15	North Carolina State University	S. McMillan	1,500.00
01/06/15	Penn State University	T. Eck	1,250 00
01/06/15	Cedarville University	M. Helminiak	1,250.00
01/06/15	NC State University	L. Gardner	1,250.00
01/06/15	University of Pittsburgh	C. Ling	1,250.00
01/06/15	Cornell University	E. Zimmermann	1,250 00
01/08/15	Stevens Institute of Technology	E. McGrath	1,250.00
01/19/15	Colorado State University	R. Cohen Perez	1,250 00
01/19/15	University of South Florida	P. Armstrong	1,500.00
01/19/15	Bryn Mawr College	S. Pennebaker	1,250.00
01/19/15	Penn State University	T. Eck	1,250.00
01/28/15	Ferris State University	M. Acosta	1,250.00
01/30/15	Penn State University	J. Shetler	1,250.00
02/19/15	Kansas State University	P. Schoonveld	1,500.00
02/19/15	University of Puerto Rico	M. Gonzalez	770.00
02/19/15	Northwestern University	J. Leventhal	1,500.00
02/27/15	University of Pennsylvania	T. Pitt	1,250.00
03/27/15	Davidson College	M. Evans	1,500 00
03/31/15	University of Delaware	L. Alicknavitch	1,250.00
03/31/15	Pace University	A. Franciosa	1,500.00
04/17/15	Millersville University	S. Wilson	1,250.00
04/23/15	Penn State University	H. DeMartin	1,500.00
04/23/15	Northeastern University	M. Flynn	1,250.00
05/15/15	Drexel University	R. Tudor	2,500.00
07/14/15	Cornell University	O. Young	1,500.00
07/14/15	Cornell University	E. Zimmermann	1,250.00
07/14/15	Bryn Mawr College	S. Pennebaker	1,250.00
07/22/15	New York University	S. Ehrman	1,500.00
07/28/15	Pace University	A. Franciosa	1,500.00
07/28/15	Temple University	B. Bi	1,250.00
07/28/15	Temple Unversity	M. Platt	1,500.00
07/31/15	University of Pittsburgh	C. Ling	1,250.00
07/31/15	North Carolina State University	S. McMillan	1,500.00
07/31/15	North Carolina State University	L. Gardner	1,250.00
08/05/15	Johns Hopkins University	K. Harish	1,500.00
08/07/15	Penn State University	I. Yen	1,500.00
08/07/15	Penn State University	T. Eck	1,250.00
08/18/15	Kansas State University	P. Schoonveld	2,250.00
08/18/15	American University	C. Whitson	1,500.00
08/18/15	University of Houston	J. Shetler	1,250.00
08/25/15	Colorado State University	R. Cohen Perez	1,250.00
08/25/15	Penn State University	H. DeMartin	1,500.00
08/31/15	Stevens Institute of Technology	E. McGrath	1,250.00
09/08/15	University of Michigan	N. Sorensen	1,500.00
09/08/15	University of Puerto Rico	M. Gonzalez	880.00
10/02/15	Davidson College	M. Evans	1,500.00
11/06/15	University of South Florida	P. Armstrong	1,500.00
12/01/15	University of Pennsylvania	T. Pitt	1,250.00

Total Scholarships **$67,400.00**

THE H.O. WEST FOUNDATION
COMPARATIVE REPORT OF DISBURSEMENTS
UNITED WAY
FROM January 1, 2015 THRU December 31, 2015

UNITED WAY	12 MOS 2011	12 MOS 2012	12 MOS 2013	12 MOS 2014	12 MOS 2015	2015 REMAINING COMMITMENTS
PAID TO:						
CHESTER COUNTY	108,964.28	125,000.00	130,018.28	116,392	91,166.24	$0 01
CLINTON COUNTY (PA)	3,439 00	4,749.68	795.24	1,371.12	-	$0.00
CLINTON COUNTY (IN)			6,294.32	6,359 72	5,990 48	$0.00
KEARNEY	4,276.04	1,742.00	2,050.00	2,795.00	2,904.00	$0 00
LANCASTER COUNTY	-	416 00	-	260 00	260 00	$0 00
LENOIR COUNTY	37,301.28	41,355 96	45,074 24	35,289 32	35,455.56	$0.01
LYCOMING COUNTY	28,572.40	22,085 56	19,969 28	23,693.64	9,300.40	$0 00
SOUTHEASTERN PA	1,612 00	875.00	875.00	1,500.00	1,000 00	$0.00
SUN COAST	6,735.72	5,585.16	3,896.00	-	-	-
VALLEY OF THE SUN	4,759 00	9,689.00	12,671.00	13,540.04	14,926 00	$0.00
PUERTO RICO	4,407 00	4,277.00	2,990.00	4,844 52	5,232 00	$0.00
MICHIGAN	12,734.00	14,545.00	17,984.00	12,818 00	19,258.00	$0.00
UNION COUNTY	-	-	-	173.68	-	$0 00
TOTAL	$ 212,800.72	$ 230,320 36	$ 242,617 36	$ 219,036 72	$ 185,492 68	$ 0.02

THE H.O. WEST FOUNDATION
COMPARATIVE REPORT OF DISBURSEMENTS
CULTURAL
FROM January 1, 2015 THRU December 31, 2015

CULTURAL	12 MOS 2011	12 MOS 2012	12 MOS 2013	12 MOS 2014	12 MOS 2015
PAID TO:					
THE BARNES FOUNDATION	$ -	$ -	$ 5,000.00	$ 5,000.00	$ -
CHESTER COUNTY HISTORICAL SOCIETY	-	-	1,000.00		-
LENOIR COUNTY COMM. COUNCIL FOR THE ARTS	2,500 00	2,000.00	2,500 00		2,500.00
PEOPLE'S LIGHT & THEATRE COMPANY	2,000 00	5,000.00	2,000.00	2,000 00	2,000.00
PHILADELPHIA HOSPITALITY, INC.	2,500.00	-	-		-
PHILA MUSEUM OF ART	5,000.00	5,000 00	5,000.00	5,000.00	-
PHILA YOUTH ORCHESTRA	1,000.00	2,000 00	1,000.00	1,000.00	-
KENNEDY CENTER HONORS GALA	1,500 00	1,500.00	1,500.00	1,500.00	-
TOTAL	$14,500 00	$ 15,500.00	$18,000.00	$14,500.00	$ 4,500 00

THE H. O. WEST FOUNDATION
COMPARATIVE REPORT OF DISBURSEMENTS
HOSPITAL/HEALTH CARE & EDUCATIONAL
FROM January 1, 2015 THRU December 31, 2015

UNHIDE	HOSPITAL/HEALTH CARE	12 MOS 2012	12 MOS 2013	12 MOS 2014	12 MOS 2015
	PAID TO				
*	AMERICAN CANCER SOCIETY	$ 2,500 00	$ 1,863 02	$ -	
*	AMERICAN CANCER SOCIETY - RELAY FOR LIFE	1,000 00	1,000 00	1,000 00	2,000 00
*	AMERICAN DIABETES ASSOCIATION	1,500 00	6,500 00	6,000.00	5,000 00
*	AMERICAN HEART ASSOCIATION	-	-	-	
*	BE THE MATCH FOUNDATION	-	-	10,013 00	5,445 00
*	BRYN MAWR REHAB	1,000 00	-	-	
*	BCASC - BV Race for Autism	-	-	-	
*	CANCER CARE INC	5,000 00	5,000 00	-	
*	CHESTER COUNTY HOSPITAL FOUNDATION, THE	-	-		
*	CHILDREN'S HOSPITAL FOUNDATION				5,000 00
*	CLINIC, THE	6,200 00	1,200 00	2,200 00	2,000 00
*	COMMUNITY VOLUNTEERS IN MEDICINE	1,000 00	-	-	
*	CURE4CAM CHILDHOOD CANCER FOUNDATION	1,000 00	1,000 00	5,000.00	5,000 00
*	DRMIII	1,000 00	2,000 00	1,000 00	1,000 00
*	EPHRATA COMMUNITY HOSPITAL	2,500 00	-	-	
*	EVANFEST	-	-	5,000 00	3,500 00
*	EVANGELICAL COMMUNITY HOSPITAL	-	10,000 00	10,000 00	
*	FOX CHASE CANCER CENTER	46,000 00	57,663 00	57,290 50	77,480 00
*	GEISINGER HEALTH SYSTEM	-	-	-	
*	HELPHOPELIVE FOUNDATION	-	-	1,000 00	
*	HOLE IN THE WALL GANG CAMP	-	-	10,000 00	10,000 00
*	JDFR (JUNIOR DIABETES RESEARCH FOUNDATION)	2,500 00	-	-	
*	KOMEN FOR THE CURE, PHILA AFFILIATE	2,000 00	2,000 00	1,000 00	
	LANEY'S LEGACY OF HOPE	-	-	-	1,000 00
*	MAKE A WISH	-	-	-	5,000 00
*	MULTIPLE MYELOMA RESEARCH FOUNDATION	3,000 00	-	-	
*	THE MYOSITIS ASSOCIATION	5,000 00	10,000 00	10,000 00	15,000 00
*	N I C R F	3,200 00	3,200 00	3,200 00	
*	NATIONAL MS SOCIETY	-	-	2,500 00	
*	NCCN	-	-	-	10,000 00
*	NO BARRIERS USA	-	5,000 00	-	
*	PDBA	2,120 00	-	-	
*	PEDIATRIC BRAIN TUMOR FOUNDATION				5,000 00
*	PHILIP A BRYANT MELANOMA FOUNDATION	2,000 00	2,000 00	2,000 00	2,000 00
*	PITT MEMORIAL HOSPITAL	-	-	-	
*	PSAA - PHILADELPHIA CHAPTER	1,000 00	-	-	
*	ST BALDRICK'S FOUNDATION	-	-	1,000 00	
*	SUSQUEHANNA HEALTH FOUNDATION	-	-	5,000 00	
*	TEAM CMMD FOUNDATION				2,500
	TOTAL	$ 89,520 00	$108,426 02	$ 133,203 50	$156,925 00

THE H. O. WEST FOUNDATION
COMPARATIVE REPORT OF DISBURSEMENTS
COMMUNITY SERVICE
FROM January 1, 2015 THRU December 31, 2015

COMMUNITY SERVICE	12 MOS 2011	12 MOS 2012	12 MOS 2013	12 MOS 2014	12 MOS 2015
PAID TO:					
AARON'S ACRES	$ -	$ 1,000	$ -	-	
AMERICAN RED CROSS	35,006	16,000	37,500	29,000	40,000
ANGEL FLIGHT EAST	2,000	2,000	2,000	-	
ARC OF CHESTER COUNTY	1,000	-	-	1,000	
ASSOCIATED SERVICES FOR THE BLIND	-	2,000	2,000	2,500	
ASSOCIATION FOR THE COLONIAL THEATER	500	-	-	-	
BAKER INDUSTRIES	2,000	2,000	5,000	5,000	
BCASC	-	1,000	-	-	
BOYS AND GIRLS CLUB OF PHILADELPHIA	-	10,000	-	10,000	10,000
BRANDYWINE HEALTH FOUNDATION	1,000	1,000	-	-	
BRIDGES	2,500	-	2,500	-	
BRINGING HOPE HOME	-	-	5,000	-	
BUFFALO COUNTY COMMUNITY PARTNERS	-	-	-	5,000	
CAMP VICTORY	5,000	-	25,000	50,000	
CANINE PARTNERS FOR LIFE - WWB CAMPAIGN	1,000	-	-	10,000	2,500
CENTRAL AREA FIRE CHIEFS ASSOCIATION	-	-	-	10,000	
CHESTER C.C. OF B S A	1,500	1,500	1,500	2,000	
CHESTER COUNTY'S CHILDREN	-	-	-	-	5,000
CHESTER COUNTY ECONOMIC DEVELOPMENT COUNCIL					5,000
CHESTER COUNTY FOOD BANK	-	-	-	2,000	
CHESTER COUNTY FUND FOR WOMEN AND GIRI	-	-	-	10,000	
CHESTER COUNTY FUTURES	1,000	3,500	4,500	3,000	
CHILDREN'S COUNTRY WEEK ASSOCIATION	-	500	500	-	1,000
COMMUNITY INFORMATION & REFERRAL	1,000	-	-	-	
CRADLE OF LIBERTY COUNCIL - B/S OF AMERICA	3,000	3,000	3,000	3,000	3,000
DAEMION HOUSE	1,000	-	-	-	
DRAGONFLY FOREST	2,500	1,000	-	2,500	
FOLDS OF HONOR FOUNDATION	2,500	2,500	2,500	-	
FREEDOM VALLEY YMCA	10,000	-	-	-	
FRENCH & PICKERING CREEKS CONSERVATION	2,000	1,000	1,000	1,000	1,000
GIRLS SCOUTS OF FREEDOM VALLEY	-	-	5,000	-	
GREAT GUYS GROUP	2,000	-	-	-	
GREEN VALLEYS ASSOCIATION	1,000	1,000	1,000	1,000	
HANDI-CRAFTERS, INC.	2,000	2,000	6,000	5,000	6,000
HBA	1,800	3,500	-	-	
HEART FOR AFRICA	1,000	1,000	1,000	1,000	1,000
HOME OF THE SPARROW	5,000	5,000	5,000	5,000	5,000
INGLIS HOUSE	1,000	1,000	1,000	1,000	1,000
JASON GOTSCHALL MEMORIAL FOUNDATION	1,000	-	-	-	
JENKINS ARBORETUM	1,000	-	1,500	-	
JERSEY SHORE PUBLIC LIBRARY	-	-	5,000	-	

KEARNEY PUBLIC LIBRARY FOUNDATION	5,000	-	-	-	
KEITH THOMAS PERRYMORE FOUNDATION	-	-	-	-	1,000
KPS FOUNDATION (CENTRAL ELEMENTARY SCH	-	-	-	5,000	
LIONVILLE COMMUNITY YMCA	-	2,500	2,500	20,000	15,000
MARCH FOR BABIES	-	-	-	-	
MARY KATE'S LEGACY FOUNDATION	2,500	2,500	2,500	3,000	2,500
MELMARK CHARITABLE FOUNDATION	-	-	2,500	-	
MESP, INC. (OPERATION GRATITUDE)	-	-	-	5,000	
MILITARY ASSISTANCE PROJECT	-	-	-	1,000	
NEW YORK CITY OUTWARD BOUND CENTER	10,000	5,000	5,000	10,000	10,000
NICHOLAS WOLFF FOUNDATION (CAMP VICTOR'	2,500	-	-	-	
NO BARRIERS USA	-	60,825	15,000	55,900	50,000
NORTH CENTRAL SIGHT SERVICES	-	-	5,000	5,000	
OPERATION GRATITUDE	-	-	5,000	-	
PCCY	1,500	1,500	1,500	1,000	1,000
PHILABUNDANCE	1,000	-	-	-	
PHILADELPHIA HOSPITALITY	-	1,000	1,000	1,250	1,250
PHILADELPHIA ZOO	5,000	5,000	5,000	5,000	
PHOENIXVILLE AREA COMMUNITY	-	-	-	-	1,000
PHOENIXVILLE AREA SENIOR CENTER	1,000	1,250	1,500	2,000	
PHOENIXVILLE PUBLIC LIBRARY	1,000	-	1,000	-	
PHOENIXVILLE YMCA	-	-	-	-	5,000
RONALD MCDONALD HOUSE	3,000	-	-	-	
SAINT ANTHONY'S CHARITABLE FOUNDATION	5,000	5,000	10,000	-	
SAINTS SIMON AND JUDE PARISH	1,000	1,000	2,000	5,000	5,000
SERVING AT THE CROSSROADS	-	-	-	1,000	
SPECIAL EQUESTRIANS		1,500	-	1,500	2,000
SPEED THE LIGHT					5,000
STEPPING STONES MUSEUM FOR CHILDREN	20,000	-	-	-	
SURREY SERVICES FOR SENIORS	1,000	1,000	1,000	1,000	
SUSQUEHANNA GREENWAY PARTNERSHIP	-	1,000	-	-	
TACA	1,000	-	-	-	
THORNCROFT	2,000	2,000	5,000	5,000	5,000
TRAVIS MANION FOUNDATION	-	61,825	25,000	25,000	10,000
TWO TOP MOUNTAIN ADAPTIVE SPORTS FOUNDATION					5,000
UWCHLAN AMBULANCE	-	-	-	-	5,000
UWCHLAN TOWNSHIP	2,500	2,500	2,500	2,500	2,500
VETERAN'S MULTI-SERVICE CENTER	-	-	-	5,000	
A VISION OF HOPE YOUTH NETWORKS	-	-	2,500	-	
WBDC	2,500	-	-	-	
WEST CHESTER FOOD CUPBOARD	-	-	10,000	5,000	5,000
WEST WITHOUT BORDERS	25,000	25,000	27,500	30,000	80,000
WILLIAMSPORT BRANCH YMCA	-	5,000	5,000	5,000	5,000
WINGS FOR SUCCESS	-	-	-	1,500	
TOTAL	182,806.00	246,900.00	255,500.00	360,650.00	296,750.00

THE H. O. WEST FOUNDATION
COMPARATIVE REPORT OF DISBURSEMENTS
HONORARIUM
FROM January 1, 2015 THRU December 31, 2015

HONORARIUM	12 MOS 2013	12 MOS 2014	12 MOS 2015	2015 REMAINING COMMITMENTS
PAID TO:				
HILL SCHOOL	$1,000.00	$1,000.00	$1,000.00	$ -
WEST CHESTER UNIVERSITY	1,000.00	1,000.00	1,000.00	-
CHURCH FARM SCHOOL	1,000.00	1,000.00	1,000.00	-
TOTAL	$3,000.00	$3,000.00	$3,000.00	$ -

THE H. O. WEST FOUNDATION

530 HERMAN O. WEST DRIVE, EXTON, 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, 530 Herman O. West Drive, Exton, PA 19341 by the 28th day of February of the year that you will graduate.

The Foundation will award up to seven college scholarships, valued at up to $3,000 per year for a maximum of four years (and up to $12,000) toward tuition costs *only*, at an accredited college or university of your choice, but more than $3,000 may be disbursed annually it if is anticipated that you will graduate in less than four years. 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 pursing 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

Richard D. Luzzi
Trustee

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, 530 Herman O. West Drive, Exton, 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:

	Name of School	City and State	Attendance Dates	Graduation Date	Name of Principal
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? Yes | No
If not, what were the factors that prevented you from doing better?

8. Which college entrance examination did you take? Do you plan to retake?

EXAM	Date Taken	Score Received (Will be verified)
SAT		
ACT		

9. Indicate your college preference: (These must be accredited colleges/universities.)

First Choice _____ Third Choice _____
Second Choice _____

At which college have you already applied? _____

NOTE: Your choice of college will in no way affect your chances of receiving a scholarship.

10. What general course of study do you plan to take?

_____
_____
_____

11. Has your school counselor advised you that he/she feels you can successfully pursue this study upon the basis of your high school subjects and the grades you received?

Yes	No

12. What special recognition have you received for outstanding school work such as honors, prizes or scholarships?

_____
_____
_____
_____

13. Specify what part you have played in high school activities such as class or school offices, band or orchestra, athletics, dramatics, debate or oratory, school publications, pep club, 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. Use back page or attach a separate sheet if more space is required.

Activity	Position Held	Hours Spent Per Week	Year of Participation

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.**

Activity	Position Held	Hours Spent Per Week	Year of Participation

15. **List your hobbies in order of preference:**

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

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

18. Use the space below to state what your educational objectives are, what occupation you want to prepare yourself for by attending college, and the reasons why you have decided on these things:

CERTIFICATION

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.

Signature *Date*

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, 530 Herman O. West Drive, Exton, 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

wpRev May 16, 2014

HERMAN O. WEST FOUNDATION

HIGH SCHOOL CERTIFICATION

As an applicant for a Herman O. West Foundation Scholarship, I hereby request that you, as my high school representative, complete this form and mail it by February 28 to The Herman O. West Foundation, 530 Herman O. West Drive, Exton, PA 19341. **Attaching transcripts to this form is acceptable.**

Signature of Applicant _____ Date _____

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

CLASS RECORD Include subjects Failed or repeated		Identify Honors Accel. Etc.	Marks 1st Sem.	Final 2nd Sem.	Cred. or Unit	State Exam. Score
Year	Subjects					
Fr.						
Soph.						
Jr.						
Sr.						

RANK IN CLASS Based on _____ Semesters _____ in Class of

Rank based on:
( ) All Subjects Given Credit ( ) All Students
( ) Major Subject Only ( )College Prep. Study Only

Explain Weighting of Marks in Determining Rank -

TEST RECORD

Date	Name of Test	Raw or Standard Score	Percentile Score	Norm Group

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

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

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

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

5. **Critical and Questioning Attitude**
   - ____ often challenges
   - ____ sometimes challenges
   - ____ occasionally is skeptical
   - ____ sometimes probes
   - ____ rarely questions
   - ____ not applicable

6. **Depth of Understanding**
   - ____ excellent insight
   - ____ good understanding
   - ____ some insight
   - ____ little insight
   - ____ poor understanding
   - ____ not applicable

7 **Personal Responsibility**
   - ____ always accepts fully
   - ____ usually accepts fully
   - ____ partially accepts
   - ____ sometimes refuses
   - ____ often refuses

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