

NOVEMBER 11, 2022

WESTCOTT HOUSE FOUNDATION 1340 E HIGH ST SPRINGFIELD, OH 45505

WESTCOTT HOUSE FOUNDATION:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2021 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2021 FORM 990

2021 OHIO ATTORNEY GENERAL ANNUAL REPORT

THE INTERNAL REVENUE SERVICE REQUIRES THAT YOU MAKE YOUR ANNUAL EXEMPT ORGANIZATION RETURNS AND RELATED DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION FOR 3 YEARS FROM THE FILING DATE. THE EXEMPTION APPLICATION, LETTER OF DETERMINATION AND RELATED DOCUMENTS MUST BE MADE AVAILABLE FOR PUBLIC INSPECTION INDEFINITELY. THE ORGANIZATION MUST FURNISH A COPY OF ITS EXEMPTION APPLICATION AND/OR INFORMATION RETURNS FOR THE LAST 3 YEARS TO ANYONE WHO REQUESTS SO IN PERSON OR IN WRITING. INFORMATION RETURNS MADE AVAILABLE FOR PUBLIC INSPECTION MUST BE PROPERLY SIGNED.

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

ROB KITCHEN

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2021

PREPARED FOR:

WESTCOTT HOUSE FOUNDATION 1340 E HIGH ST SPRINGFIELD, OH 45505

PREPARED BY:

CLARK, SCHAEFER, HACKETT & CO. 14 EAST MAIN STREET, SUITE 500 SPRINGFIELD, OH 45502

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2022

Form 8879-TE	IRS e-file Signature Authorization for a Tax Exempt Entity		OMB No. 1545-0047
	For calendar year 2021, or fiscal year beginning, 2021, and ending	, 20	2021
Department of the Treasury	Do not send to the IRS. Keep for your records.		Ζυζ Ι
Internal Revenue Service	Go to www.irs.gov/Form8879TE for the latest information.		
Name of filer WESTCO	TT HOUSE FOUNDATION	EIN or SSN 31-1'	N 747111
Name and title of officer or pe	son subject to tax MARTA WOJCIK	•	
	EXECUTIVE DIRECTOR		
Part I Type of	Return and Return Information		
Form 5330 filers may enter or 10a below, and the amo	n for which you are using this Form 8879-TE and enter the applicable amount, if any dollars and cents. For all other forms, enter whole dollars only. If you check the box unt on that line for the return being filed with this form was blank, then leave line 1b ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applic	on line 1a, 2a, 5, 2b, 3b, 4b, 5 b	, 3a, 4a, 5a, 6a, 7a, 8a, 9a, o, 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check h	ere b Total revenue, if any (Form 990, Part VIII, column (A), line 12	2)	1b <u>600,007.</u>
2a Form 990-EZ che			
3a Form 1120-POL			
4a Form 990-PF che	ck here 🕨 📃 🛛 b Tax based on investment income (Form 990-PF, Part V, lin	ıe 5)	4b
5a Form 8868 check			5b
6a Form 990-T chec			6b
7a Form 4720 check	here b Total tax (Form 4720, Part III, line 1)		7b
8a Form 5227 check	here b FMV of assets at end of tax year (Form 5227, Item D)		8b
9a Form 5330 check	here ▶ b Tax due (Form 5330, Part II, line 19)		9b
10a Form 8038-CP ch		t III, line 22)	10b
	ion and Signature Authorization of Officer or Person Subject to		
entry to the financial institu financial institution to debi later than 2 business days payment of taxes to receiv	, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electro tion account indicated in the tax preparation software for payment of the federal tax : the entry to this account. To revoke a payment, I must contact the U.S. Treasury Fir prior to the payment (settlement) date. I also authorize the financial institutions involve e confidential information necessary to answer inquiries and resolve issues related to ober (PIN) as my signature for the electronic return and, if applicable, the consent to e	es owed on this nancial Agent at ved in the proce o the payment. I	s return, and the t 1-888-353-4537 no essing of the electronic have selected a s withdrawal.
	ERO firm name		Enter five numbers, but
with a state age on the return's c X As an officer or return. If I have i IRS Fed/State p	on the tax year 2021 electronically filed return. If I have indicated within this return the ncy(ies) regulating charities as part of the IRS Fed/State program, I also authorize the isclosure consent screen. berson subject to tax with respect to the entity, I will enter my PIN as my signature or indicated within this return that a copy of the return is being filed with a state agency(ogram, I will enter my PIN on the return's disclosure consent screen.	e aforementioned n the tax year 20 (ies) regulating c	d ERO to enter my PIN 021 electronically filed charities as part of the
Signature of officer or person subject Part III Certifica	t to tax tion and Authentication	Date	e 🕨
-	ur six-digit electronic filing identification your five-digit self-selected PIN. 313100123 Do not enter all ze		
	neric entry is my PIN, which is my signature on the 2021 electronically filed return inc cordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information t		
ERO's signature 🕨	Date 🕨 1	L1/11/22	
	ERO Must Retain This Form - See Instructions		
	Do Not Submit This Form to the IRS Unless Requested To I	00 80	0030 75
LHA For Privacy act and	Paperwork Reduction Act Notice, see instructions.		Form 8879-TE (2021)
102521 01-11-22			

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре с	r Name of exempt organization or other filer, see instru	ictions.		Taxpayer	identification	number (TIN)
print	WESTCOTT HOUSE FOUNDATION				31-174	7111
File by th due date filing you	Number, street, and room or suite no. If a P.O. box, s	ee instruct	ions.			
return. Se instructio		oreign addi	ress, see instructions.			
Enter t	he Return Code for the return that this application is for (fil	e a separa	te application for each return)			01
Applic	ation	Return	Application			Return
ls For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870			12
Form 9	90-T (corporation) TOM FYFFE	07				
• If the box •	e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ▶ request an automatic 6-month extension of time until he organization named above. The extension is for the org . X calendar year 2021 or tax year beginning f the tax year entered in line 1 is for less than 12 months, c Change in accounting period	Group Exe and atta NOVEM anization's , an	mption Number (GEN), 1 ch a list with the names and TINs of <u>MBER 15, 2022</u> , to file return for: d ending	f this is fo all membe	r the whole gr ers the extens upt organizatio	roup, check this sion is for.
	f this application is for Forms 990-PF, 990-T, 4720, or 6069), enter the	tentative tax, less		•	
-	any nonrefundable credits. See instructions.) onter cer	refundable eredite ered	<u>3a</u>	\$	0.
	f this application is for Forms 990-PF, 990-T, 4720, or 6069 estimated tax payments made. Include any prior year overp			3b	\$	0.
c I	Salance due. Subtract line 3b from line 3a. Include your pa	ayment witl	h this form, if required, by			
	ising EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.
Cautio instruc	n: If you are going to make an electronic funds withdrawal tions.	(direct det	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879-	TE for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 8 8	368 (Rev. 1-2022)

123841 01-12-22

Form	qqn
Form	330

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

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

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



Image: SPRINGFIELD, OH 45505 H(a) Is this a group return for subordinates? Yes X No Image: SME AS C ABOVE H(b) kernises induced? Yes No No I trax-exempt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or 527 H(b) kernises induced? Yes No No J website: WWW.WESTCOTTHOUSE.ORG H(b) kernises induced? Yes No No H(c) Group exemption number H(c) Group exemption number Pert I Summary 1 Birlefly describe the organization; Smission or most significant activities: OUR MISSTON IS TO PRESERVE AND INTERPRET THE WESTCOTT HOUSE, PROMOTE HISTORIC PRESERVATION AND 2 Check this box) If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 19 4 Number of voting members of the governing body (Part VI, line 1a) 5 7 6 G22 for tal number of independent voting members of the governing body (Part VI, line 1a) 3 19 4 Number of volunteers (estimate if necessary) 6 622 7 7 7 Total number of volunteers (estimate if necessary) 6 622 7 7 0. 9 Program service revenue (Part VIII, column For Form P990-T	AI	or th	e 2021 calendar year, or tax year beginning and	ending		
Image of the second street of P.0. tox if mails not delivered to street address) 31-1747111 Image of the second street of P.0. tox if mails is not delivered to street address) Room/suite E Telephone number Image of the second street of P.0. tox if mails is not delivered to street address) Room/suite E Telephone number Image of the second street of P.0. tox if mails is not delivered to street address) Room/suite E Telephone number Image of the second street of P.0. tox if mails is not delivered to street address) Room/suite E Telephone number Image of the second street of P.0. tox if mails is not delivered to street address) Room/suite E Telephone number Image of the second street of province, country, and ZIP or foreign postal code Screen of the second street of the organization is mission or most significant activities: UR MTSSION IS TO PRESERVE AND INTERPRET THE WESTCOTT HOUSE, PROMOTE HISTORIC PRESERVATION AND Image of voing members of the governing body (Part VI, line 1b) Image of the organization is call and arge ar 2021 (Part VI, line 2b) Image of the second street of the second stree street of the second street of the second street of th	Ba	Check if applicab	e: C Name of organization		D Employer identific	cation number
Charge Very Province Doing Dusiness as SITE 17 4 7111 Predict Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Predict 134 0 E HIGH ST Gross receipts 6 652,610. Optimization: SPRINGFTELD, OH 45505 Hails in this agroup return for subordinates? UP to SXI to		Addre	WESTCOTT HOUSE FOUNDATION			
Number and street (or P.0. box fmails not delivered to street address) Hoom/suite E releptone number I340 E HIGH ST 1340 E HIGH ST 652,610. Amended SPRINGFIELD, OH 45505 510. Finance SPRINGFIELD, OH 45505 Hails this a group return Finance Finance 652,610. SAME AS C ABOVE Hails this a group return finance I Tax-exempt status: S01(c)(1) (insert no.) 4947(a)(1) or 527 J Website: WWW.WESTCOTTHOUSE.ORG Hc) Are at subcontances finance finance Rentl Summary I Streed to regarization's mission or most significant activities: OUR MISSION IS TO PRESERVE AND INTERPRET THE WESTCOTT HOUSE, PROMOTE HISTORIC PRESERVE AND INTERPRET THE WESTCOTT HOUSE, PROMOTE HISTORIC PRESERVE AND INTERPRET THE WESTCOTH HOUSE, PROMOTE HISTORIC PRESERVE AND 3 19 4 Number of independent voting members of the governing body (Part Vi, line 1a) 3 19 5 Tata number of independent voting members of the governing body (Part Vi, line 2a) 5 7 6 Tata number of volunteers (estimate if necessary) 6 7 7 7 <		Name	Doing business as		31-174711	11
Image: Second Secon			Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
average of average is a serie is a		returr	1340 E HIGH ST		937-325-4	4673
Image: Contribution of the control		ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	652,610.
pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No 1 Tax-exempt status: X 501(c)(3) 501(c)(1) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions Website: WWW.WESTCOTTHOUSE.ORG H(c) Group exemption number ► H(c) Group exemption number ► K Form of roganization: IX Corporation Trust Association Other ► L year of tormation: 2000 M State of legal domicile: OH Partial Summary Isriefly describe the organization's mission or most significant activities: OUR MISSION IS TO PRESERVE AND INTERPRET THE WESTCOTT HOUSE, PROMOTE HISTORIC PRESERVATION AND 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 19 4 Number of individuals employed in calendar year 2021 (Part V, line 2a) 5 7 6 Total number of volunteers (estimate if necessary) 6 6 7 a total number of volunteers (estimate if necessary) 7 259. 37,934. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 7,259. 37,934		returr	SFRINGFIELD, OH 45505		H(a) Is this a group re	turn
SARE AS C ABOVE H0) Are all subordinates included? Yes No. I Taxexempt status: S01(c)(3) 501(c)(3) 601(c)(3) 601(c)(3) 601(c)(3) 601(c)(3) 101(c)(3) 101(c)		_Appli tion			for subordinates	? Yes X No
J Website: WWW.WESTCOTTHOUSE.ORG H(c) Group exemption number K Form of organization; X Corporation Trust Association Other L Year of formation; 2000 M State of legal domicle; OH Part I Summary 1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO PRESERVE AND 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of voting members of the governing body (Part VI, line 1a) 4 5 7 6 622 7 a Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 6 622 7 a Total number of volunteers (estimate if necessary) 7a 7 a Total number of volunteers (estimate if necessary) 7a 8 Contributions and grants (Part VIII, ione 1hr) 83.3,064.409,279. 9 Program service revenue (Part VIII, column (A), lines 3,4, and 7d) 7,259.37,934. 10 Investment income (Part VIII, column (A), lines 1.3) 0. 0. 12 Total revenue- add lines 8 through			SAME AS C ABUVE		H(b) Are all subordinates in	cluded? Yes No
K Form of organization: X Corporation Trust Association Other ▶ L Year of formation: 2000 M State of legal domicile: OH Part I Summary Interpretation's mission or most significant activities: OUR MISSION IS TO PRESERVE AND Interpretation Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO PRESERVATION AND 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of independent voting members of the governing body (Part VI, line 1a) 3 19 4 Number of independent voting members of the governing body (Part VI, line 1a) 3 19 5 Total number of individuals employed in calendary year 2021 (Part V, line 2a) 6 6 62 5 Total number of volunteers (estimate if necessary) 7a 0. 0. 0. 7 Total unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 833, 064. 40.9, 279. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. <th< th=""><th></th><th></th><th></th><th>or 📃 527</th><th>If "No," attach a</th><th>list. See instructions</th></th<>				or 📃 527	If "No," attach a	list. See instructions
Part I Summary 1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO PRESERVATION AND 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 19 4 Number of independent voting members of the governing body (Part VI, line 1a) 4 19 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 6 62 6 Total number of volunteers (estimate if necessary) 6 62 7 Total unrelated business revenue from Part VIII, column (C), line 12 Tra 0. 9 Program service revenue (Part VIII, line 1h) 7b 0. 9 Program service revenue (Part VIII, line 2g) 48, 1778. 63, 627. 10 Investment income (Part VIII, loclumn (A), lines 3, 4, and 7d) 7, 259. 37, 934. 11 Other revenue? Add Imes 8 through 11 (must equal Part VIII, column (A), line 13.) 0. 0. 12 Total arwolates 8 through 11 (must equal Part VIII, column (A), line 25. 0. 0. 0. 13 Grants and similiar amounts paid (Part IX, co					· · · · · · · · · · · · · · · · · · ·	
Image: Solution of the endition of the second of the endities of the endits of the endities of the endities of the endities of				L Year	of formation: 2000 N	I State of legal domicile: OH
INTERPRET THE WESTCOTT HOUSE, PROMOTE HISTORIC PRESERVATION AND 2 Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 19 4 Number of independent voting members of the governing body (Part VI, line 1a) 3 19 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 6 622 6 Total number of volunteers (estimate if necessary) 6 622 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 9 Program service revenue (Part VIII, column (A), line 3, 4, and 7d) 7, 259. 37, 934. 10 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 7, 259. 37, 934. 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 0. 12 Total revenue 'add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 0. 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 5-10) 141, 913. 161, 234. 163, 235. 16 Professional fundraising fees (Part IX, column (A), line 12) 0. 0. 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), line 25) 22, 506.	Pa	art I				
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 7 6 Total number of volunteers (estimate if necessary) 6 62 7 a Total number of volunteers (estimate if necessary) 7 6 62 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. 9 Program service revenue (Part VIII, line 1h) 83.3, 064. 40.9, 27.9. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7c) 7, 25.9. 37, 934. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 24, 505. 89, 167. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3) 0. 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 5.10) 141, 913. 161, 234. 14 Professional fundraising fees (Part IX, column (D), line 25) 22, 506. 0. 0. 0. 14 Professional fundraising expenses. Subtract line 18 from line 12 369, 651. 8, 870. 8, 870. 15	e	1	Briefly describe the organization's mission or most significant activities: OUR I	MISSIO	N IS TO PRES	SERVE AND
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 7 6 Total number of volunteers (estimate if necessary) 6 62 7 a Total number of volunteers (estimate if necessary) 7 6 62 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. 9 Program service revenue (Part VIII, line 1h) 83.3, 064. 40.9, 27.9. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7c) 7, 25.9. 37, 934. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 24, 505. 89, 167. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3) 0. 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 5.10) 141, 913. 161, 234. 14 Professional fundraising fees (Part IX, column (D), line 25) 22, 506. 0. 0. 0. 14 Professional fundraising expenses. Subtract line 18 from line 12 369, 651. 8, 870. 8, 870. 15	anc					
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 7 6 Total number of volunteers (estimate if necessary) 6 62 7 a Total number of volunteers (estimate if necessary) 7 6 62 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. 9 Program service revenue (Part VIII, line 1h) 83.3, 064. 40.9, 27.9. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7c) 7, 25.9. 37, 934. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 24, 505. 89, 167. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3) 0. 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 5.10) 141, 913. 161, 234. 14 Professional fundraising fees (Part IX, column (D), line 25) 22, 506. 0. 0. 0. 14 Professional fundraising expenses. Subtract line 18 from line 12 369, 651. 8, 870. 8, 870. 15	ern	2			1.1	
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 7 6 Total number of volunteers (estimate if necessary) 6 62 7 a Total number of volunteers (estimate if necessary) 7 6 62 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. 9 Program service revenue (Part VIII, line 1h) 83.3, 064. 40.9, 27.9. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7c) 7, 25.9. 37, 934. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 24, 505. 89, 167. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3) 0. 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 5.10) 141, 913. 161, 234. 14 Professional fundraising fees (Part IX, column (D), line 25) 22, 506. 0. 0. 0. 14 Professional fundraising expenses. Subtract line 18 from line 12 369, 651. 8, 870. 8, 870. 15	Š	3				
b Net unrelated business taxable income from Form 990-T, Part I, line 11 IT It<	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
b Net unrelated business taxable income from Form 990-T, Part I, line 11 IT It<	ies					
b Net unrelated business taxable income from Form 990-T, Part I, line 11 IT It<	ivit	-				-
Prior Year Current Year 9 Program service revenue (Part VIII, line 1h) 8 33, 064. 409, 279. 9 Program service revenue (Part VIII, line 2g) 48, 178. 63, 627. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7, 259. 37, 934. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 24, 505. 89, 167. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 913, 006. 600, 007. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), lines 1.3) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5:10) 141, 913. 161, 234. 16a Professional fundraising expenses (Part IX, column (D), line 25) 22, 506. 1 17 Other expenses (Part IX, column (A), line 12) 543, 355. 591, 1.37. 19 Revenue less expenses. Subtract line 18 from line 12 369, 651. 8, 870. 20 Total assets (Part X, line 16)	Act					-
8 Contributions and grants (Part VIII, line 1h) 833,064. 409,279. 9 Program service revenue (Part VIII, column (A), line 3, 4, and 7d) 7,259. 37,934. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7,259. 37,934. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 24,505. 89,167. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 913,006. 600,007. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 141, 913. 161, 234. 16a Professional fundraising expenses (Part IX, column (D), line 25) 22, 506. 0. 0. 17 Other expenses. Add lines 13.17 (must equal Part IX, column (A), line 25) 543,355. 591,137. 19 Revenue less expenses. Subtract line 18 from line 12 369,651. 8,870. 20 Total assets (Part X, line 16) 2,110,877. <th></th> <th>d </th> <th>Net unrelated business taxable income from Form 990-1, Part I, line 11</th> <th></th> <th></th> <th></th>		d	Net unrelated business taxable income from Form 990-1, Part I, line 11			
9 Program service revenue (Part VIII, line 2g) 48,178. 63,627. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7,259. 37,934. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 24,505. 89,167. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 913,006. 600,007. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 141, 913. 161, 234. 16a Professional fundraising fees (Part IX, column (A), line 25) 22, 506. 0. 0. 17 Other expenses (Part IX, column (A), line 25) 22, 506. 401, 442. 429, 903. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 543,355. 591,137. 19 Revenue less expenses. Subtract line 18 from line 12 369,651. 8,870. 20 Total assets (Part X, line 16) 2,110,877. 2,129,026. 21 Total liabili			Contributions and swarts (Dout)/III line 1b)			
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 24, 503. 63, 167. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 913, 006. 600, 007. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 141, 913. 161, 234. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 22, 506. 401, 442. 429, 903. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 369, 651. 8, 870. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 543, 355. 591, 137. 19 Revenue less expenses. Subtract line 18 from line 12 369, 651. 8, 870. 20 Total assets (Part X, line 16) 2, 110, 877. 2, 129, 026. 21 Total liabilities (Part X, line 26) 230, 322. 239, 601.	an					
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 24, 303. 63, 167. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 913, 006. 600, 007. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 141, 913. 161, 234. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 22, 506. 401, 442. 429, 903. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 369, 651. 8, 870. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 543, 355. 591, 137. 19 Revenue less expenses. Subtract line 18 from line 12 369, 651. 8, 870. 20 Total assets (Part X, line 16) 2, 110, 877. 2, 129, 026. 21 Total liabilities (Part X, line 26) 230, 322. 239, 601.	ven					
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 913,006. 600,007. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 141, 913. 161, 234. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 22, 506. 0. 0. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 22, 506. 401, 442. 429, 903. 19 Revenue less expenses. Subtract line 18 from line 12 369, 651. 8, 870. 20 Total assets (Part X, line 16) 2, 110, 877. 2, 129, 026. 21 Total liabilities (Part X, line 26) 230, 322. 239, 601.	Be					
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.00.00 14 Benefits paid to or for members (Part IX, column (A), line 4) 0.00.00 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 141,913.161,234.00 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.00.00 b Total fundraising expenses (Part IX, column (D), line 25) 22,506.00 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 401,442.429,903.00 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 543,355.591,137.00 19 Revenue less expenses. Subtract line 18 from line 12 369,651.00 8,870.00 20 Total assets (Part X, line 16) 2,110,877.2,129,026.00 230,322.00 230,322.00 21 Total liabilities (Part X, line 26) 230,322.00 239,601.00						
14 Benefits paid to or for members (Part IX, column (A), line 4) 0.00.00.00.00.00.00.00.00.00.00.00.00.0						
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 141,913. 161,234. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 22,506. 401,442. 429,903. 17 Other expenses (Part IX, column (A), lines 11a.11d, 11f-24e) 401,442. 429,903. 18 Total expenses. Add lines 13.17 (must equal Part IX, column (A), line 25) 543,355. 591,137. 19 Revenue less expenses. Subtract line 18 from line 12 369,651. 8,870. 20 Total assets (Part X, line 16) 2,110,877. 2,129,026. 21 Total liabilities (Part X, line 26) 230,322. 239,601.						
16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 22,506. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 401,442. 429,903. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 543,355. 591,137. 19 Revenue less expenses. Subtract line 18 from line 12 369,651. 8,870. 20 Total assets (Part X, line 16) 2,110,877. 2,129,026. 21 Total liabilities (Part X, line 26) 230,322. 239,601.		45				
17 Other expenses (1 at 1X, column (A), lines 11a 110, 111246) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26)	sec	16a				•
17 Other expenses (1 at 1X, column (A), lines 11a 110, 111246) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26)	ben	b	Total fundraising expenses (Part IX, column (D), line 25) 22,50	06.	-	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 543,355. 591,137. 19 Revenue less expenses. Subtract line 18 from line 12 369,651. 8,870. 10 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 2,110,877. 2,129,026. 21 Total liabilities (Part X, line 26) 230,322. 239,601.	ы	17			401,442.	429,903.
19 Revenue less expenses. Subtract line 18 from line 12 369,651. 8,870. 58 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 2,110,877. 2,129,026. 21 Total liabilities (Part X, line 26) 230,322. 239,601.		1				591,137.
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 2,110,877. 2,129,026. 21 Total liabilities (Part X, line 26) 230,322. 239,601.		19			369,651.	8,870.
20 Total assets (Part X, line 16) 2,110,877. 2,129,026. 21 Total liabilities (Part X, line 26) 230,322. 239,601. 22 Net assets or fund balances. Subtract line 21 from line 20 1,880,555. 1,889,425.	or					End of Year
Ž 21 Total liabilities (Part X, line 26) 230, 322. 239, 601. Ž 22 Net assets or fund balances. Subtract line 21 from line 20 1, 880, 555. 1, 889, 425.	Sets	20	Total assets (Part X, line 16)		2,110,877.	2,129,026.
22 Net assets or fund balances. Subtract line 21 from line 20 1,880,555, 1,889,425,	ASS	21			230,322.	239,601.
	Net	22	Net assets or fund balances. Subtract line 21 from line 20		1,880,555.	1,889,425.

Part II Signature Block

T,

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

•	Signature of officer	Date
Sign Here	MARTA WOJCIK, EXECUTIVE DIRECTOR	Date
	Type or print name and title	
	Print/Type preparer's name Preparer's signature	Date Check PTIN
Paid	ROBERT KITCHEN ROBERT KITCHEN	11/11/22 self-employed P01335939
Preparer	Firm's name 🕨 CLARK, SCHAEFER, HACKETT & CO.	Firm's EIN ▶ 31-0800053
Use Only	Firm's address 🕨 14 EAST MAIN STREET, SUITE 500	
	SPRINGFIELD, OH 45502	Phone no. 937 - 399 - 2000
May the IF	RS discuss this return with the preparer shown above? See instructions	X Yes No
132001 12-0	LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2021) WESTCOTT HOUSE FOUNDATION	31-1747111 Pa	ge 2
	t III Statement of Program Service Accomplishments		J-
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
•	THE WESTCOTT HOUSE FOUNDATION WAS ESTABLISHED TO RESTC	RE. PRESERVE AND	
	SHARE THE WESTCOTT HOUSE, DESIGNED BY FAMOUS ARCHITECT		
	WRIGHT. AFTER A GRASSROOTS EFFORT BY CONCERNED CITIZEN		
	FAMILY FOUNDATION, THE WESTCOTT HOUSE UNDERWENT A FIVE		
2	Did the organization undertake any significant program services during the year which were not listed on th		
	prior Form 990 or 990-EZ?	Yes X	No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es? Yes X	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services	s, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others, the total expenses, and	
	revenue, if any, for each program service reported.		
4a		Revenue \$ 152,434	•)
	THE WESTCOTT HOUSE FOUNDATION HAS RESTORED THE WESTCOT		/
	ARCHITECTURAL AND HISTORICAL BUILDING DESIGNED BY FRAN		
	SPRINGFIELD, OHIO AND HAS OPENED THE BUILDING TO THE G		•
	THIS ACTIVITY CONTINUES THE FOUNDATION'S MISSION TO PR		
	APPRECIATION OF ARCHITECTURAL HISTORY TO THE GENERAL F	UBLIC THROUGH	
	ACQUISITION, RESTORATION AND PRESERVATION.		
416			
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
_			
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
م۵	Total program service expenses > 496,149.	/	
-10		Form 990 (2	2021)
		Form 330 (2	202T)
132002	2 12-09-21 2		

Form	aan	(2021)	
FOUL	990	(2021)	

Form 990 (2021) WESTCOTT HOUSE FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		77	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	445		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
Ч	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u		11d		х
۵	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
132003	12-09-21	⊢orm	330	(2021)

132003 12-09-21

4

Form	990	(2021)
FUIII	330	120211

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
h	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
20	"Yes," complete Schedule L, Part IV	28c 29		X X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			37
05 -	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		<u> </u>
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3		_	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
132004	د 12-09-21 ۲	Form	990	(2021)

15341111 758050 55349-001

5 2021.05000 WESTCOTT HOUSE FOUNDATION 55349-01

Form	990 (2021) WESTCOTT HOUSE FOUNDATION 31–1747 t V Statements Regarding Other IRS Filings and Tax Compliance (continued) 31–1747	111	P	age 5
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		77
_	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
0	sponsoring organization have excess business holdings at any time during the year?	0		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b		9a 9b		<u> </u>
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		L
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			1
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		<u> </u>
	If "Yes," complete Form 6069.	_	000	(0001)

^{132005 12-09-21} 15341111 758050 55349-001

Form 990	(2021)
----------	--------

31-1747111 Page 6

Х

Х

15a

15b

Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No"	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 19			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			

	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		
	taxable entity during the year?	16a	<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		
	exempt status with respect to such arrangements?	16b	
Sec	tion C. Disclosure		
17	List the states with which a copy of this Form 990 is required to be filed NONE		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	s only) av	ailable
	for public inspection. Indicate how you made these available. Check all that apply.		
	Own website Another's website X Upon request Other (explain on Schedule O)		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financia	I
	statements available to the public during the tax year.		
20	State the name, address, and telephone number of the person who possesses the organization's books and records TOM FYFFE - 937-327-9291		
	1340 HIGH STREET, SPRINGFIELD, OH 45505		
132000	5 12-09-21	Form 9	90 (2021)

7

persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization

2021.05000 WESTCOTT HOUSE FOUNDATION 55349-01

Form 990 (2	021) WESTCOTT HOUSE FOUNDATION	31-1747111	Page 1
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	npensated	
·	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Comple	e this table for all persons required to be listed. Report compensation for the calendar year ending wit	th or within the organization's	tax vear

all persons required to be listed. Report compensation for the calendar year ending with or will • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	l	Inzu)	ipen	Jour	(D)	(E)	(F)
Name and title	Average			Pos	i tion			Reportable	Reportable	Estimated
Name and the	hours per		not cl , unles					compensation	compensation	amount of
	week		cer an					from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	Individual trustee or director				DS.		organization	(W-2/1099-MISC/	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	I trus	nal tri		oyee	om pe		1099-NEC)		and related
	below	vidua	Institutional trustee	cer	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) JOHN LANDESS	2.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(2) TERESA DEMANA	2.00									
VICE-CHAIR		Х		Х				0.	0.	0.
(3) ROBERT KITCHEN	2.00									
TREASURER & SECRETARY		Х		Х				0.	0.	0.
(4) NANCY ABERNATHY	2.00									
TRUSTEE		Х						0.	0.	0.
(5) LOGAN COBBS	2.00									
TRUSTEE		Х						0.	0.	0.
(6) DAVID HECKLER	2.00									
TRUSTEE		Х						0.	0.	0.
(7) ROBIN INBODEN	2.00									
TRUSTEE		Х						0.	0.	0.
(8) AFSHAN AHMED	2.00									
TRUSTEE		Х						0.	0.	0.
(9) SARAH MACKERT	2.00									
TRUSTEE		Х						0.	0.	0.
(10) STEVEN MCCREADY	2.00									
TRUSTEE		Х						0.	0.	0.
(11) BETH DIXON	2.00									
TRUSTEE		Х						0.	0.	0.
(12) VICKI RULLI	2.00									
TRUSTEE		Х						0.	0.	0.
(13) CHRISTOPHER SCHUTTE	2.00									
TRUSTEE		Х						0.	0.	0.
(14) KATHRYN ROGERS	2.00									
TRUSTEE		X						0.	0.	0.
(15) RUTH M. GLESS	2.00									
TRUSTEE		Х						0.	0.	0.
(16) GRETCHEN KRAFFT	2.00									
TRUSTEE		Х						0.	0.	0.
(17) BRIAN M. NOTT	2.00									
TRUSTEE		Х						0.	0.	0.
132007 12-09-21										Form 990 (2021)

132007 12-09-21

8

	990 (2021) WESTCOTT	HOUSE F	'0Ŭ	ND	AT	'IO	N			31-17	473	111	Pa	age 8
Part	VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for	box offi	not c , unles	Pos heck i ss per	more rson i irecto	than c s both pr/trust	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MIS	5	an com	(F) stimate nount other pensa	of tion
(10)		related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		org an	anizat d relat	ion ed
(18) TRUSI	TERRY WELKER	2.00	x						0.		0.			0.
	KAREN WOEBER	2.00	- 23								<u>.</u>			••
TRUSI	EE		х						0.		0.			0.
(20)	MARTA WOJCIK	50.00												
EXECU	TIVE DIRECTOR				Х				81,546.		0.			0.
46	Culture 1								81,546.		0.			0.
	Subtotal Total from continuation sheets to Part VI								01,540.		0.			0.
	Total (add lines 1b and 1c)								81,546.		0.			0.
	Total number of individuals (including but n							o re	· · ·	000 of reportable				
	compensation from the organization									-				0
													Yes	No
	Did the organization list any former officer,			•	•	-		Ŭ	• •					
	line 1a? If "Yes," complete Schedule J for s											3		<u>X</u>
	For any individual listed on line 1a, is the su											4		Х
	and related organizations greater than \$150 Did any person listed on line 1a receive or a										·····	4		
	rendered to the organization? If "Yes, " con											5		Х
	ion B. Independent Contractors						211							
1	Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	ensat	ion fro	om	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin		ear.				
	(A) Name and business	address	NTO	ONE	7				(B) Description of s	ervices	C	((;) nsatio	n
			INC		<u> </u>			\neg	Description of a			ompe	louio	
								_						
								+						
2	Total number of independent contractors (i	ncluding but no	ot lir	nitec	d to	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organi	zation 🕨				0)							
												Form	990 (2	2021)

132008 12-09-21

	n 990 (E FOUNDAT	TION		31-1747	111 Page 9
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response	or note to any line				
				(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
				Total revenue		business revenue	from tax under
							sections 512 - 514
S S	1 a	Federated campaigns 1a					
ant	b	Membership dues 1b					
ษิอิ	~	Fundraising events					
fts,	ר ה						
Gilan	d	3	268,426.				
ns, Sim	е	Government grants (contributions) 1e	200,420.				
er (f	All other contributions, gifts, grants, and	140 050				
Contributions, Gifts, Grants and Other Similar Amounts			140,853.				
utr of	g	Noncash contributions included in lines 1a-1f					
an	h	Total. Add lines 1a-1f	1	409,279.			
			Business Code				
é	2 a	ADMISSIONS	531390	48,635.	48,635.		
s vic	b	MEMBERSHIP FEES	711300	10,643.	10,643. 4,349.		
Sei	с	PROGRAM FEES	711300	4,349.	4,349.		
am sve	d				-		
Program Service Revenue	e						
Pro	f	All other program service revenue					
_		Total. Add lines 2a-2f		63,627.			
	3	Investment income (including dividends, intere		03,027.			
	3			37,934.			37,934.
		other similar amounts)		57,554.			57,5540
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)	🕨				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
ē		and sales expenses 7b					
evenue	c	Gain or (loss) 7c					
sev.		Net gain or (loss)					
Other R		Gross income from fundraising events (not					
the	0 4						
0		J					
		contributions reported on line 1c). See	10,472.				
		Part IV, line 18	10,472				
			10,112.	200			200
	c	Net income or (loss) from fundraising events	▶	360.			360.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19					
		Less: direct expenses9b					
	С	Net income or (loss) from gaming activities	🕨				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a	131,298.				
	b	Less: cost of goods sold	42,491.				
		Net income or (loss) from sales of inventory		88,807.	88,807.		
		,	Business Code				
sno	11 a						
nea	b						
cellaneo evenue	5						
Miscellaneous Revenue							
Σ		All other revenue					
		Total. Add lines 11a-11d		600,007.	152,434.	0.	38,294.
	12	Total revenue. See instructions	▶	000,007.	177,424.	U •	Form 990 (2021)
13200	9 12-09	-21					TUTH 330 (2021)

15341111 758050 55349-001

10

WESTCOTT HOUSE FOUNDATION Part IX Statement of Functional Expenses

Do no	Check if Schedule O contains a response of include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8l	b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1 (Grants and other assistance to domestic organizations				
á	and domestic governments. See Part IV, line 21				
2 (Grants and other assistance to domestic				
i	individuals. See Part IV, line 22				
3 (Grants and other assistance to foreign				
(organizations, foreign governments, and foreign				
i	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
5 (Compensation of current officers, directors,				
1	trustees, and key employees	81,546.	54,636.	18,755.	8,155
6 (Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
I	persons described in section 4958(c)(3)(B)				
7 (Other salaries and wages	68,439.	45,854.	15,741.	6,844
B	Pension plan accruals and contributions (include				
5	section 401(k) and 403(b) employer contributions)				
9 (Other employee benefits				
0 1	Payroll taxes	11,249.	7,537.	2,587.	1,125
	Fees for services (nonemployees):				
al	Management				
bl	Legal				
с	Accounting				
dl	Lobbying				
e l	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g (Other. (If line 11g amount exceeds 10% of line 25,				
(column (A), amount, list line 11g expenses on Sch 0.)	13,589.		13,589.	
2	Advertising and promotion	22,873.	22,873.		
3 (Office expenses	63,822.	42,761.	14,679.	6,382
4	Information technology				
5	Royalties				
6 (Occupancy	35,457.	33,684.	1,773.	
7	Travel				
8	Payments of travel or entertainment expenses				
1	for any federal, state, or local public officials				
9 (Conferences, conventions, and meetings				
0	Interest	63,285.	63,285.		
1	Payments to affiliates				
	Depreciation, depletion, and amortization	66,515.	63,189.	3,326.	
3	Insurance	19,715.	19,715.		
4 (Other expenses. Itemize expenses not covered				
í	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
á	amount, list line 24e expenses on Schedule O.)				
-	DIRECT PROGRAM EXPENSES	127,890.	127,890.		
	REPAIRS AND MAINTENANCE	14,725.	14,725.		
-	OTHER TAXES	1,129.		1,129.	
d]	MISCELLANEOUS EXPENSE	903.		903.	
e	All other expenses				
5 -	Total functional expenses. Add lines 1 through 24e	591,137.	496,149.	72,482.	22,506
; ;	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				

132010 12-09-21

Form 990 (2021)

15341111 758050 55349-001

WESTCOTT	HOUSE	FOUNDATION
----------	-------	------------

31-1747111 Page 11

		Check if Schedule O contains a response or note	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			224,092.	1	264,065.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes	e persoi	ns		5	
	6	Loans and other receivables from other disqualif	ied pers	ons (as defined			
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			68,579.	8	80,884.
As	9				218.	9	405.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,358,241.			
	b	Less: accumulated depreciation	10b	804,185.	1,619,942.	10c	1,554,056.
	11	Investments - publicly traded securities	i	_	198,046.	11	229,616.
	12	Investments - other securities. See Part IV, line 1			-	12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets		F		14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			2,110,877.	16	2,129,026.
	17	Accounts payable and accrued expenses			1,036.	17	18,955.
	18	Grants payable				18	
	19	Deferred revenue			50,742.	19	50,742.
	20				-	20	
	21	Escrow or custodial account liability. Complete F				21	
Ś	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa					
lide		controlled entity or family member of any of thes				22	
Ľ	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·	178,544.	24	169,904.
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		of Schedule D	-			25	
	26	Total liabilities. Add lines 17 through 25			230,322.	26	239,601.
		Organizations that follow FASB ASC 958, chee	ck here	X			
ses		and complete lines 27, 28, 32, and 33.					
anc	27				1,612,146.	27	1,619,750.
Bal	28	Net assets with donor restrictions			268,409.	28	269,675.
pu		Organizations that do not follow FASB ASC 95					
μ		and complete lines 29 through 33.					
č	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ase	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances	1,880,555.	32	1,889,425.		
~	33	Total liabilities and net assets/fund balances			2,110,877.	33	2,129,026.

Form **990** (2021)

Form 990 (2021)
Part X Balance Sheet

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 12) 1 600,007. 2 Total expenses (must equal Part IX, column (A), line 25) 2 591,137. 3 8,8710. 4 1,880,555. 5 Net unrealized gains (losses) on investments 6 6 0 7 7 7 Investment expenses 7 8 Prior period adjustments 6 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 1 1,889,425. Part XII Financial Statements and Reporting 1 1,889,425. Check if Schedule O contains a response or note to any line in this Part XII 1 1,889,425. Part XII Financial Statements and Reporting 1 1,889,425. Check if Schedule O contains a response or note to any line in this Part XII 1 2a 1 Accounting method used to prepare the Form 990: Cash <th></th> <th>990 (2021) WESTCOTT HOUSE FOUNDATION</th> <th>31-1</th> <th>747111</th> <th>Pag</th> <th>_{ge} 12</th>		990 (2021) WESTCOTT HOUSE FOUNDATION	31-1	747111	Pag	_{ge} 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 600,007. 2 Total expenses (must equal Part IX, column (A), line 25) 2 591,137. 3 Revenue less expenses. Subtract line 2 from line 1 3 8,870. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,880,555. 5 Net unrealized gains (losses) on investments 6 7 6 7 Investment expenses 7 7 7 7 7 8 9 0. 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 H * Yes, 'toekca box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. 2a X 11 H *	Pa	t XI Reconciliation of Net Assets				
1 Total revenue (must equal Part VIII, column (A), line 12) 1 600,007. 2 Total expenses (must equal Part IX, column (A), line 25) 2 591,137. 3 Revenue less expenses. Subtract line 2 from line 1 3 8,870. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,880,555. 5 Net unrealized gains (losses) on investments 6 7 6 7 Investment expenses 7 7 7 7 7 8 9 0. 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 H * Yes, 'toekca box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. 2a X 11 H *		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 591, 137. 3 Revenue less expenses. Subtract line 2 from line 1 3 8, 870. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1, 880, 555. 5 Net unrealized gains (losses) on investments 6 7 6 7 8 6 7 7 8 6 8 9 0ther changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1, 889, 425. Part XII 7 Check if Schedule 0 contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other						
3 Revenue less expenses. Subtract line 2 from line 1 3 3 8,870. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,880,555. 5 Net unrealized gains (losses) on investments 6 6 6 7 7 8 7 8 Prior period adjustments 8 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 1 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1,889,425. Part XII Financial Statements and Reporting 7 10 1,889,425. Part XII Financial Statements compiled or reviewed by an independent accountant? Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 0. 2a X 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. consolidated basis, or both: Separate basis	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4 1,880,555. 5 Net unrealized gains (losses) on investments 5 6 6 6 7 8 9 9 0. 9 0. 10 Net assets or fund balances of the balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 1, 889, 425. Part XII Financial Statements and Reporting 1, 889, 425. Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization stanncial statements and selection of an independent accountant? 2c 7 If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 2a X If "Yes," to line 2a or 2b, does the organ	2	Total expenses (must equal Part IX, column (A), line 25)	2	592	1,1:	<u>37.</u>
5 Net unrealized gains (losses) on investments 6 6 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 11 12 12 13 14 15 15 16 17 17 18 19 10 10 10 11 12 12 13 14 15 15 15 16 17 18 19 10 11 10 12 12 14 15 15 15 16 17 17 18 19 11 12 12 13 14 15 15 15 16 17 17 18 19 11 12 12 13 14 15 15 15 15 16 17 17 <tr< th=""><td>3</td><td>Revenue less expenses. Subtract line 2 from line 1</td><td>3</td><td></td><td></td><td></td></tr<>	3	Revenue less expenses. Subtract line 2 from line 1	3			
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (E)) 10 1,889,425. Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII I Accounting method used to prepare the Form 990: C Cash X Accrual Other Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis, or both: Separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Bet to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required aud	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,880),5	55.
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash X X Accounting method used to prepare the Form 990: Cash X Marcinal Statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis B Both consolidated and separate basis Check is to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or au	5	Net unrealized gains (losses) on investments	5			
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash X X Accounting method used to prepare the Form 990: Cash X Marcinal Statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis B Both consolidated and separate basis Check is to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or au	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1,889,425. Part XIII Financial Statements and Reporting	7		7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 1,889,425. Part XII Financial Statements and Reporting	8	Prior period adjustments	8			
column (B) 10 1,889,425. Part XII Financial Statements and Reporting	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection or an independent accountant? 2c 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a X If "Yes," doit the organiza	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c 2c 2c 2c			10	1,889	9,42	25.
Yes No 1 Accounting method used to prepare the Form 990: Cash X Other I I I I Accounting method used to prepare the Form 990: Cash X I <td>Pa</td> <td>t XII Financial Statements and Reporting</td> <td></td> <td></td> <td></td> <td></td>	Pa	t XII Financial Statements and Reporting				
1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Construct on the second sec		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2c 2c c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal					Yes	No
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2c 2c 2c Separate basis Consolidated basis Both consolidated and separate basis 2c 2c <t< th=""><td>1</td><td>Accounting method used to prepare the Form 990: Cash X Accrual Other</td><td></td><td>_ </td><td></td><td></td></t<>	1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
 Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a X Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b 4b		separate basis, consolidated basis, or both:				
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Image: Consolidated basis Image:		Separate basis Consolidated basis Both consolidated and separate basis				
consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a 3a 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b	b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>
 Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b		consolidated basis, or both:				
review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b		Separate basis Consolidated basis Both consolidated and separate basis				
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	С					
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 3a X Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b		review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>
Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b 3b		If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3a		gle Audit			
or audits, explain why on Schedule O and describe any steps taken to undergo such audits				<u>3a</u>		X
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				L

Form **990** (2021)

132012 12-09-21

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organization

Name	e of t	he organization							identification number	
_		WEST	COTT HOUSE	FOUNDATION					1-1747111	
Par	tI	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.		
The o	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only o	one box.)				
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).			
2		A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	ı 990).)					
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).			
4 [A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:								
5 [An organization operated for		lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in	
г		section 170(b)(1)(A)(iv). (C								
6 [A federal, state, or local gov	-							
7 [X	An organization that norma	•	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general j	oublic described in	
- [section 170(b)(1)(A)(vi). (C								
8 [A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)								
9 [An agricultural research org				-		-	•	
		or university or a non-land-g	frant college of agricu	uiture (see instructions).	Enter the i	name, city	, and state of	the college	or	
10 [university: An organization that norma		than 22 1/20/ of its area	ort from -	optribution	o mombour-b	in foco and	d aroog rogginte from	
		activities related to its exem	, , ,	••				•	•	
		income and unrelated busir		•	. ,				0	
		See section 509(a)(2). (Cor				ses acqui	ied by the org	anization a		
11		An organization organized a		vely to test for public saf	etv See	section 50)9(a)(4)			
12		An organization organized a	-		•			rrv out the	purposes of one or	
		more publicly supported or	-	-	-			•		
		lines 12a through 12d that	-							
а		Type I. A supporting orga	•••					-	giving	
		the supported organization	-	-	•	-				
		organization. You must c	omplete Part IV, Se	ctions A and B.						
b] Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ving	
		control or management o	f the supporting orga	anization vested in the sa	ime perso	ns that co	ntrol or manag	ge the supp	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
с] Type III functionally inte	grated. A supporting	g organization operated i	n connect	ion with, a	and functional	ly integrate	ed with,	
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.			
d		Type III non-functionally	integrated. A supp	orting organization operation	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distr	ibution rec	quirement and	an attentiv	/eness	
	_	requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .			
е		Check this box if the orga	anization received a v	vritten determination from	n the IRS	that it is a	Туре I, Туре	II, Type III		
		functionally integrated, or	••	nally integrated supportir	ng organiz	ation.				
		r the number of supported o	•							
g		ide the following information) Name of supported	about the supporter (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetany	(vi) Amount of other	
	(organization		(described on lines 1-10	in your governi	ng document?	support (see in		support (see instructions)	
		0		above (see instructions))	Yes	No		,	, , , , , , , , , , , , , , , , , , , ,	
Total										

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	353,503.	384,416.	449,343.	833,064.	409,279.	2429605.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	353,503.	384,416.	449,343.	833,064.	409,279.	2429605.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						2429605.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	353,503.	384,416.	449,343.	833,064.	409,279.	2429605.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	7,504.	-684.	25,209.	7,259.	37,934.	77,222.
9	Net income from unrelated business	-		-	-	-	
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						2506827.
	Gross receipts from related activities,	etc. (see instructio	ons)			12	416,338.
	First 5 years. If the Form 990 is for th			fourth, or fifth tax y	vear as a section 5	01(c)(3)	
	organization, check this box and stor	-		-			
Sec	ction C. Computation of Publi		centage				·
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	column (f))		14	96.92 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	98.33 %
	33 1/3% support test - 2021. If the o					ore, check this bo>	and
	stop here. The organization qualifies						N V
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test		• •				
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-		
b	10% -facts-and-circumstances test	-			-		
	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organization		-				
_							(Form 990) 2021

132022 01-04-22

Schedule A	(Form	990	202
		000	1202

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge \dots						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section !	501(c)(3) orgar	nization,
check this box and stop here	•					·
Section C. Computation of Public	ic Support Per	rcentage				
15 Public support percentage for 2021 (line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Section D. Computation of Invest	stment Income					
17 Investment income percentage for 20	021 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2021. If the					33 1/3%, and I	ine 17 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2020. If the						3%, and
line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies	as a publicly supp	orted organiza	tion ►
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	
132023 01-04-22					Sched	lule A (Form 990) 2021
		16				

2021.05000 WESTCOTT HOUSE FOUNDATION 55349-01

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

17

132024 01-04-21

Schedule A (Form 990) 2021 WESTCOTT HOUSE FOUNDATION

2

Yes No

Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s)</i>		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supporting organization

Section C. T	ype II Suppo	rting Organiz	zations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*

Section D	. All Type III	Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method t	hat the organization used to satisf	v the Integral Part Test durin	a the year (see instructions).
•		nal line organization used to satisi	, וווכ ווווכקומו ז מונ ז ככו טעוווי	

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** _____ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental entit	v (see instruction <u>s)</u>).
-----	--	---	-------------------------	------------------------------------	------------------------------	----

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

Yes No

Schedule A (Form 990) 2021

15341111 758050 55349-001

18

1	Check here if the organization satisfied the Integral Part Test as a qualifyir All other Type III non-functionally integrated supporting organizations mus		,	Part VI). See instructions.
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1 a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

132026 01-04-22

Schedule A (Form 990) 2021 Part V

WESTCOTT HOUSE FOUNDATION Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

2021.05000 WESTCOTT HOUSE FOUNDATION 55349-01

j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

WESTCOTT HOUSE FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

ion D - Distributions				Current Year
Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
organizations, in excess of income from activity			2	
Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
Amounts paid to acquire exempt-use assets			4	
Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
Other distributions (<i>describe in Part VI</i>). See instructions.			6	
Total annual distributions. Add lines 1 through 6.			7	
Distributions to attentive supported organizations to which the	ne organization is responsive			
(provide details in Part VI). See instructions.			8	
Distributable amount for 2021 from Section C, line 6			9	
Line 8 amount divided by line 9 amount			10	
ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021
Distributable amount for 2021 from Section C, line 6				
Underdistributions, if any, for years prior to 2021 (reason-				
able cause required - explain in Part VI). See instructions.				
Excess distributions carryover, if any, to 2021				
From 2016				
From 2017				
From 2018				
From 2019				
From 2020				
Total of lines 3a through 3e				
Applied to underdistributions of prior years				
Applied to 2021 distributable amount				
Carryover from 2016 not applied (see instructions)				
	Amounts paid to perform activity that directly furthers exemp organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpose Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - pr Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which th (provide details in Part VI). See instructions. Distributable amount for 2021 from Section C, line 6 Line 8 amount divided by line 9 amount ion E - Distributions, if any, for years prior to 2021 (reason- able cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 From 2016 From 2017 From 2018 From 2019 From 2020 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2021 distributable amount	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2021 from Section C, line 6 Line 8 amount divided by line 9 amount (i) Excess Distributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 From 2016 From 2017 From 2018 From 2019 From 2020 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to underdistributions of prior years	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions. (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributions for 2021 from Section C, line 6 Line 8 amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reason-able cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 From 2016 From 2017 From 2018 From 2019 From 2019 From 2019 From 2020 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2021 distributable amount	Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distribution functions (see instructions. 8 9 Line 8 amount divided by line 9 amount 10 Inderdistributions, if any, for years prior to 2021 from Section C, line 6 9 Underdistributions carryover, if any, to 2021 Excess distributions carryover, if any, to 2021 From 2016

20

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	WESTCOTT H	OUSE FOU	NDATION		31-1747111	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	mation. Provide the	e explanations re	equired by Part II, line	10; Part II, line 17a or 1 : IV, Section B, lines 1 a o; Part V, line 1; Part V, is part for any additiona	7b: Part III, line 12:	
	(See instructions.)						
132028 01-04-2	2					Schedule A (Form 9	90) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2021

Employer identification number

31-1747113	1
------------	---

WESTCOTT	HOUSE	FOUNDATION

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (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

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (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 $\dots \longrightarrow$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Schedule	в	(Form	990)	(2021)
----------	---	-------	------	--------

Name of organization

Em

31-1747111

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 9,500. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 23,713. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 8,500. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 82,250. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21

Schedule B (Form 990) (2021)

Page 2

nlover	identification	numhe
picyci	nachtincation	numbe

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
7		
		\$22,962.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
8		
		\$16,000.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
9		
		\$27,010.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
10		
		\$10,000.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
11		

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

WESTCOTT HOUSE FOUNDATION

Name of organization

Part I

(a)

No.

12

Employer identification number

31-1747111

X Person Payroll Noncash • (Complete Part II for noncash contributions.) (d) Type of contribution X Person Payroll Noncash • (Complete Part II for noncash contributions.) (d) Type of contribution X Person Payroll 85,953. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution X Person Payroll 30,000. Noncash \$ (Complete Part II for

Schedule B (Form 990) (2021)

noncash contributions.)

24

(b)

2021.05000 WESTCOTT HOUSE FOUNDATION 55349-01

Payroll Noncash • (Complete Part II for noncash contributions.)

> Person Payroll Noncash

(Complete Part II for noncash contributions.)

(d) Type of contribution

Person

(d)

Type of contribution

(d)

Type of contribution

X

X

			— _	
—			\$	
(a)				(c)
No.	(b)		EM	(c) V (or estimate)
from	Description of noncash	property given		
Part I			(36	e instructions.)
			\$	
123453 11-11-21				
		25		
5341111 758	050 55349-001	2021.0500	0 WESTCO	OTT HOUSE

Name of organization

Employer identification number

31-1747111

WESTCOTT HOUSE FOUNDATION

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. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom vart I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom 'art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

UNDATION 55349-01

Schedule E	3 (Form 990) (2021)			Page 4	
Name of or	ganization		Er	nployer identification number	
WESTCO	OTT HOUSE FOUNDATION			31-1747111	
Part III	Exclusively religious, charitable, etc., contributi				
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,) through (e) and the following line en charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.)	► \$	
(a) No	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) Descript	tion of how gift is held	
Falli					
F		e) Transfer of gif	t I		
F	Transferee's name, address, a	nd ZIP + 4	Relationship of transfe	eror to transferee	
		[
(a) No			[
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descript	tion of how gift is held	
F		(e) Transfer of gif	I		
F	Transferee's name, address, a	nd ZIP + 4	Relationship of transfe	eror to transferee	
(a) No. from					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descript	tion of how gift is held	
		(e) Transfer of gif	t		
	Transferee's name, address, a	nd $7IP \pm 4$	Relationship of transfe	eror to transferee	
F					
		[
(a) No. from				tion of how with in hold	
Part I	(b) Purpose of gift	(c) Use of gift	(d) Descript	tion of how gift is held	
Ļ					
	(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transfe	eror to transferee	
Γ					
	-				

Schedule B (Form 990) (2021)

$15341111 \ 758050 \ 55349-001$

26 2021.05000 WESTCOTT HOUSE FOUNDATION 55349-01

SCHEDULE D)
------------	---

(Form	990)
-------	------

Part I

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Employer identification number

31-1747111

Department of the Treasury Internal Revenue Service

Name of the organization

WESTCOTT HOUSE FOUNDATION Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" on Form 990, Part IV, line	e 6.					
		(a) Donor ac	lvised funds	(b) Funds	and other acc	ounts	
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in w	riting that the asset	s held in donor advised fu	unds			_
	are the organization's property, subject to the organization's e	exclusive legal contr	ol?		Yes		No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing tha	t grant funds can be used	d only			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or fo	or any other purpose conf	erring			_
	impermissible private benefit?				Yes		No
Par	t II Conservation Easements. Complete if the organization	anization answered	"Yes" on Form 990, Part	IV, line 7.			
1	Purpose(s) of conservation easements held by the organization						
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of a hi	-	-	rea	
	Protection of natural habitat		Preservation of a ce	ertified histo	oric structure		
_	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualified day of the toy year.	ed conservation cor	tribution in the form of a		eld at the End of		
	day of the tax year.				eiu al life citu of	lile lax	Tear
C	Number of conservation easements on a certified historic structure			. <u>2c</u>			
a	Number of conservation easements included in (c) acquired af	,					
2	listed in the National Register Number of conservation easements modified, transferred, rele				ring the tex		
3	year	aseu, extinguisneu,	or terminated by the orga		ining the tax		
4	Number of states where property subject to conservation ease	ement is located					
5	Does the organization have a written policy regarding the perio		pection handling of				
Ŭ	violations, and enforcement of the conservation easements it l				Yes		No
6	Staff and volunteer hours devoted to monitoring, inspecting, h					vear	
Ū		and g of the area	, and enteren ig concerte		o) eu.	
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, an	d enforcing conservation	easements	during the year		
	► \$		gg				
8	Does each conservation easement reported on line 2(d) above	satisfy the requirer	nents of section 170(h)(4)	(B)(i)			
	and section 170(h)(4)(B)(ii)?				Yes		No
9	In Part XIII, describe how the organization reports conservation						
	balance sheet, and include, if applicable, the text of the footnot	ote to the organizati	on's financial statements	that describ	bes the		
	organization's accounting for conservation easements.						
Par	t III Organizations Maintaining Collections of	Art, Historical	Freasures, or Other	Similar /	Assets.		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its	revenue statement and b	alance shee	et works		
	of art, historical treasures, or other similar assets held for publ			rance of pul	blic		
	service, provide in Part XIII the text of the footnote to its finance						
b	If the organization elected, as permitted under FASB ASC 958	-					
	art, historical treasures, or other similar assets held for public	exhibition, educatio	n, or research in furtherar	nce of public	c service,		
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						
•				-			
2	If the organization received or held works of art, historical trea			n, provide			
	the following amounts required to be reported under FASB AS	-		• *			
	Revenue included on Form 990, Part VIII, line 1						
	Assets included in Form 990, Part X				abodula D (Far	m 000\	2024
	For Paperwork Reduction Act Notice, see the Instructions	101 FULLI 990.		50	chedule D (For	m 990)	2021
132051	10-28-21	27					

2021.05000 WESTCOTT HOUSE FOUNDATION 55349-01

Sche		<u>r house fou</u>				31-17			age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Simila	r Assets	s (contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significant	use of its			
	collection items (check all that apply):	,	, ,	U	U				
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	e		inango program					
c	Preservation for future generations	C C							
4	Provide a description of the organization's co	lections and explain	how they further th	e organization's ex	empt purpo	so in Part	YIII		
5	During the year, did the organization solicit of	-	-	-		Sennan	Am.		
5	to be sold to raise funds rather than to be ma		•	•			Yes		No
Par	t IV Escrow and Custodial Arrang								
1 41	reported an amount on Form 990, Par		te il the organizatio	in answered field	011 F01111 990	J, Fart IV,	ine 9, 0i		
	· · · · · · · · · · · · · · · · · · ·		n for contribution	a ar athar assats a					
Ia	Is the organization an agent, trustee, custodia						X		_ N
	on Form 990, Part X?					L	Yes		No
a	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:				Amount		
						<u> </u>	Amount		
	Beginning balance					<u> </u>			
	Additions during the year					<u> </u>			
е	Distributions during the year					<u> </u>			
f	Ending balance								
	Did the organization include an amount on Fo				• • • • • • • • • • • • • • • • • • • •	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.					<u></u>			
Par	t V Endowment Funds. Complete i	f the organization and							
		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four		
1a	Beginning of year balance	198,046.	172,596.	45,977	•	49,740.		45,	383.
b	Contributions	0.	21,615.	104,209	•	100.			100.
с	Net investment earnings, gains, and losses	38,085.	17,743.	25,575	•	2,499.		6,	821.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	5,022.	12,767.	2,283		6,007.		2,	222.
f	Administrative expenses	1,493.	1,141.	882		355.			342.
g	End of year balance	229,616.	198,046.	172,596		45,977.		49,	740.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	,	%	,					
b	Permanent endowment	%							
	· · · · · · · · · · · · · · · · · · ·	<u></u> / · · · · · · · · · · · · · · · · · · ·							
•	The percentages on lines 2a, 2b, and 2c show	, -							
3a	Are there endowment funds not in the posses		ion that are held ar	nd administered for	the organiz	ation			
ou	by:				and organiz	ation	ſ	Yes	No
	(i) Unrelated organizations						3a(i)	х	
	(ii) Related organizations						3a(ii)		x
h	If "Yes" on line 3a(ii), are the related organizations	tions listed as require	d on Schodulo P2						
4							30		
Par	Describe in Part XIII the intended uses of thet VILand, Buildings, and Equipm		ment lunds.						
1 41	Complete if the organization answered		Part IV line 11a S	ee Form 000 Part	X line 10				
		,	,	<i>,</i>	,	<u> </u>	())		
	Description of property	(a) Cost or ot basis (investm	• • •		Accumulat		(d) Bool	(valu	е
			,	, ,	depreciation		1 7 4		00
	Land			1,098.		1 -			98.
	Buildings		2,07	6,685.	704,4	12.	1,372	4,2	/0.
	Leasehold improvements				<u> </u>				
d	Equipment		15	0,458.	99,7	70.	50),6	88.
	Other		[<u> </u>		
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	<u>(. column (B), line 1</u>	0c.)			1,554	1,0	56.
						Schedule	D (Form	990)	2021

Part VII Investments	- Other Securities		
Schedule D (Form 990) 2021	WESTCOTT	HOUSE	FOUNDATION

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
) Financial derivatives			
) Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line			
Part X Other Liabilities.	<u>; 10.)</u>		
Complete if the organization answered "Yes"	on Form 990. Part IV, line *	11e or 11f. See Form 990. Part X. line 25	i.
(a) Description of liability			(b) Book value
(, , ,			
(1) Federal income taxes			
(2)			
(3)			
(4)			
(4)			
(4) (5)			
(4) (5) (6)			
(4) (5) (6) (7)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

X

132053 10-28-21

	edule D (Form 990) 2021 WESTCOTT HOUSE FOUNDATION			Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stater		ie per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.		
1				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b				
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>)			
5 Pa		ments With Expen	ses per Return.	
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>)	ements With Expen	ses per Return.	
5 Ра 1	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial State	ements With Expen	ses per Return.	
_	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1	ements With Expen	ses per Return.	
1	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12,</i>) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements	Principal Sector	ses per Return.	
1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ments With Expen	ses per Return.	
1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	Prements With Expen 12a. 2a 2b	ses per Return.	
1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Description	2a 2a 2b 2c	ses per Return.	
1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses	2a 2a 2b 2c 2d	ses per Return.	
1 2 b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2a 2b 2c 2d	ses per Return. 1	
1 2 b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses	2a 2a 2b 2c 2d	ses per Return. 1	
1 2 b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 1	2a 2a 2b 2c 2d	ses per Return. 1	
1 2 b c d 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	ses per Return. 1	
] 1 2 3 4 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other losses Other losses Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part IX, line 7b	2a 12a. 2b 2b 2c 2d 2d 4a 4b	ses per Return. 1 2e 3	
] 1 2 3 4 3 4	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 12a. 2b 2b 2c 2d 2d 4a 4b	ses per Return. 1 2e 3 4c	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

TO PROVIDE OPERATING SUPPORT FOR THE ORGANIZATION'S PROGRAM SERVICES.

PART X, LINE 2:

INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE FOUNDATION'S

TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME.

THE FOUNDATION'S REPORTING RETURNS ARE SUBJECT TO AUDIT BY FEDERAL AND

STATE TAXING AUTHORITIES. NO INCOME TAX PROVISION HAS BEEN INCLUDED IN THE

FINANCIAL STATEMENTS AS THE FOUNDATION HAS DETERMINED IT DOES NOT HAVE

UNRELATED BUSINESS INCOME SUBJECT TO TAXATION.

132054 10-28-21

Part XIII Supplemental Information (continued)					
Schedule D (For	m 990) 2021				

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ.

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

EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

31-1747111

WESTCOTT HOUSE FOUNDATION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INSPIRE CREATIVITY AND INNOVATION THROUGH ARCHITECTURE AND DESIGN

EDUCATION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESTORATION PROCESS, OPENING ITS DOORS TO THE PUBLIC IN 2005. THE

WESTCOTT HOUSE HAS WELCOMED OVER 100,000 VISITORS FROM ALL OVER THE

WORLD AND CONTINUES TO DRAW THOUSANDS OF NATIONAL AND INTERNATIONAL

VISITORS ANNUALLY - PROVING TO BE A VITAL ECONOMIC TOOL FOR GROWTH IN

THE REGION AND AN OPPORTUNITY TO CONNECT VISITORS TO OTHER ARTS,

CULTURAL AND HERITAGE SITES IN THE AREA. THE WESTCOTT HOUSE FOUNDATION

HAS RECEIVED NUMEROUS AWARDS AND RECOGNITION FOR EXCELLENCE IN

RESTORATION AND PRESERVATION. THE WESTCOTT HOUSE STRIVES TO EXTEND THE

LEGACY OF DESIGN AND INNOVATION OF WRIGHT TO VISITORS AND LEARNERS OF

ALL AGES THROUGH TOURS, EXHIBITS, AND INNOVATIVE EDUCATIONAL

PROGRAMMING.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PRESENTED TO THE ENTIRE BOARD PRIOR TO FILING THE RETURN.

THE BOARD OF DIRECTORS WILL THEN APPROVE THE FILING OF THE FORM 990 WITH A

VOTE AT ONE OF THE MONTHLY BOARD MEETINGS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE ORGANIZATION THROUGH THE FINANCE COMMITTEE COMPARES THE EXECUTIVE

DIRECTOR'S SALARY AGAINST PEER ORGANIZATIONS AND SUBMITS A BUDGET FOR THE

 FULL
 BOARD'S
 APPROVAL
 WHICH IS
 DOCUMENTED
 THROUGH
 MINUTES
 OF
 THE
 FINANCE

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211
 11-11-21

32

Schedule O (Form 990	2021 (
--------------	----------	--------

Name of the organization

WESTCOTT HOUSE FOUNDATION

Page 2 Employer identification number 31-1747111

COMMITTEE AND THE FULL BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION CURRENTLY DOES NOT MAKE ITS GOVERNING DOCUMENTS AVAILABLE

TO THE PUBLIC OTHER THAN UPON REQUEST AND APPROVAL FROM THE BOARD.

Schedule O (Form 990) 2021

132212 11-11-21