Department of the Treasury Internal Revenue Service

For Paperwork Reduction Act Notice, see instructions.

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. ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052

2018 Open to Public Inspection

	For	calen	dar year 2018 or tax year beginning	, 20	018, and			, 20
	Nam	e of four	ndation			A Employe	r identification numbe	r
	Hern	man O.	West Foundation				38-3674460	
-	Num	ber and	street (or P O box number if mail is not delivered to street address)	Ro	om/suite	B Telephon	e number (see instructi	ons)
	530	Herma	n O. West Drive	<u> </u>			610-594-2905	
	City	or town,	state or province, country, and ZIP or foreign postal code	-		C If exempt	ion application is pendi	ng, check here ▶ 🌅
	Exto	on, PA	19341					_
				of a former pub	lic charity	D 1. Foreigr	n organizations, check l	nere ▶ 🗍
			☐ Final return ☐ Amended r	return	ĺ	2 Foroign	n organizations meeting	the 95% test
			☐ Address change ☐ Name char	nge	~ 1		here and attach compu	
	H	Check	type of organization: Section 501(c)(3) exempt p	rıvate foundatio	n Y		foundation status was t	
1		Sectio	n 4947(a)(1) nonexempt charitable trust	able private fou	ingation	section 5	07(b)(1)(A), check here	▶□
ク			arket value of all assets at J Accounting method			F If the four	ndation is in a 60-mont	n termination
ノノ		end of	year (from Part II, col. (c),		ı	1	ction 507(b)(1)(B), check	
		line 16	(Part I, column (d) must be	on cash basis)				
X	Pá	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and			4-3-4-44	(d) Disbursements
1			amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(0) 146	t investment income	(c) Adjusted net income	for charitable purposes
•			the amounts in column (a) (see instructions).)	books				(cash basis only)
		1	Contributions, gifts, grants, etc., received (attach schedule)	217,9	97			
		2	Check ▶ ☐ If the foundation is not required to attach Sch. B		:			1
		3	Interest on savings and temporary cash investments	2	20	220		
		4	Dividends and interest from securities	28,5	62	28,562		
~		5a	Gross rents					1
020		b	Net rental income or (loss)					
2	e	6a	Net gain or (loss) from sale of assets not on line 10	(935,79	90)	<u>-</u>		
JAN 2 8 2020	Revenue	b	Gross sales price for all assets on line 6a 954,962				DECENT	·n
-2	Š	7	Capital gain net income (from Part IV, line 2)			777,669	KEUCIVE	
A	Ě	8	Net short-term capital gain			ဖ		08
7		9	Income modifications			\$	DEC 0 4 20	19 9
		10a	Gross sales less returns and allowances			Ti.	920	器
I III		b	Less: Cost of goods sold				MANEN	7
•		С	Gross profit or (loss) (attach schedule)				UGUEIN	
\ ₹		11	Other income (attach schedule)	954,4	149			
SCAMMED		12	Total. Add lines 1 through 11	265,4	138	806,451		ļ
4)	S	13	Compensation of officers, directors, trustees, etc.					
	penses	14	Other employee salaries and wages					
	en	15	Pension plans, employee benefits					
		16a	Legal fees (attach schedule)					
	e	b	Accounting fees (attach schedule)			· · · · · ·		
	ı≩	С	Other professional fees (attach schedule)	51,0	000			51,000
	Ħ	17	Interest					
	j:	18	Taxes (attach schedule) (see instructions)	3,0	000			3,000
	Ē	l	Depreciation (attach schedule) and depletion		_			!
	₽	20	Occupancy					
	g	21	Travel, conferences, and meetings					
	a	22	Printing and publications		122			722
	Operating and Administrative Ex	23	Other expenses (attach schedule)	81,3	372			81,372
	atii	24	Total operating and administrative expenses.					
	ěr		Add lines 13 through 23	136,0				136,094
	Ö	25	Contributions, gifts, grants paid	811,4			 	811,490
	_	26	Total expenses and disbursements. Add lines 24 and 25	947,5	84			947,584
		27	Subtract line 26 from line 12:					
		а	Excess of revenue over expenses and disbursements	(682,14	46)			
		b	Net investment income (if negative, enter -0-)	·		806,451		
		С	Adjusted net income (if negative, enter -0-)	I			0	1

Form **990-PF** (2018)

Cat No 11289X

Pa	rt II e	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End	of year
	_	should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	· 1	Cash-non-interest-bearing			
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶	40,000	40.00	0 40,000
	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 ▶		-	
ts	8	Inventories for sale or use			_
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments – U.S. and state government obligations (attach schedule)			
,	b	Investments—corporate stock (attach schedule)	5,485,193	4,843,04	7 4,803,047
	C	Investments—corporate bonds (attach schedule)	3,123,133		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	11	Investments—land, buildings, and equipment. basis ▶			1
		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)	5,525,193	4,843,04	4,843,047
	17	Accounts payable and accrued expenses	0		0 1
6	18	Grants payable			1
Liabilities	19	Deferred revenue			1
ilic	20	Loans from officers, directors, trustees, and other disqualified persons	_		
iał	21	Mortgages and other notes payable (attach schedule)			Ī
-	22	Other liabilities (describe ▶)			1
	23	Total liabilities (add lines 17 through 22)	0		0
<u></u>		Foundations that follow SFAS 117, check here ▶ □			
ances		and complete lines 24 through 26, and lines 30 and 31.			
ĕ	24	Unrestricted			
	25	Temporarily restricted			
d E	26	Permanently restricted			
Š		Foundations that do not follow SFAS 117, check here ▶ □			
II.		and complete lines 27 through 31.			1
ō	27	Capital stock, trust principal, or current funds	5,525,193	4,843,04	7
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds			<u> </u>
t A	30	Total net assets or fund balances (see instructions)	5,525,193	4,843,04	7
Net Assets or Fund Ba	31	Total liabilities and net assets/fund balances (see	-		
		instructions)	5,237,557	4,330,48	9
	rt III	Analysis of Changes in Net Assets or Fund Balances			
1		I net assets or fund balances at beginning of year-Part II, colu			
		of-year figure reported on prior year's return)			5,525,193
2		r amount from Part I, line 27a			(682,146)
3	Othe	er increases not included in line 2 (itemize)			0
4	Add	lines 1, 2, and 3		· · · <u>4</u>	4,843,047
5	Decr	reases not included in line 2 (Itemize) ► I net assets or fund balances at end of year (line 4 minus line 5)—I		5	<u> </u>
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5)—I	Part II, column (b), line	e 30 6	4,843,047

`		d(s) of property sold (for example, real ee; or common stock, 200 shs MLC Co		(b) How acquired P—Purchase D—Donation		e acquired day, yr)	(d) Date sold (mo , day, yr)
1a	REALIZED GAINS AND (LOS	SSES)		D	5/5	/2006	Various
b							
С							
<u>d</u>							
<u>е</u>	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale			n or (loss) f) minus (g))
<u> </u>	954,962			177,293			777,66
b							
С							
<u>d</u>					ļ		
е_			L				
	Complete only for assets show	wing gain in column (h) and owned	by the foundation	n on 12/31/69.			(h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	1 ' '	ss of col (i) I (j), if any	C		less than -0-) or rom col (h))
а							
<u>b</u>			ļ				
C			 			-	
<u>d</u>							
<u>е</u> 2	Capital gain net income or	MELCADIALIOSSI /	, also enter in Pa	•			777.00
3		n or (loss) as defined in section):	2		777,66
	Part I, line 8	I, line 8, column (c). See instru	<u> </u>	<u> J</u>	3		
Part	V Qualification Unde	er Section 4940(e) for Red	uced Tax on I	Net Investment	t Incom	ıe	
Vas t		e tris part blank. section 4942 tax on the distrib ualify under section 4940(e). D			base pe	riod?	☐ Yes ☐ No
1	·	unt in each column for each ye			aking ar	ny entries.	
Cale	(a) Base period years endar year (or tax year beginning in)	(b)		(c) of noncharitable-use a		Dist	(d) Inbution ratio divided by col (c))
	2017		59,938		0		0.0
	2016	·	17,908		0		0.0
	2015	1,2	94,192		0	<u> </u>	0.0
	2014	1,4	92,709		O		0.0
	2013		55,423		0		0.0
2	Total of line 1, column (d)					2	0
3		for the 5-year base period—doundation has been in existence				3	
4	Enter the net value of none	charitable-use assets for 2018	from Part X, line	5		4	
5	Multiply line 4 by line 3					5	
6	Enter 1% of net investmer	nt income (1% of Part I, line 27	b)			6	8,0
7	Add lines 5 and 6					7	8,00
8	Enter qualifying distribution	ns from Part XII, line 4				8	939,5 ⁻
•		ter than line 7, check the box					

Part '		nstru	ction	ıs)	
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)				i
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		<u>8,065</u>	00) 3
	here ▶ ☐ and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).		-		ı
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		0	00	<u> </u>
3	Add lines 1 and 2		8,065	00	1
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		0	00	<u>!</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		8,065	00) ā
6	Credits/Payments:				ĺ
a	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 387 00				ĺ
b	Exempt foreign organizations—tax withheld at source 6b				
C	Tax paid with application for extension of time to file (Form 8868) . 6c 8,000 00 Backup withholding erroneously withheld				l
_d					j
7	Total credits and payments. Add lines 6a through 6d		8,387	00	1
8 9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10		322	<u>00</u> 00	-
11	Enter the amount of line 10 to be: Credited to 2019 estimated tax > 322 00 Refunded > 11		322	00	:
	VII-A Statements Regarding Activities				•
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No	•
14	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 the				•
	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.			لب	i
C	Did the foundation file Form 1120-POL for this year?	1c		✓	i
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. ► \$				ŀ
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
2	on foundation managers. \$\Bigseleft\ \bigseleft\ \big	2			i
2	If "Yes," attach a detailed description of the activities.			_	Ì
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		✓	i
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	П	✓	•
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?	5		✓	[
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			1	1
	By language in the governing instrument, or				1
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that]
	conflict with the state law remain in the governing instrument?	6_	✓		-
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. ▶			,	
ь	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	$\overline{}$		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			Ī	ا ـ
9	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes,"				1
	complete Part XIV	9	✓		_ 4
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				-
	names and addresses	10	1		

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		1
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		1
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 ► 19	341-0	065	
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			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		✓ .
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶			
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly):			
	(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?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?			
	(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.)			
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 2018?	1c		1
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)):			
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2018?			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20, 20			
D	(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		1
С	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		İ	
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2018 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 2018.)	2F		
An	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b 4a		1
4a b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	-7 a		
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		1

Pari	VII-B	Statements Regarding Activities	for W	hich Form	4720 I	May Be R	equire	d (conti	nued)			
5a	During th	e year, did the foundation pay or incur						•			Yes	No
		on propaganda, or otherwise attempt t						☐ Yes	✓ No			
		nce the outcome of any specific public ly or indirectly, any voter registration dr		on (see secti 		· ·	_	∏Yes	√ No			
		de a grant to an individual for travel, stu		ther similar i	ourpose	es?		✓ Yes	□ No	- 1		
		de a grant to an organization other thar										
		on 4945(d)(4)(A)? See instructions						☐ Yes	✓ No			
		de for any purpose other than religious							_			
		oses, or for the prevention of cruelty to o							✓ No			
Ь		swer is "Yes" to 5a(1)–(5), did any of th							scribed			
	•	itions section 53.4945 or in a current no	_	-						5b_		
С		tions relying on a current notice regardi swer is "Yes" to question 5a(4), does t					the tay					
·		it maintained expenditure responsibility							∏No			
		attach the statement required by Regula		-								
6a		oundation, during the year, receive any					emiums	;				
	•	sonal benefit contract?						☐ Yes	✓ No			
b	Did the fo	oundation, during the year, pay premiun	ns, dire	ctly or indired	ctly, on	a personal	benefi	t contrac	t? .	6b		✓
		o 6b, file Form 8870.						_	_			
7a		ne during the tax year, was the foundation						☐ Yes				
р		did the foundation receive any proceeds andation subject to the section 4960 tax							n? .	7b		
8		ation or excess parachute payment(s) di							✓ No			
Par		Information About Officers, Direc									ees,	
		and Contractors	' '	•							•	
1	List all o	fficers, directors, trustees, and found										
		(a) Name and address	hou	e, and average rs per week ed to position	i (If n	mpensation not paid, ter -0-)	emplo	Contribution byee benefit erred comp	plans	(e) Expe	nse aco allowan	
	e Favorite											
		Vest Drive, Exton, PA 19341	Trustee	}								
	e Bennyho		Chairm									
		Strafford, PA n MD, MPH	Chairm	an								
		est Drive, Exton, PA 19341	Trustee	.								
		est brive, Extern 171 10011	77.00.00									
2	Compen "NONE."	sation of five highest-paid employed	es (oth	er than tho	se incli	uded on li	ne 1–	see inst	ruction	s). If n	one,	enter
	(a) Name and	d address of each employee paid more than \$50,00	00	(b) Title, and a		(c) Compe	nsation	(d) Contrib employee	benefit	(e) Expe	nse ac	
				devoted to p	osition			plans and comper		ottler	allowar	
NONE												
							<u>.</u>					
				1		i .		1		1		
				<u> </u>				 				
										-		
[otal	number o	f other employees paid over \$50,000 .										

Par	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En and Contractors (continued)	ipioyees,
3,	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
Tota	number of others receiving over \$50,000 for professional services	
Par	IX-A Summary of Direct Charitable Activities	
Lis	t the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of anizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1		
2		
3		
4		
Par	t IX-B Summary of Program-Related Investments (see instructions)	•
De	scribe 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		
Tota	I. Add lines 1 through 3	
		Form 990-PF (2018

Part	X _o Minimum Investment Return (All domestic foundations must complete this part. Forei	gn found	ations,
	see instructions.)		
1.	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	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)		
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 11/2% 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	· · · · · · · · · · · · · · · · · · ·	oundatio	
	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 2018 from Part VI, line 5		
b	Income tax for 2018. (This does not include the tax from Part VI.) 2b	1	
С	Add lines 2a and 2b	2c	8,065
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	(8,065)
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	(8,065)
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	(8,065)
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	947,584
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:		
а	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	947,584
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	8,065
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	939,519
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whether	the foundation

Part	XIII Undistributed Income (see instruction	 ns)			
		(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1	Distributable amount for 2018 from Part XI, line 7				(8,065)
2	Undistributed income, if any, as of the end of 2018:			-	(8,003)
– а	Enter amount for 2017 only				
b	Total for prior years: 20, 20, 20				
3	Excess distributions carryover, if any, to 2018:				
а	From 2013				
b	From 2014				
С	From 2015				
d	From 2016				
е	From 2017				
f	Total of lines 3a through e				
4	Qualifying distributions for 2018 from Part XII,				
	line 4: ▶ \$947,584				
а	Applied to 2017, 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			•	
A	required – see instructions)				
d	Remaining amount distributed out of corpus	939,519			
e	Excess distributions carryover applied to 2018	333,313			
5	(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:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b				
С	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				
е	Undistributed income for 2017. Subtract line				
	4a from line 2a. Taxable amount—see instructions				
f	Undistributed income for 2018. Subtract lines				
	4d and 5 from line 1. This amount must be				1 GINIA
	distributed in 2019				
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)	939,519			
8	Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).				
9	Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:				
а	Excess from 2014				
b	Excess from 2015				
С	Excess from 2016				
d	Excess from 2017				
_	Excess from 2018				

	00-PF (2018)			\//\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Page 10
Part .)	
1a 、	If the foundation has received a ruling foundation, and the ruling is effective for	r 2018, enter the	date of the ruling .			
b	Check box to indicate whether the four		te operating founda		ection 🗌 4942(j)	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
	each year listed					
b	85% of line 2a					
С	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					
е	Qualifying distributions made directly					
	for active conduct of exempt activities.	1				
ı	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:		X			
а	"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					
С	"Support" alternative test—enter.	<u> </u>	-			
•						
	(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		on (Complete	this part only if t	he foundation h	ad \$5,000 or m	ore in assets at
	any time during the year-				•	
1	Information Regarding Foundation					
a	List any managers of the foundation		outed more than 29	% of the total cont	ributions received	by the foundation
-	before the close of any tax year (but of					-,
MONE	20.0.0 0.000 0.000 0.000, 0.000, 0.000	,,			(// //	
NONE	List any managers of the foundation	who own 10%	or more of the sto	ck of a corporatio	n (or an equally la	arge portion of the
b	ownership of a partnership or other e					argo portion or the
	·	ridity) Of WillOff th	c roundation has a	1070 of greater line	C. C	
NONE		0:4.1				
2	Information Regarding Contribution					
	Check here ▶ ☐ if the foundation					
	unsolicited requests for funds. If the f complete items 2a, b, c, and d. See ir		s giπs, grants, etc.,	, to individuals or c	organizations unde	er otner conditions,
а	The name, address, and telephone no	umber or email a	ddress of the perso	on to whom applica	ations should be a	ddressed:
Herma	n O. West Foundation, 530 Herman O. W	est Drive Exton	PA 19341			
	The form in which applications should			materials they sho	ould include:	
Camel	io Attached					
	le Attached Any submission deadlines:					
reblua A	ary 28th Any restrictions or limitations on av	wards, such as	by geographical a	reas, charitable fi	elds, kinds of ins	stitutions, or other
u	This restrictions of minitations of at		-, gg.wpcui 0	,		

factors:

Scholarship Recipients must be dependents of West Pharmaceutical Services, Inc. Employees

Part XV Supplementary Information (continuous 3 Grants and Contributions Paid During to	inued)	ed for Eur	ture Payment	-
	If recipient is an individual,	Ī		T
	show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
MULTI YEAR GRANTS				150,000
	,		v	
SCHOLARSHIP PAYMENTS				129,696
MATCHING GIFTS				110,271
CAMPAIGN MATCHES			,	421,523
		-		
	, ,			
-				
•				
,				
Total			▶ 3a	811,490
b Approved for future payment				
•				
·				
	,			
			,	
-				
			.	1

nter gross an	ounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by section	on 512, 5 <u>13, or 51</u>	— (e)
•		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exemp function income (See instructions.)
•	service revenue:					
a	 	-		 	<u> </u>	-
		-		+		-
Ğ —		-		+ +		
d				 		
· ——			-	 		-
7 Eees	and contracts from government agencies			+		
_	hip dues and assessments					-
	n savings and temporary cash investments			1	 -	22
	s and interest from securities					28,56
	I income or (loss) from real estate:					20,00
	financed property					
	ebt-financed property			* 1		
	I income or (loss) from personal property				<u>.</u>	
	estment income			 		777,66
	ss) from sales of assets other than inventory			<u> </u>		777,00
•	ne or (loss) from special events	-				
	ofit or (loss) from sales of inventory					
•	enue: a		-			
_			-			
· · · · · · · ·	-					
d				1		
a				l t		
e						806.45
e 2 Subtotal.	Add columns (b), (d), and (e)				13	806,45 806,45
e2 Subtotal.	Add columns (b), (d), and (e)				13	806,45 806,45
e2 Subtotal.	Add columns (b), (d), and (e)	ns.)			13	
e 2 Subtotal. 3 Total. Acee workshee	Add columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	ot Purposes		806,45
e 2 Subtotal. 3 Total. Acee workshee	Add columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	ot Purposes		806,45
e 2 Subtotal. 3 Total. Acee workshee	Add columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	ot Purposes		806,45
e 2 Subtotal. 3 Total. Acee workshee	Add columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	ot Purposes		806,45
e 2 Subtotal. 3 Total. Acee workshee	Add columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	ot Purposes		806,45
e 2 Subtotal. 3 Total. Acee workshee	Add columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	ot Purposes		806,45
e 2 Subtotal. 3 Total. Acee workshee	Add columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	ot Purposes		806,45
e 2 Subtotal. 3 Total. Acee workshee	Add columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	ot Purposes		806,45
e 2 Subtotal. 3 Total. Acee workshee	Add columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	ot Purposes		806,45
e 2 Subtotal. 3 Total. Acee workshee	Add columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	ot Purposes		806,45
e 2 Subtotal. 3 Total. Acee workshee	Add columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	ot Purposes		806,45
e 2 Subtotal. 3 Total. Acee workshee	Add columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	ot Purposes		806,45
e 2 Subtotal. 3 Total. Acee workshee	Add columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	ot Purposes		806,45
e 2 Subtotal. 3 Total. Acee workshee	Add columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	ot Purposes		806,45
e 2 Subtotal. 3 Total. Acee workshee	Add columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	ot Purposes		806,45
e 2 Subtotal. 3 Total. Acee workshee	Add columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	ot Purposes		806,45
e 2 Subtotal. 3 Total. Acee workshee	Add columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	ot Purposes		806,45
e 2 Subtotal. 3 Total. Acee workshee	Add columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	ot Purposes		806,45
e 2 Subtotal. 3 Total. Acee workshee	Add columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	ot Purposes		806,45
e 2 Subtotal. 3 Total. Acee workshee	Add columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	ot Purposes		806,45
e 2 Subtotal. 3 Total. Acee workshee	Add columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	ot Purposes		806,45
e 2 Subtotal. 3 Total. Acee workshee	Add columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	ot Purposes		806,45
e 2 Subtotal. 3 Total. Acee workshee	Add columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	ot Purposes		806,45
e 2 Subtotal. 3 Total. Acee workshee	Add columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	ot Purposes		806,45

		Organizati	0115										
1.	in se		directly or indirect other than section									Yes	No
а			oorting foundation	n to a nonch	aritable exen	not orga	nization c	f:					. [
_		ash	=								1a(1)		7
	• •	ther assets									1a(2)		1
ь		transactions:											
			a noncharitable e	exempt orga	ınızation .						1b(1)		-
			ets from a noncha								1b(2)		1
			, equipment, or of								1b(3)		1
			rrangements								1b(4)		1
			rantees								1b(5)		1
			ervices or membe								1b(6)		✓
С			quipment, mailing	-	_						1c		√
d		•	of the above is "								v the	fair m	arket
	value	of the goods, o	ther assets, or se	rvices giver	by the repo	rting fou	ndation.	f the found	ation rece	ived less	than	faır m	arket
	value	in any transaction	on or sharing arra	ngement, sl	how in colum	n (d) the	value of	the goods,	other asse	ets, or se	rvices	recei	ved.
(a) Line	no (b) Amount involved	(c) Name of no	ncharitable exe	empt organizatio	n	(d) Descrip	tion of transfer	s, transactio	ns, and sha	ring arra	angeme	ents
								·					
_	_												
2a			 ectly or indirectly 501(c) (other than										 1 a
L			e following schedi		(O)(O)) O(III S(JUN 32			• • •	• •		:S <u> </u>	1 140
	11 16	(a) Name of organ		uie.	(b) Type of orga	nization			(c) Description	on of relation	nship		
		(a) Name of Organ	iization		(b) Type of orga	IIIZALIOII		<u> </u>	(c) Description				
				-									
							 -						
													-
	Unde	r penalties of periury. I	I declare that I have exar	nined this return	, including accom	panying sch	nedules and	statements, and	to the best of	my knowled	ge and	belief, it	is true.
Sign		ct, and complete Decl	laration of preparer (other	er than taxpayer)	is based on all inf	ormation of	which prepa	rer has any knov	wledge	May the II			
Here		- form	frakt		1///3/19	Vice-	President	Global Tax		with the p	reparer :	shown b	selow?
1616		ature of officer of tru	istee		Date	Title	Josiaciit			See instru	ctions	∐Yes	∐No
		Print/Type preparer		Preparer	r's signature			Date	7	<u> </u>	PTIN		
Paid										k if employed			
Prep								_					
Use	Only	F also deless	Dhen -										

Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2018

Employer identification number

Herman O. West Foundation 38-36744							
	zation type (check o	ne):					
Filers of:		Section:					
Form 990 or 990-EZ		☐ 501(c)() (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private fou	ındation				
		☐ 527 political organization					
Form 99	90-PF	√ 501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private founda	tion				
		☐ 501(c)(3) taxable private foundation					
		covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule a	and a Special Rule. See				
ınstruct	•		•				
Genera	l Rule						
V	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.						
Specia	Rules						
	regulations under s	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 3 ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 99d that received from any one contributor, during the year, total contribut f the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line	90 or 990-EZ), Part II, line itions of the greater of (1)				
	For an organization described in section 501(c)(7), (8), or (10) filling 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
Cautio	n: An organization th	at isn't covered by the General Rule and/or the Special Rules doesn't fi					

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

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	\$\$	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				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	·	\$	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		s	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person				

Name of organization

Employer identification number

lerman O	. West Foundation		38-3674460		
Pärt II	Noncash Property (see instructions). Use duplicate copies	s of Part II if additional spac	ce 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		

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of org	ganization			-	Employer identification number			
	West Foundation				38-3674460			
Part III	Exclusively religious, charitable, et (10) that total more than \$1,000 for the following line entry. For organizat contributions of \$1,000 or less for the Use duplicate copies of Part III if additional transfer or the copies of the copies o	the year from any tions completing Pa le year. (Enter this in	one contributor. (art III, enter the total of the total o	Complete I of <i>exclus</i>	columns (a) through (e) and vely religious, charitable, etc.,			
(a) No.								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) De	scription of how gift is held			
	(e) Transfer of gift							
}	Transferee's name, address, ar	ship of tra	nsferor to transferee					
•					\			
		••••••						
(a) No. from Part I	(b) Purpose of gift	of gift	of gift (d) Description of how gift is held					
L								
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
-			p 0					
					•••••			
(a) No. from Part I	(b) Purpose of gift (c) Use		of gift (d) D		scription of how gift is held			
L								
	(e) Transfer of gift							
1	Transferee's name, address, a	ship of tra	insferor to transferee					
								
(a) No.	415	(-) H		(4) 0-				
from Part I	(b) Purpose of gift	(c) Use		(a) De	scription of how gift is held			
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
}								