Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

OMB No. 1545-0047

<u>A I</u>	For the 2	2021 calendar year, or tax year beginning	and	ending		
B	Check if applicable:	C Name of organization			D Employer identific	cation number
	Address change	VERA HOUSE FOUNDATION,	TNC			
	Name change	Doing business as			22-31322	23
	Initial return	Number and street (or P.O. box if mail is not deliv	ered to street address)	Room/suite	E Telephone numbe	
	Final return/	723 JAMES STREET	orda to alroot address)	1100111/30110	(315)425	
	termin- ated	City or town, state or province, country, and Z	IP or foreign postal code	L	G Gross receipts \$	1,752,871.
	Amended return	SYRACUSE, NY 13203	or roroight poolar oodo		H(a) Is this a group re	
	Applica-	F Name and address of principal officer:RUSS	ELL STURTZ		for subordinates	 -
	pending	SAME AS C ABOVE		* .	H(b) Are all subordinates in	
1	Tax-exen		(insert no.) 4947(a)(1)	or 527		list. See instructions
		► WWW.VERAHOUSE.ORG			H(c) Group exemptio	
			ociation Other	L Year		State of legal domicile: NY
		Summary				Total of logal dollinonor Et
0	1 B	iefly describe the organization's mission or most s	ignificant activities: ESTA	BLISHE	D TO SOLICI	T, RECEIVE
& Governance		ND MAINTAIN FUNDS FOR VER				
ra L		neck this box 🕨 🔲 if the organization discont		sed of more	than 25% of its net as	sets.
ove.		umber of voting members of the governing body (F				28
Ğ	4 N	umber of independent voting members of the gove	erning body (Part VI, line 1b)	***************************************	4	26
Se	5 To	otal number of individuals employed in calendar ye	ar 2021 (Part V, line 2a)		5	C
Ϋ́	6 To	otal number of volunteers (estimate if necessary)			6	27
Activities	7a To	otal unrelated business revenue from Part VIII, colu	ımn (C), line 12		7a	0.
		et unrelated business taxable income from Form 9				0.
					Prior Year	Current Year
<u>o</u>	8 C	ontributions and grants (Part VIII, line 1h)	•••••		268,104.	363,716.
enc	9 Pr	ogram service revenue (Part VIII, line 2g)	•••••		0.	0.
Revenue	10 In	vestment income (Part VIII, column (A), lines 3, 4, a	and 7d)		43,587.	374,164.
<u></u>	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9		-9,893.	-72,313.	
	12 To	otal revenue - add lines 8 through 11 (must equal P	art VIII, column (A), line 12)		301,798.	665,567.
	13 G	ants and similar amounts paid (Part IX, column (A)	, lines 1-3)		0.	385,300.
	14 Be	enefits paid to or for members (Part IX, column (A),	line 4)		0.	0.
es		alaries, other compensation, employee benefits (Pa			0.	0.
Expenses	16a Pr	ofessional fundraising fees (Part IX, column (A), lin	e 11e)	***********	0.	0.
Š		tal fundraising expenses (Part IX, column (D), line				
ш		her expenses (Part IX, column (A), lines 11a-11d, 1			223,410.	251,781.
		otal expenses. Add lines 13-17 (must equal Part IX,			223,410.	637,081.
. 0	19 Re	evenue less expenses. Subtract line 18 from line 1	2		78,388.	28,486.
28			•	Beg	inning of Current Year	End of Year
Base	20 To				5,265,270.	5,727,056.
Net Assets or Fund Balances	21 To	tal liabilities (Part X, line 26)			92,691.	198,591.
		et assets or fund balances. Subtract line 21 from li Signature Block	ne 20		5,172,579.	5,528,465.
2.7.2	C PROPORTION AND ADDRESS OF					
		es of perjury. I declare that I have examined this return, in				/ Knowledge and belief, it is
uue,	COITECL, a	and complete Deplacation of preparer to their that officer	as based on an importmention of wi	non preparer	nas any knowledge.	
Sigr	.	Signature of officer			Date 💋	
oıyı Her		ELAINA WELLSTEAD, CHAIR	•		4-	1-22
1161		Type or print name and title				
	P		Prohararia cianatura	ΙĎ	ate Check	PTIN
Paid		INDA GABOR, CPA	reparer's signature		5 26 22 if self-employe	
		irm's name GROSSMAN ST. AMOU	4-1	- 4	S Soli-cilipioyo	46-0475780
-		irm's address 110 WEST FAYETTE		00	I II III S LIIV	*** O # 1 7 1 O O
		SYRACUSE, NY 1320			Phone no 31	5-424-1120
May	the IRS	discuss this return with the preparer shown above			11 110110 1101.0 11	X Yes No

including grants of \$

385,300.

Form 990 (2021)

Total program service expenses

Form 990 (2021) VERA HOULS F
Part IV Checklist of Required Schedules

	ŗ		Yes	<u>No</u>
1	ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	ľ		
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_]		37
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			32
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			77
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		7.7
	Schedule D, Part III	8		X
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?			77
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	<u> X</u>	
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.		E-CAT	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			77
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	l l		37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	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			-
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Δ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		х
	Schedule D, Parts XI and XII	12a		_A_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b	х	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13	_2\	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	144		22
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		х
4-	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1710		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
40	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			 -
. 16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-10 -	-	
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
40	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	11		
18		18	X	
40	1c and 8a? If "Yes," complete Schedule G, Part II	13	<u> </u>	
19		19	1	X
00-	complete Schedule G, Part III	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		1
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
	domestic government on rait ix, column (x), line 1: ii res, complete ochedile i, raits raito ir minimum minimum	1. 45. 1		

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
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		<u>X</u>
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		<u>X</u>
	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			
	any tax-exempt bonds?	24c		-:
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			l
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			77
	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%			37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	i i i i i i i i i i i i i i i i i i i	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):		, taki.	inde i W
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		v
	"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		
.C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//	28c		х
	"Yes," complete Schedule L, Part IV	29	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	25	- 25	
30		30		х
04	contributions? If "Yes," complete Schedule M	31		X
31	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
32		32		x
00	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	UE_		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		
34	Part V, line 1	34	х	
25.0	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
b	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			
٠.	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?			
00	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
Emilian Control	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	1		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	<u>0</u>		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	ande		
	(gambling) winnings to prize winners?	1c	X	<u></u>
13200	14 12-09-21	Forn	1 990	(2021)

Form 990 (2021) VERA HOULE FOUNDATION, INC
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2 a	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	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		
4a	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	- 4 C-443 F	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
b	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		
6a				l
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	101110	A-07, 75, 316
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?		X	-
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			47
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		era str	7.7
e	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		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ļ <u></u>
h		7h	ruet v	73
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8	- 77	
9	sponsoring organization have excess business holdings at any time during the year?	0		i yia
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any tayable distributions under section 49662	9a		
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
b 10	Section 501(c)(7) organizations. Enter:	90		
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
·· a	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			TO SECUL
	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.	Las reports	4.0	
b	Enter the amount of reserves the organization is required to maintain by the states in which the		Wij.	
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	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	Ĺ	Х
	If "Yes," complete Form 4720, Schedule O.	Minis		
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>	<u></u>
	If "Yes " complete Form 6069			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response 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						LXL
Sec	tion A. Governing Body and Management						
			1		a de de la constanta de la cons	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	18	1	28			
	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	11:	,	26			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip wi	th any other				
_	officer, director, trustee, or key employee?		,		2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne di	ect supervision				
•	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as				5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a						
74	more members of the governing body?				7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s						
D	persons other than the governing body?				7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			•••••	3.74 10.		
_	The governing body?				8a	Х	
a	Each committee with authority to act on behalf of the governing body?				8b	Х	
'n	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea						
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
500	tion B. Policies (This Section B requests information about policies not required by the Internal F			*****			1
Sec	tion b. Foncies (This Section B requests information about policies not required by the internal re-	10701	100 0000.)			Yes	No
	Did the appropriation have lead shorters broughed as offiliated?				10a	100	X
	Did the organization have local chapters, branches, or affiliates?				100		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo				11a	X	
	To the state of th	uy De	store ming the to	4 1111	IIa	- 43	
b	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
12a	the second discountry and by a second second discountry interests that apply give rio				12b	X	
b				••••••	120	- 23	-
С					12c	x	
	on Schedule O how this was done				13	X	
13	Did the organization have a written whistleblower policy?						Х
14	Did the organization have a written document retention and destruction policy?				14	15 A.H	
15	Did the process for determining compensation of the following persons include a review and approx						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision				150	aliberi	Х
	The organization's CEO, Executive Director, or top management official				15a		X
b	Other officers or key employees of the organization	•••••	•••••	•••••	15b		12
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		st with -			[H.d	175
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange				40-		X
	taxable entity during the year?				16a	land.	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu-						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga				401		
	exempt status with respect to such arrangements?			*******	16b	L	
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ►NY		000 7 / .: -	04/ \"		· ·	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and	990-1 (section 5	UT(C)(s)s only	/) ava	elasii
	for public inspection. Indicate how you made these available. Check all that apply.		a . .				
			Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	confl	ict of interest po	olicy, a	nd fina	ncial	
	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 b	ooks	and records 🕨				
	SHERRY JONES - (315)425-0818						
	723 JAMES STREET, SYRACUSE, NY 13203						

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n 990 (2021)	ττου χισης	d FOUNDATION, INC	22-3132 <u>223</u> Page 7
N 990 (2021)	ARKY IIOONI	R LOOMDWITON' TINC	<u> </u>

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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 Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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) Name and title	(B) Average hours per week	(do box,	not cl	(C Posi heck i ss pe	ition		one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) RANDI BREGMAN MEMBER	2.00	х			,			0.	86,828.	4,298.
(2) ANGELA DOUGLAS	2.00	x						0.	74,061.	3,065.
(3) LYNN HOROWITCH TRUSTEE	2.00	x						0.	0.	0.
(4) JODI DEAUGUSTINE TRUSTEE	2.00	х						0.	0.	0.
(5) ELAINA WELLSTEAD 1ST VICE CHAIR	2.00	x		x				0.	0.	0.
(6) DARRELL BUCKINGHAM MEMBER	2.00	X						0.	0.	0.
(7) RUSSELL STURTZ	2.00	X		х				0.	0.	0.
CHAIR & TREASURER (8) KATHY ALAIMO	2.00	X		23				0.	0.	0.
TRUSTEE (9) JOHN HUHTALA	2.00	X						0.	0.	0.
MEMBER (10) MARISSA SAUNDERS	2.00	X						0.	0.	0.
MEMBER (11) JAMES BORER TRUSTEE	2.00	X						0.	0.	0.
(12) AMY BREUER TRUSTEE	2.00	X						0.	0.	0.
(13) JULIE FLACK TRUSTEE	2.00	x						0.	0.	0.
(14) CALVIN CORRIDERS MEMBER	2.00	X						0.	0.	0.
(15) PIERRE MORRISSEAU	2.00							0.		0.
TRUSTEE (16) RONALD B DEWBERRY	2.00							0.	0.	0.
MEMBER (17) JIM KING	2.00	_		X				0.		0.
SECRETARY	1	14	<u></u>	Δ		Ь	<u>. ا</u>	<u> </u>	0.	Form 990 (2021)

(A)	(B)	picy		(0	2)	•	<u> </u>	(D)	(E)		(F)
Name and title	Average	(do	not c	Posi heck			one	Reportable	Reportable		Estimated
	hours per week	box,	, unle cer an	ss pe	rson	is bo	th an	compensation	compensatio	- 1	amount of
	(list any				1001	1	100,	from the	from related organizations	- 1	other compensation
	hours for	direct				_		organization	(W-2/1099-MIS		from the
	related	3e OT (stee			ısate		(W-2/1099-MISC/	1099-NEC)		organization
	organizations	Individual trustee or director	Institutional trustee		yee	mpe		1099-NEC)	ĺ		and related
	below	idual	ution	-	읦	est co	, <u>5</u>	,		1	organizations
	line)	iği Ş	Instit	Officer	Key employee	Highest compensated employee	Former				
(18) TRACY PORTER	2.00										
TRUSTEE		X						0.		0.	0.
(19) ANNE RUFFER	2.00										
TRUSTEE		X						0.		0.	0.
(20) GLORIA BARBANO WEYL	2.00					ļ					
TRUSTEE		X						0.		0.	0.
(21) BARBARA KARPER	2.00					1	-				
2ND VICE CHAIR	2,00	X		x				0.		0.	0.
	2.00	23		22							
(22) EDWARD MELVIN II	2.00	x						0.		0.	0.
TRUSTEE	2.00	12	i			+		0.		<u> </u>	<u> </u>
(23) TIM GIARRUSO	2.00	X						0.		0.	0.
TRUSTEE	2 00	<u> </u>			_			U •		0.	<u>0 •</u>
(24) ALEXANDRA GORSKI	2.00	٠,,								_	^
TRUSTEE	0.00	X				-		0.		0.	0.
(25) MARTIN HEWITT	2.00	┨									^
TRUSTEE		X	_	ļ	<u> </u>	1	<u> </u>	0.		0.	0.
(26) DENISE MCGRAW	2.00										^
TRUSTEE		X	<u></u>	<u></u>				0.	1 7 2 2	0.	0.
1b Subtotal						· · · · · ·		0.	160,8		7,363.
c Total from continuation sheets to Part V	II, Section A							0.		0.	0.
d Total (add lines 1b and 1c)								0.	160,8		7,363.
2 Total number of individuals (including but r	not limited to th	nose	liste	ed al	bov	e) w	ho r	eceived more than \$100	0,000 of reportab	le	_
compensation from the organization											0
											Yes No
3 Did the organization list any former officer,	, director, trust	ee, l	key e	emp	loye	e, o	r hig	phest compensated emp	oloyee on		
line 1a? If "Yes," complete Schedule J for s	such individual	·									3 X
4 For any individual listed on line 1a, is the st	um of reportab										
and related organizations greater than \$15	0,000? If "Yes	, " co	mpl	ete S	Sch	edu	le J i	for such individual			4 X
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	from	any	y un	relat	ed organization or indiv	idual for services	i	
rendered to the organization? If "Yes," con											5 X
Section B. Independent Contractors	****										
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	ract	ors t	that received more than	\$100,000 of con	npens	ation from
the organization. Report compensation for											
(A)								(B)	-		(C)
Name and business	address	N	INC	E				Description of	services	C	Compensation
	-							.			
									İ		
·											
				-1 •			l	 			200 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2 Total number of independent contractors (-	not li	mite	a to	the	ose I	ISTEC	a above) who received r	nore man		
\$100,000 of compensation from the organ	ization 🕨					Ų		····			

Part VII Section A. Officers, Directors, Tri	ıstees. Kev Eı	olan	vee	s. a	nd F	liah	est	Compensated Employ	ees (continued)	
(A)	(B)				C)	<u></u>		(D)	(E)	(F)
Name and title	Average				رر ition			Reportable	Reportable	Estimated
rano and mo	hours	l (ct			that		Iv)	compensation	compensation	amount of
	per	(0.		<u> </u>	- I	L	197	from	from related	other
	week					8		the	organizations	compensatio
	(list any	tor				용		organization	(W-2/1099-MISC)	from the
	hours-for	direc				d em		(W-2/1099-MISC)	(11 2) 1000 111100)	—organization
	related	ee or	stee			nsate		(***- <u>-</u> 2/-1000 m.CO)		and related
	organizations	trust	單		yee	- B				organizations
	below	duai	ıtion	_	읦	St Co	, to			
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	,		
	<u> </u>	_	_	_	_	_	H			
27) MONIQUE WRIGHT-WILLIAMS	2.00	7,5						•	^	,
RUSTEE	0.00	X						0.	0.	(
28) YVONNE SCOTT-YOUNIS	2.00								_	
RUSTEE		X						0.	0.	(
								,		
	•									
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Form 990 (2021) VERA HOTP Part VIII Statement of Revenue

			Check if Schedule O co	ontains	a respons	e or note to any lir	ne in this Part VIII (A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded
इ इ	1 :	а а	Federated campaigns		1a					
필			Membership dues							
٥٤			Fundraising events	*		319,489.				
r A			Related organizations		·	313, 403				
ا≝ي			Government grants (contrib							
8.2			All other contributions, gifts, gr		1					
lg E	'		similar amounts not included a		i i	44,227.				
풀히			Noncash contributions included in lit		·	32,606.	-1,-,-1,-25 (1.1) - 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			
Contributions, Gifts, Grants and Other Similar Amounts	,	_	Total. Add lines 1a-1f				363,716.			
<u> </u>		_	Total. Flud intoo 14 17			Business Code				
0	2 :	2								
Ş		u b				E Company				
Ser		C				1				
E B		d								
Program Service Revenue		u a								
P.		f	All other program service re	evenue					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			Total. Add lines 2a-2f					ules Program application for la activity accommodation of the		
	3		Investment income (includi							
1	Ü		other similar amounts)				122,510.			122,510.
	4		Income from investment of							
	5		Royalties							
	Ū				(i) Real	(ii) Personal				Tok (A CO - 1 thu Air (LA FAR) Same of the second for so
	6	а	Gross rents	6a						
	-		······· F	6b						
				6c						
			Net rental income or (loss)			>				
			Gross amount from sales of		Securitie					
	•	-		7a 1	L,266,64	5.			iake zak	
		b	Less: cost or other basis		-,,					
e l			and sales expenses	7b 1	L.014.99	1.				
er Revenue			Gain or (loss)		251,65					
Be.			Net gain or (loss)				251,654			251,654.
ē			Gross income from fundraising							
₹	•			19,48						
			contributions reported on I							
			Part IV, line 18		1	8 a 0				
		b	Less: direct expenses			8b 72,313				
-		С	Net income or (loss) from for	undrais	ing even <u>t</u>	s	-72,313			-72,313.
	9		Gross income from gaming		1					
			Part IV, line 19			9a				
		b	Less: direct expenses			9b	aparing a second			
,		С	Net income or (loss) from g	gaming	activities	>				
			Gross sales of inventory, le		1					
			and allowances		<u>[</u>	10a				
		b	Less: cost of goods sold			10b				
		С	Net income or (loss) from s	sales of	inventory	<u>′ </u>				Texton of Paris
S						Business Code				
Miscellaneous Revenue	11	а								<u> </u>
ang Mg		b			.n	_				
eve		С								
<u> </u>	ĺ	d	All other revenue							
÷	l						i	programme all drift and difficulty of	mprayto passana phibatishibili.	: 4:5:: 3:5:: - 3:: 5:: 5:: 5:: 5:: 5:: 5:: 5:: 5:: 5::
Ξ			Total. Add lines 11a-11d)		odenkapity (host choid if so perp		301.851.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (B) Program service expenses (A) Total expenses **(D)** Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 385,300. 385,300 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (nonemployees): 163,590 163,590. Management Legal 2,275. 2,275. Accounting Lobbying _____ Professional fundraising services. See Part IV, line 17 37,607. 37,607. Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 20,875. 20,875. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion _____ 12 9,923. 9,923. 13 Office expenses Information technology 14 Royalties 15 Occupancy _____ 16 100. 100. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 1,806. 1,806 23 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 7,717 7.717. MISCELLANEOUS 6,106. 6,106. DUES AND FEES 1,782. 1,782. c BANK CHARGES/CREDIT CAR d All other expenses 385,300 193,299 58,482. 637,081 Total functional expenses. Add lines 1 through 24e 25 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 if following SOP 98-2 (ASC 958-720)

Total liabilities and net assets/fund balances

Form 990 (2021)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 107,102. 329,370. 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 27,608. 27,181 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 7 8 Inventories for sale or use 1,647. 1,651. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a Less: accumulated depreciation _______10b 10c 5,590,699. 4,907,068. 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 Intangible assets ____ 14 14 15 15 Other assets. See Part IV, line 11 5,727,056. 5,265,270. Total assets. Add lines 1 through 15 (must equal line 33) 16 16 3.740. 1,834. 17 Accounts payable and accrued expenses 17 18 18 Grants payable Deferred revenue _____ 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, 22 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties ______ 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 194,851. 90,857. of Schedule D _____ 198,591. 92,691 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ► X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 4,632,162. 4,383,116. 27 Net assets without donor restrictions 27 896,303. 789,463. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 5,172,579. 5,528,465. 32 Total net assets or fund balances 32 5,727,056.

5.265.270.

Form **990** (2021)

orm	990 (2021) VERA HOUSE FOUNDATION, INC	44 .	<u> </u>	1 0	90 =
Pai	TXI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	_1			<u>67.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>81.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			86.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,172		
5	Net unrealized gains (losses) on investments	5	327	7,4	00.
6	Donated services and use of facilities	6			
7	Investment expenses	7			<u>.</u>
8	Prior period adjustments	8			
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	5,528	3,4	<u>65.</u>
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				لعا
				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	9 O.			
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	d on a			
	separate basis, consolidated 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	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis			Chi.i.	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci				1. B. C.
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	lit		
	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 requ	ired aud			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		

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.

2021

Open to Public Inspection

Name of the organization

VERA HOUSE FOUNDATION, INC Employer identification number 22-3132223

Par	tl	Reason for Public (Charity Status. (/	All organizations must co	omplete th	is part.) Se	ee instructions.	
he o	rgani	zation is not a private found	ation because it is: (F	or lines 1 through 12, cl	heck only	one box.)		
1	Ĭ	A church, convention of ch)(A)(i).	
2	\equiv	A school described in secti						
3	一	A hospital or a cooperative				(h)(1)(A)(iii	3	
. [_	A medical research organiz						the hospital's name.
4 l			ation operated in con	ijunction with a nospital	described	i iii Sectioi	1 170(D)(1)(A)(III): Elitor	ino noopitaro namo,
_ [city, and state:		1			warnmantal unit dagarih	od in
5		An organization operated for		lege or university owned	or operat	ed by a go	vernmental unit describ	eu III
r		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local gov	-					
7		An organization that norma	lly receives a substar	ntial part of its support fi	rom a gove	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	: II.)			
9		An agricultural research org	anization described i	in section 170(b)(1)(A)(i	x) operate	d in conju	nction with a land-grant	college
		or university or a non-land-g						
		university:	,	,		, ,	,	
10		An organization that norma	lly receives (1) more t	than 33 1/3% of its supr	ort from c	ontributio	ns, membership fees, ar	nd gross receipts from
10 1		activities related to its exen						
		income and unrelated busin		(less section 511 tax) in	om busine:	sses acqu	ned by the organization	arter durie 30, 1975.
1		See section 509(a)(2). (Con		4 4 4 4 7 6 7 7 10 10 10 10 10 10 10 10 10 10 10 10 10	f-1 O			
11		An organization organized a						6
12	X	An organization organized a						
		more publicly supported or	-					neck the box on
	,	lines 12a through 12d that						
а	LX	Type I. A supporting orga						
		the supported organization	on(s) the power to req	gularly appoint or elect a	a majority o	of the direc	ctors or trustees of the s	upporting
		organization. You must o	omplete Part IV, Se	ctions A and B.				
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with it	s supporte	ed organization(s), by ha	ving
		control or management of						
		organization(s). You mus			•			
_	Γ.	Type III functionally inte			in connect	tion with, a	and functionally integrate	ed with.
·	L	its supported organizatio						,
		Type III non-functionally						zation(s)
d	L							
		that is not functionally int						14011033
		requirement (see instruct	•	•				
е	L_	Check this box if the orga					r rype i, rype ii, rype iii	
		functionally integrated, o		nally integrated supporti	ing organiz	zation.		1
		er the number of supported	-	,				1
g		vide the following information			(iv) is the orna	nization listed	(v) Amount of monetary	(vi) Amount of other
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the orga in your governi		support (see instructions)	support (see instructions)
		organization		above (see instructions))	Yes	No	support (see instructions)	aupport (age matruotions)
					İ			
VEI	RΑ	HOUSE INC	51-0201530	7	X		385,300.	
							,	
						<u> </u>		
					[

								<u>}</u>
Toto							385.300.	0.

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

VERA

(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.) Section A. Public Support (d) 2020 (e) 2021 (f) Total Calendar year (or fiscal year beginning in) (a) 2017 (c) 2019(b) 2018 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization'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 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. Section B. Total Support (f) Total (b) 2018 (d) 2020 (e) 2021 Calendar year (or fiscal year beginning in) (a) 2017 (c) 2019 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 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 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))...... 14 % 15 Public support percentage from 2020 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization _______ 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2021 VERA LIOUSE FOUNDATION, INC
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 t
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Sec	ction A. Public Support	now, please comp	neter art ii.)		····		
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(4) 40 17	\~/ == 10	(3,25.5			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
•	membership fees received. (Do not					1	
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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						
	Total. Add lines 1 through 5	ļ					
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						<u> </u>
	Public support. (Subtract line 7c from line 6.)					j jihiji laan epdeed	
Se	ction B. Total Support					1	
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			·			
	Add lines 10a and 10b						
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			<u> </u>			
14	First 5 years. If the Form 990 is for the					•	
_	check this box and stop here	Ľ- O : 5				***************************************	
	ction C. Computation of Pub					Tarl	^/
	Public support percentage for 2021 (%
	Public support percentage from 2020					16	%
	ction D. Computation of Inve					T T	
	Investment income percentage for 20						%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box a						
-	b 33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, ch	eck this box and s	top here. The org	anization qualifies	as a publicly supp	oorted organization	
20	Private foundation. If the organization	on did not check a	box on line 14, 1	9a, or 19b, check	<u>this box and see i</u>	nstructions	P

Scriedule A (Form 990) 202

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.)

ection A. Al	Supporting	Organizations

- 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?
- 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.)

	Yes	No
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1	X	
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8		X
8 9a		X
8 9a		X
9a		X
9a 9b		X X X X
9a 9b 9c		X X X X
9a 9b 9c		X X X X
9a 9b 9c 10a		X X X X

Part	Supporting Organizations (continued)			
		10.000000000000000000000000000000000000	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a i	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		X
	A family member of a person described on line 11a above?	11b		_X_
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		X
Sect	ion 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? If "No," describe in Part VI how the supported organization(s)			ři i 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	X	l
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		Х
Sect	ion C. Type II Supporting Organizations	استحداد		
0001	ion of Type it oupporting organizations		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or trustees of each of the diganization's supported diganization(s)? If Two, describe in Fact tribing controlled or managed			
		4		
Soot	the supported organization(s). ion D. All Type III Supporting Organizations		l	L
Jeci	1011 D. All Type III Supporting Significations		Yes	No
	5:144 services the service to a service of the supported arganizations, but the least day of the fifth month of the			
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	
	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?			Program.
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	2		A street
	the organization maintained a close and continuous working relationship with the supported organization(s).			
	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	3	ini atta	1
	supported organizations played in this regard.	3	L	
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	s).		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio		T
2	Activities Test. Answer lines 2a and 2b below.	145 6 147 6	Yes	No
а	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	177 f. m. 1. m. 177 177 f.		
	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	tairreich)	Philip	yprica a
	that these activities constituted substantially all of its activities.	2a		1.35-1.5
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Control of the Contro		
	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	Physical Company	Jerin)	1555
	these activities but for the organization's involvement.	2b	1 (00000 mm)	d legal restr
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1555	a karan
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a_	1	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			apili ji
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b_		

,			
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Pai	Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualifyi			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st comple	te Sections A through E.	
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	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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		14 5
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-function	ally integ	rated Type III supporting or	ganization (see
	instructions			

Schedule A (Form 990) 2021

	t V Type III Non-Functionally Integrated 509	JNDATION, INC	nizations (continu		2-3132223 Page 7
100000000000000000000000000000000000000	t V Type III Non-Functionally Integrated 509(on D - Distributions	ajoj supporting Siga	IIIZALIONO (COMINA	100)	Current Year
	Amounts paid to supported organizations to accomplish exer	mnt nurnoses		1	
	Amounts paid to perform activity that directly furthers exemp				
~	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets	o or oupported organizations		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	vide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
Ū	(provide details in Part VI). See instructions.	· ·		8	
9	Distributable amount for 2021 from Section C, line 6		·	9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	าธ	Distributable Amount for 2021
			P16-2021		Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
<u>b</u>	From 2017	Comment for a transfer that the description of the comment of the	g ni fini fini di fili se sa ili Galeria ggi ma Galeria Li dini se se il geno il se ggi ma eletti il se della ggi Tili ggi se se il di Galeria di se se se di dice se se se se se		
C	From 2018				
d	From 2019			4 161.	
е	From 2020				
f	Total of lines 3a through 3e			<u>181</u>	
_ g	Applied to underdistributions of prior years		A District Control of the Control of		
<u>h</u>	Applied to 2021 distributable amount				an interior of paragraphs and expenses of appears of
i_	Carryover from 2016 not applied (see instructions)				
i _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	. galanda Alexani zaka zakaka nepazaran	A company of the comp		
4	Distributions for 2021 from Section D,				ten e Gareto ilgolikelika (Meljeto). E olivoja oktoberanski videna lase
	line 7:			- Nationalis	
	Applied to underdistributions of prior years				 Bestermeter and all artificial and dispetials required.
_	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.	The gradulate Product to Signify of	* D () D () * * * * * * * * * * * * * * * * * *		
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.			Marin H	
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.	Constitution of the second second second second second second second second second second second second second			
7	Excess distributions carryover to 2022. Add lines 3j				
_	and 4c.				
8_	Breakdown of line 7:	para ang panasan na na ang Paratana, ang para Palat Alak. Panasan na mga panasan			
	Excess from 2017 Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021			geren.	
<u>e</u>	LACGOS HUITI AVA I	A COMMUNICATION OF THE PROPERTY OF THE PROPERT	<u> </u>	0.	chedule A (Form 990) 2021

Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.Go to www.irs.gov/Form990 for the latest information.

VERA HOUSE FOUNDATION, INC

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

OMB No. 1545-0047

2021

Schedule B (Form 990) (2021)

Name of the organization

Employer identification number

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 in Note: Only a section 501(c)	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1) contributor, during	in described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 g 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; Inle 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.						
year, contribution is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the sexclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., omplete any of the parts unless the General Rule applies to this organization because it received nonexclusively ble, etc., contributions totaling \$5,000 or more during the year					
answer "No" on Part IV, lin	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must e 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					

VERA HOUSE FOUNDATION, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KEYBANK 201 S WARREN ST SYRACUSE, NY 13202-1600	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	M & T BANK CORPORATION 101 S SALINA ST-STE 300 SYRACUSE, NY 13202-1352	\$ <u>10,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	NORTHWESTERN MUTUAL 34 ASPEN PARK BLVD-PO BOX 4718 EAST SYRACUSE, NY 13057	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	JP MORGAN CHASE BANK 500 PLUM ST-7TH FLOOR SYRACUSE, NY 13204	\$ <u>12,500.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	WEGMANS FOOD MARKETS 7519 OSWEGO ROAD LIVERPOOL, NY 13090	\$9,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	DOROTHY & MARSHALL REISMAN FOUNDATION PO BOX 130 DEWITT, NY 13214	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

VERA HOUSE FOUNDATION, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ROBERT A PENNEY 2240 PARK NEWPORT APT 414 NEWPORT BEACH, CA 92660	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	ERIE MATERIALS PO BOX 476 500 FACTORY AVE SYRACUSE, NY 13208	\$6,925.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	HOUSEL DERMATOLOGY 235 GREENFIELD PKWY LIVERPOOL, NY 13088		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	JPMORGAN CHASE FOUNDATION 2 DUNDEE PARK STE 100 ANDOVER, MA 01810	\$5,000. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	ONEGROUP 706 N CLINTON ST SYRACUSE, NY 13204	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	RBC WEALTH MANAGEMENT 19485 US RTE 11 WATERTOWN, NY 13601	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

VERA HOUSE FOUNDATION, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	LYNN LAW FIRM 333 W WASHINGTON ST SUITE 100 SYRACUSE, NY 13202	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	BONNIE DESISTI STEVENS 4772 LYNNVILLE WAY CLAY, NY 13041	\$11,370.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	CHRISTOPHER DEVOE 6242 STEINWAY DRIVE JAMESVILLE, NY 13078	\$8,286.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		*	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$ _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

VERA HOUSE FOUNDATION, INC

(a) No.	(b)	(c) FMV-(or estimate)	(d)
rom Part I	Description of noncash property given	(See instructions.)	Date received
	NORFOLK SOUTHERN CORP STOCK		
14		\$11,370.	12/21/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
:	TG THERAPEUTICS AND TORONTO DOMINION		
<u>15</u>	STOCK	\$8,286.	01/05/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- <u> </u>	

1.14	npleting Part III, enter the total of exclusively religious, se duplicate copies of Part III if additional	space is needed	or the year. (Eittel tins into once.)
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
ti	(n) i aibose oi Aur	(5) 500 01 911	(7,7)
_ _			
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
No.			
om irt l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
_			
	,		
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
		ING ZIP + 4	
		Ind ZIP + 4	
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No. om art i	(b) Purpose of gift		(d) Description of how gift is held
No. om art i	(b) Purpose of gift		(d) Description of how gift is held
No. om art I	(b) Purpose of gift		(d) Description of how gift is held
No. om urt I	(b) Purpose of gift Transferee's name, address,	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statemel. 3

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.

2021

Open to Public Inspection

Name of the organization

VERA HOUSE FOUNDATION, INC

Employer identification number 22-3132223

	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at end of year	(2)	
1	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		vised funds
5	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		***************************************
Ü	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		
Pai			
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (for example, recrea		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	m of a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		1 1
C	Number of conservation easements on a certified historic str		
d			f l
	listed in the National Register		I
3	Number of conservation easements modified, transferred, re		
	year >		
4	Number of states where property subject to conservation ea	sement is located >	-
5	Does the organization have a written policy regarding the pe		of
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing co	onservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conser	vation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) abo		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial state	ements that describes the
	organization's accounting for conservation easements.		OIL O' The Assets
Pa	rt III Organizations Maintaining Collections o		Other Similar Assets.
	Complete if the organization answered "Yes" on Forn		
1a	If the organization elected, as permitted under FASB ASC 9		
	of art, historical treasures, or other similar assets held for pu		
	service, provide in Part XIII the text of the footnote to its final		
b			
	art, historical treasures, or other similar assets held for publi	ic exhibition, education, or research in fu	urtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for finan	cial gain, provide
	the following amounts required to be reported under FASB.		
а			\$
h	Assets included in Form 990, Part X		> \$

	dule D (Form 990) 2021 VERA Houtelli Organizations Maintaining C	JSE FOUNDAT	TION, INC	easures, or Oth	er Sir	22-31			<u>2</u>
	Using the organization's acquisition, accession								_
	collection items (check all that apply):	ori, and other records	s, check any or the i	ollowing triat make t	oigi iiilo	un uco en no			
	Public exhibition	d	I can or eyel	nange program					
a				lange program					
b	Scholarly research	е	L Other						_
c	Preservation for future generations Provide a description of the organization's co	llastions and avaloir	how thou further th	o organization's ove	mnt ni	irnoea in Pari	· YIII		
	During the year, did the organization solicit or						. 70111		
	to be sold to raise funds rather than to be ma						Yes		^
Par									<u>_</u>
rai	reported an amount on Form 990, Par		ite ii trie organizatioi	iransweied res or	i i Oilli	990, raitiv,	e 5, 61		
	Is the organization an agent, trustee, custodi		ion, for contribution	a or other assets no	tinclud	led			_
	•						Yes	□ No	_
	on Form 990, Part X?						1 163		,
b	If "Yes," explain the arrangement in Part XIII a	and complete trie for	llowing table:			1	Amount		_
					-		7 4110 4110		—
	Beginning balance					C			
	Additions during the year				···	d			
	Distributions during the year				···	e			
	Ending balance					1f	Т.,		—
	Did the organization include an amount on Fo					L	_ Yes	No.	0
	If "Yes," explain the arrangement in Part XIII.						.,,.,		
Par	t V Endowment Funds. Complete it								
		(a) Current year	(b) Prior year	(c) Two years back	(d) In	ree years back			_
1a	Beginning of year balance	4,907,068.	4,396,394.	3,759,911.		<u>4,131,589.</u>	3,	883,739	<u> </u>
b	Contributions	17,627.	6,405.	54,655.		6,350.			
	Net investment earnings, gains, and losses	666,004.	504,269.	581,828.		-378,028.		247,850	<u>o.</u>
	Grants or scholarships								
	Other expenditures for facilities						i		
•	and programs				ļ				
f	Administrative expenses						!		
g g	End of year balance	5,590,699.	4,907,068.	4,396,394.		3,759,911.	4	131,589	9.
2	Provide the estimated percentage of the curr						<u>,</u>		
	Board designated or quasi-endowment	83.9700	%	.,,					
a	Permanent endowment	%							
b	Term endowment ► 16.0300								
C	The percentages on lines 2a, 2b, and 2c sho								
_	Are there endowment funds not in the posse		ation that are hold a	nd administered for	the or	ranization			
за		ession of the organiza	alion that are nelu a	and administered for	u ie oig	gariization	Γ	Yes No	_
	by:						2 (1)	X	
	(i) Unrelated organizations						- 4111		
	(ii) Related organizations							- ^	<u>-</u>
b	If "Yes" on line 3a(ii), are the related organiza						. 3b		—
4	Describe in Part XIII the intended uses of the		owment funds.						
Pai	t VI Land, Buildings, and Equipm				, p				
	Complete if the organization answere	d "Yes" on Form 990							
	Description of property	(a) Cost or obasis (investr	1 7 7	(other) d	Accum eprecia	ation	(d) Bool	k value	
	Land								
b	Buildings								_
~	Leasehold improvements								
4	Equipment	i i							
	Other								
	I. Add lines 1a through 1e. (Column (d) must e		X, column (B), line	10c.)				0	<u>.</u>
<u> </u>									

Schedule D (Form 990) 2021

Complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization answered of the complete if the organization answered of the complete if the organization answered of the complete if the organization answered of the complete if the organization answered of the complete if the organization answered of the complete if the organization answered of the complete if the organization answered of the complete if the organization answered of the complete if the organization answered of the complete if the organization answered of the complete if the organization answered of the complete if the organization answered of the complete if the organization answered of the complete if the organization answered of the complete if the organization answered of the complete if the organization answered of the complete if the organization and the complete if the organization and the complete if the organization and the complete if the organization and the complete if the complete if the organization and the complete if		e 11b. See Form 990, Part X, line 12.	waar market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of	-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B) ·			
(C)			
(D)	9,		
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	Co 000 Part IV iia	<u> 1900 - Primir de de la Calledo III de la Calledo de la C</u>	and the state of t
Complete if the organization answered "Yes"		(c) Method of valuation: Cost or end-or	fvear market value
(a) Description of investment	(b) Book value	(e) Method of Valdation. Cost of end of	Tyour market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.		The first tipe to the production of the second of the seco	Artista de Caración de Constituições de la con
Part IX Other Assets. Complete if the organization answered "Yes"	on Form 990 Part IV lin	e 11d. See Form 990. Part X line 15.	
Control of the contro	Description	7 7 d. 666 7 6 m 666, 1 d. 674, m 6 76.	(b) Book value
	Description		(0)
(1)	,		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	0.15)		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	9 <i>15.)</i>		
Other Liabilities. Complete if the organization answered "Yes"	on Form 990 Part IV lin	e 11e or 11f See Form 990. Part X. line 25.	
(a) Description of liability	Off Form 550, Factiv, in	10 110 01 111. 000 1 0111 000, 1 011X, mio 20.	(b) Book value
<u></u>			(6) 2001110
(1) Federal income taxes			194,851
(2) DUE TO VERA HOUSE, INC			174,001
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			10/ OE1
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)	<u></u>	194,851

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 ... X

WITHIN THE MEANING OF SECTION 509(A) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION HAS ADOPTED THE PROVISION OF FASB ASC 740, INCOME TAXES, WHICH REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A MORE LIKELY THAN NOT THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING MAINTENANCE OF TAX-EXEMPT STATUS. THE ORGANIZATION BELIEVES THE FINANCIAL STATEMENTS ARE FREE OF ANY UNCERTAIN TAX POSITIONS. TAX PENALTIES, IF ANY ARE RECORDED IN TAX

Schedule D (Form 990) 2021 VERA HOUSE FOUNDATION, INC 22-3132223 Page 5 Part XIII Supplemental Information (continued)
EXPENSE.
PART V, LINE 1B - CONTRIBUTIONS:
CONTRIBUTIONS IN THE CURRENT YEAR INCLUDE BOARD DESIGNATED FUNDS
FUNCTIONING AS AN ENDOWMENT, THE BOARD DESIGNATED AMOUNT IS \$4,694,396 AND
IS INCLUDED IN UNRESTRICTED NET ASSETS.
PART V:
THE FUNDS FUNCTIONING AS AN ENDOWMENT ARE DESIGNATED TO PROVIDE SUPPORT
FOR PROGRAMS OF VERA HOUSE, INC. IN THE FUTURE.

SCHEDULE G (Form 990)

Supplementa. Arormation Regarding Fundraising or Ga. Ang Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

ZUZ I Open to Public

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number Name of the organization 22-3132223 VERA HOUSE FOUNDATION, INC Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations а Internet and email solicitations Solicitation of government grants b Phone solicitations C J In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or _ No _ Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (iv) Gross receipts (i) Name and address of individual to (or retained by) to (or retained by) (ii) Activity fundraiser from activity or entity (fundraiser) organization listed in col. (i) Yes 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

1			
VER	HOUSE	FOUNDATION.	INC

1		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	
			1	WHITE RIBBON	NONE	(d) Total events (add col. (a) through
		•	GALA	CAMPAIGN		col. (c))
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	207,630.	111,859.		319,489.
	2	Less: Contributions	207,630.	111,859.		319,489.
	3	Gross income (line 1 minus line 2)		1		
	4	Cash prizes				
S.	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
rect Ex	7	Food and beverages	33,781.			33,781.
ä	8	Entertainment	4,642.			4,642.
	9	Other direct expenses		7,982.		33,890.
		Direct expense summary. Add lines 4 through				72,313.
		Net income summary. Subtract line 10 from	line 3, column (d)	200 5 + 114 11 40		-72,313.
Pε	ırt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Forr	n 990, Part IV, line 19, or r	eported more than	
nue		ψ10,000 011 0111 000 E2, iii10 0α.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
	2	Cash prizes				
ect Expenses	_					
Ϋ́	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes % No	
	7	Direct expense summary. Add lines 2 through	gh 5 in column (d)		>	
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)		>	
	•					
		ter the state(s) in which the organization cond				
		the organization licensed to conduct gaming				Yes No
r	ıı î	No," explain:				
						_ .

Sch	edule G (Form 990) 2021 VER. HOUSE FOUNDATION, INC 22-3	<u> 132223</u>	
11	Does the organization conduct gaming activities with nonmembers?	Yes	L No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	L No
13	Indicate the percentage of gaming activity conducted in:	1 1	
	The organization's facility	13a	%
	An outside facility	1	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address >		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	······································		
í	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		□ Na
	retain the state gaming license?	L res	140
I	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
<u> </u>	organization's own exempt activities during the tax year ▶ \$ art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	art III lines 0	9h 10h
Pá	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part II, line 2b, columns (iii) and (v); and Part II, line 2b, columns (iii) and (v); and Part II, line 2b, columns (iii) and (v); and Part II, line 2b, columns (iii) and (v); and Part II, line 2b, columns (iii) and (v); and Part II, line 2b, columns (iii) and (v); and Part II, line 2b, columns (iii) and (v); and Part II, line 2b, columns (iii) and (v); and Part II, line 2b, columns (iii) and (v); and Part II, line 2b, columns (iii) and (v); and Part II, line 2b, columns (iii) and (v); and Part II, line 2b, columns (iii) and (v); and Part II, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and line 2b, columns (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iii) and (iiii) and (iii) and (iiii) and	art III, III 165 5	, 30, 100,
	150, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
			
_			

Schedule G	(Form 990) Supplemental Infor	VER.	HOUSE	FOUNDATION,	INC		22-3132223	Page 4
Part IV	Supplemental Infor	mation /	(continued)				- <u></u>	
Laitiv	Cupplemental infor	· · · · · · · · · · · · · · · · · · ·	Continuca					
	<u> </u>							
								
								
			-					
			**					
•								

2 Schedule I (Form 990) 2021 Employer identification number OPERATION OF RESIDENTIAL 22-3132223 PROGRAMS FOR VICTIMS OF Open to Public OMB No. 1545-0047 DOMESTIC VIOLENCE AND Inspection (h) Purpose of grant or assistance AND NON-RESIDENTIAL X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Go to www.irs.gov/Form990 for the latest information. ċ (e) Amount of assistance noncash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. SEE PART IV FOR COLUMN (H) DESCRIPTIONS (d) Amount of cash grant 385,300 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. VERA HOUSE FOUNDATION, INC 501(C)(3) Enter total number of other organizations listed in the line 1 table 51-0201530 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? .. 1 (a) Name and address of organization or government Name of the organization SYRACUSE, NY 13203 723 JAMES STREET Department of the Treasury Internal Revenue Service VERA HOUSE INC SCHEDULE (Form 990) Part I Part II

Page 2 Schedule I (Form 990) 2021 (f) Description of noncash assistance 22-3132223 (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. PROCEDURE FOR MONITORING GRANTS IN THE US; THE ORGANIZATION MAINTAINS NON-RESIDENTIAL PROGRAMS FOR VICTIMS OF DOMESTIC VIOLENCE AND SEXUAL (H) PURPOSE OF GRANT OR ASSISTANCE: OPERATION OF RESIDENTIAL AND (d) Amount of non-cash assistance RECORDS TO SUBSTANTIATE THE AMOUNT OF ASSISTANCE PAID (c) Amount of cash grant NAME OF ORGANIZATION OR GOVERNMENT: VERA HOUSE INC VERA HOUSE FOUNDATION, INC (b) Number of recipients PART II, LINE 1, COLUMN (H): (a) Type of grant or assistance N Schedule I (Form 990) 2021 LINE ASSAULT 132102 10-26-21 PART I Part III

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

VERA HOUSE FOUNDATION, INC

Attach to Form 990.

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

Employer identification number 22-3132223

Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		ts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	3	19,544.			
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy					,	
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (FUNDRAISING S)	X	25	12,950.			
26	Other						
27	Other • ()						
28	Other ()						
29	Number of Forms 8283 received by the organ	ization durin	g the tax year for	contributions			
	for which the organization completed Form 82	283, Part V, I	Donee Acknowled	gement 29			
						Yes	No_
30a	During the year, did the organization receive b						
	must hold for at least three years from the date	te of the initi	al contribution, an	d which isn't required to be u	sed for		
	exempt purposes for the entire holding period	1?				30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance					31	<u> </u>
32a	Does the organization hire or use third parties	or related o	rganizations to so	licit, process, or sell noncash			
	contributions?					32a	X
b	If "Yes," describe in Part II.						Tabi.
33	If the organization didn't report an amount in	column (c) fo	or a type of proper	ty for which column (a) is che	cked,		
	describe in Part II.						

Schedule M	(Form 990) 2021	VERA	HÖد تE	FOUNDATION	, INC	<u> </u>	22-3132223	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Inform I, column Iditional in	ation. Pro	vide the information rember of contributions,	equired by Part the number of i	, lines 30b, 32b, and 33 ems received, or a com	, and whether the organize bination of both. Also com	
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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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

VERA HOUSE FOUNDATION, INC.

Employer identification number 22-3132223

FORM 990, PART VI, SECTION A, LINE 7A:
THE BOARD OF DIRECTORS OF VERA HOUSE, INC., ELECT MEMBERS OF THE VERA HOUSE
FOUNDATION ANNUALLY. THE VERA HOUSE BOARD ELECTED MEMBERS ELECT THE
FOUNDATION TRUSTEES.
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 IS REVIEWED BY ALL BOARD MEMBERS
FORM 990, PART VI, SECTION B, LINE 12C:
ALL BOARD MEMBERS ARE REQUIRED TO COMPLETE AN ANNUAL QUESTIONAIRE TO
DETERMINE THEIR INDEPENDENCE
FORM 990, PART VI, SECTION C, LINE 18:
THE INFORMATION IS AVAILABLE UPON REQUEST
FORM 990, PART VI, SECTION C, LINE 19:
THE INFORMATION IS AVAILABLE UPON REQUEST
990, PART XII, LINE 2C
NO CHANGE HAS BEEN MADE TO THE ORGANIZATION'S OVERSIGHT PROCESS DURING
THE YEAR.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

2021 Open to Public Inspection

OMB No. 1545-0047

FOUNDATION

VERA HOUSE

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number 22 - 313223

(g) Section 512(b)(13) S × controlled entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Direct controlling entity Ξ End-of-year assets status (if section 501(c)(3)) **@** Public charity **e** LINE 7 Total income Exempt Code section <u>ত</u> 501(C)(3) ਉ Part I I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or Legal domicile (state or foreign country) foreign country) VEW YORK SHELTER, ADVOCACY, AND COUNSELING TO VICTIMS Primary activity TO PROVIDE EMERGENCY Primary activity 9 Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity 51-0201530 SYRACUSE, NY 13203 723 JAMES STREET VERA HOUSE INC. Part

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

22-3132223 Page 2

Schedule R (Form 990) 2021 VERA HOUSE FOUNDATION, INC

Part III organizations treated organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominan (related, un excluded from sections 5-	t income related, 1 tax under 12-514)	(f) Share of total income	(g) Share of end-of-year assets		(h) Disproportionate allocations? Yes No	Code V-UBI amount in box 20 of Schedule K-1 (Form (1065)		(i) (k) General or Percentage managing ownership partner? Yes No	(k) centage nership
												-	
													(
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	ganizations Taxable as proporation or trust during	s a Corpo g the tax y	ration or Trust. Co	omplete if th	ie organizatior	n answered	'Yes" on Fon	m 990, Par	t IV, line 34	4, because it	had one	or more	related
(a) Name, address, and EIN of related organization	N. I.	Prims	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of end-of-year assets	(h) Percentage ownership	1 7 1	Section 512(b)(13) controlled entity?
132162 11-17-21						-				Sch	Schedule R (Form 990) 2021	(Form 9	90) 2021

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Schedule R (Form 990) 2021 VERA HOUSE FOUNDATION, INC

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	((_
(h) (i) (ii) (iii) (k) (k) (k) (k) (k) (k) (k) (k) (k) (k	,						
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(h) Disproportionate allocations? Yes No			,				
Ves alloc							
(g) Share of end-of-year assets							
(f) Share of total income							
Are all partners sec. 501(c)(3) 0rgs.?							
(e) Are all partners sec. 501(c)(3) 0rgs.? Yes No							
(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)							
(c) Legal domicile (state or foreign country)							
(b) Primary activity							
(a) Name, address, and EIN of entity							

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021	VER.	<u>HOUSE</u>	FOUNDATION,	INC	<u> </u>	22-3132223	Page 5
Schedule R (Form 990) 2021 Part VII Supplemental Info	rmation						
Provide additional inform	nation for resp	ponses to o	questions on Schedule I	R. See instructi	ions.		
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