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CLIENT'S COPY



OCTOBER 23, 2023

THE SUSAN B. ANTHONY HOUSE 17 MADISON STREET ROCHESTER, NY 14608

THE SUSAN B. ANTHONY HOUSE:

ENCLOSED IS THE ORGANIZATION'S 2021 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

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

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY,

CHRISTOPHER JOHNSTON

Q	IRS e-file Signature Authorization							
Form U	075-12	For calendar year 202	21, or fiscal year beginning JUN 1 ,		20 2 2	0004		
		i or calendar year 202	<ul> <li>Do not send to the IRS. Kee</li> </ul>			2021		
	ent of the Treasury evenue Service		Go to www.irs.gov/Form8879TE fo					
Name o		F			EIN or SSN			
	THE SU	SAN B. AN	THONY HOUSE		**_***	8699		
Name a	nd title of officer or pe		DEBORAH L HUGHES					
	ia and of officer of po		PRESIDENT & CEO					
Part	I Type of	Return and Re	eturn Information					
Form 5 or <b>10a</b> whiche	330 filers may ente below, and the amo	r dollars and cents ount on that line fo	re using this Form 8879-TE and enter t . For all other forms, enter whole dolla r the return being filed with this form v 0-). But, if you entered -0- on the return	rs only. If you check the box on vas blank, then leave line <b>1b, 2b,</b>	line <b>1a, 2a, 3a</b> , <b>3b, 4b, 5b, 6</b>	, 4a, 5a, 6a, 7a, 8a, 9a b, 7b, 8b, 9b, or 10b,		
1a	Form 990 check h	nere 🕨 🗶	<b>b</b> Total revenue, if any (Form 990	, Part VIII, column (A), line 12)	1	ь <u>2,030,056</u> .		
2a	Form 990-EZ che		<b>b</b> Total revenue, if any (Form 990	-EZ, line 9)	2	b		
3a	Form 1120-POL	check here 🕨 🗔	b Total tax (Form 1120-POL, line 2	22)		b		
4a	Form 990-PF che	ck here 🛄 🕨 🛄	b Tax based on investment inco	me (Form 990-PF, Part V, line 5)	4	b		
5a	Form 8868 check	here ►	<b>b</b> Balance due (Form 8868, line 3	с)		b		
6a	Form 990-T chec		b Total tax (Form 990-T, Part III, li	ne 4)	6	b		
7a	Form 4720 check	here ►	<b>b</b> Total tax (Form 4720, Part III, lir	ne 1)	7	b		
8a	Form 5227 check		b FMV of assets at end of tax ye	<b>ar</b> (Form 5227, Item D)		b		
9a	Form 5330 check	here ►	<b>b</b> Tax due (Form 5330, Part II, line	9 19)		b		
10a	Form 8038-CP ch		b Amount of credit payment req			0b		
Part			ture Authorization of Officer I am an officer of the above entity or					
financia later th payme person	al institution to debi an 2 business days nt of taxes to receiv	it the entry to this a prior to the payme ve confidential info	cated in the tax preparation software f account. To revoke a payment, I must ent (settlement) date. I also authorize f rmation necessary to answer inquiries ignature for the electronic return and,	contact the U.S. Treasury Finan the financial institutions involved and resolve issues related to the	cial Agent at I in the proces e payment. I h	I-888-353-4537 no sing of the electronic lave selected a vithdrawal.		
Σ	I authorize EF	PR GROUP,	CPAS, PLLC	to	enter my PIN	98699		
			ERO firm name			Enter five numbers, but do not enter all zeros		
	with a state age on the return's c As an officer or return. If I have i	ncy(ies) regulating disclosure consent person subject to t indicated within thi	21 electronically filed return. If I have charities as part of the IRS Fed/State screen. ax with respect to the entity, I will ent s return that a copy of the return is be my PIN on the return's disclosure cor	program, I also authorize the afore er my PIN as my signature on the eing filed with a state agency(ies)	prementioned e tax year 202	eturn is being filed ERO to enter my PIN 1 electronically filed		
	of officer or person subje	ct to tax			Date	•		
Part	III Certifica	tion and Auth	entication					
	EFIN/PIN. Enter yo r (EFIN) followed by	-	nic filing identification -selected PIN.	16752100280 Do not enter all zeros				
submit			IN, which is my signature on the 2021 requirements of <b>Pub. 4163,</b> Moderniz	-				
ERO's s	ignature 🕨 CHR	ISTOPHER	JOHNSTON	Date ▶ 10 /	23/23			
			ERO Must Retain This Form ubmit This Form to the IRS U		So			
LHA F	or Privacy act and		ction Act Notice, see instructions.			Form <b>8879-TE</b> (2021)		
102521 (	)1-11-22							

11231023 101824 0011514 2021.06010 THE SUSAN B. ANTHONY HOUSE 00115141

_	Q	90	Return of Organization Exempt Fr			OMB No. 1545-0047					
Forr	n 🥑	30	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C								
Depa	rtment o	of the Treasury	Do not enter social security numbers on this form as	Open to Public Inspection							
		nue Service	► Go to www.irs.gov/Form990 for instructions and the ar year, or tax year beginning JUN 1, 2021 and en-		AY 31, 2022	Inspection					
						tion much on					
D C a	heck if pplicabl		organization		D Employer identifica	luon number					
	Addre chang	SS THE	SUSAN B. ANTHONY HOUSE								
	Name Chang		usiness as NATIONAL SUSAN B. ANTHONY MU	**-***869	9						
	nitial				E Telephone number	-					
	Final return		ADISON STREET	585-279-7490							
	termin ated		own, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$ 2,136,193						
X	Amen	ded ROCH	ESTER, NY 14608		H(a) Is this a group retu	Im					
	Applic tion	<sup>ca-</sup> <b>F</b> Name a	nd address of principal officer: DEBORAH L. HUGHES		for subordinates? Yes X No						
	pendi	SAME	AS C ABOVE		H(b) Are all subordinates inclu	uded? Yes No					
		empt status:		527	If "No," attach a lis	st. See instructions					
			SUSANB.ORG		H(c) Group exemption						
			X Corporation Trust Association Other ►	L Year o	of formation: 1946 M	State of legal domicile: <b>NY</b>					
Pa	art I	Summary									
ø	1	Briefly describ	e the organization's mission or most significant activities: $\underline{\mathtt{SEE}}$	CHEDU	LE O						
Activities & Governance											
ērn		Check this bo				ets. 16					
20 S		Number of independent voting members of the governing body (Part VI, line 1b)									
જ											
ties			of individuals employed in calendar year 2021 (Part V, line 2a)			18 178					
ti			of volunteers (estimate if necessary)			0.					
Ac			d business revenue from Part VIII, column (C), line 12			0.					
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u> </u>							
		Caratuilautiana	and sympto (Davit) (III, line 1 b)		Prior Year 1,578,395.	Current Year 1,823,670.					
Revenue			and grants (Part VIII, line 1h)		49,606.	74,804.					
sver		•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		1,266.	1,142.					
Å			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		25,931.	130,440.					
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,655,198.	2,030,056.					
			nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
			to or for members (Part IX, column (A), line 4)		0.	0.					
ç		•	compensation, employee benefits (Part IX, column (A), lines 5-10)		435,624.	480,382.					
nse			undraising fees (Part IX, column (A), line 11e)		58,950.	31,280.					
Expense			ng expenses (Part IX, column (D), line 25)   233, 495	5.							
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		247,880.	763,232.					
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		742,454.	1,274,894.					
	19	Revenue less	expenses. Subtract line 18 from line 12		912,744.	755,162.					
Net Assets or Fund Balances				Be	ginning of Current Year	End of Year					
sets	20	Total assets (F	Part X, line 16)		2,392,293.	3,074,522.					
st As	21	Total liabilities	(Part X, line 26)		175,758.	133,850.					
No.	22		fund balances. Subtract line 21 from line 20		2,216,535.	2,940,672.					
	art II	•									
	-		declare that I have examined this return, including accompanying schedules an			nowledge and belief, it is					
true,	correc	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which	h preparer	has any knowledge.						
		Signature	e of officer		Date						
Sig		,			υαισ						
Her	е		RAH L. HUGHES, PRESIDENT & CEO rint name and title								
		I I iype or µ	The number of the								

	Print/Type preparer's name	Date	Check PTIN								
Paid	CHRISTOPHER JOHNSTON	CHRISTOPHER JOHNSTON1	L0/23/2								
Preparer	Firm's name FFPR GROUP, CPAS, PLLC										
Use Only	Firm's address 🖕 100 SOUTH CLINTON AVE, SUITE 1500										
	ROCHESTER, NY 14604 Phone no. (585) 427-8900										
May the IRS discuss this return with the preparer shown above? See instructions											

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

	990 (2021) THE SUSAN B. ANTHONY HOUSE **-**8699 F
ar	t III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:
•	SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
•	If "Yes," describe these changes on Schedule O.
ł	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
r	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
la	
fa	(Code:) (Expenses \$ /2/,295. including grants of \$) (Revenue \$ 120,02 EDUCATION AND INSPIRATION. LIKE MOST ARTS AND CULTURE VENUES, THE
	ANTHONY MUSEUM HAS BEEN ADAPTING TO SERVE THE PUBLIC DURING THE ONGO
	PANDEMIC. THE MUSEUM RETURNED TO AN IN-PERSON EVENT FOR THE ANNUAL
	SUSAN B ANTHONY BIRTHDAY CELEBRATION IN 2022. MIMI AUNG, FROM NASA'S
	JET PROPULSION LABORATORY, WAS THE KEYNOTE SPEAKER, SHARING THE
	CHALLENGING AND INSPIRATIONAL STORY OF THE TEAM THAT DEVELOPED
	"INGENUITY," THE FIRST AUTONOMOUS CRAFT TO FLY ON MARS. THE THEME FOR
	THE EVENT WAS, "THE SKY IS NOT THE LIMIT!" ATTENDANCE WAS IMPACTED BY
	THE SURGE OF THE COVID-19 OMICRON VARIANT, BUT MANY WERE ABLE TO ATTE
	VIRTUALLY. AS TOURISM CONTINUES TO RECOVER, THE MUSEUM IS EXPANDING I
	TOURS AND PROGRAMS. THE POSITION OF DEPUTY DIRECTOR WAS ESTABLISHED T
	OVERSEE THE MUSEUM'S OPERATIONS AND VISITOR SERVICES.
łb	(Code:) (Expenses \$ 117,988. including grants of \$) (Revenue \$ 85,21 PRESERVING AND SHARING OUR COLLECTION. IN SEPTEMBER 2021, WE
	EXPERIENCED A FIRE THAT DESTROYED THE ROOF AND RAILINGS OF THE EXTERI
	BACK PORCH OF 17 MADISON STREET. THE FIRE WAS CAUSED BY ARSON.
	FORTUNATELY, THE FIRE DEPARTMENT RESPONDED QUICKLY AND FOLLOWED ALL
	PROTOCOLS FOR A NATIONAL HISTORIC LANDMARK, AND DAMAGE INSIDE THE HOU
	WAS LIMITED TO SMOKE EXPOSURE. THE STAFF WORKED WITH CONSERVATORS TO
	ASSURE THAT ALL DAMAGE WAS REMEDIATED. THE HISTORIC BACK DOOR WAS
	REPAIRED AND RESTORED, AND THE EXTERIOR "STORM" DOOR WAS REPLACED.
	PLANS ARE UNDERWAY TO EITHER RESTORE THE PORCH AS IT WAS BEFORE THE
	FIRE, OR TO RESTORE IT TO AN EARLIER VERSION. THE MUSEUM PLANS A CAMP
	EXPANSION WITH A NEW BUILDING THAT WILL HAVE OPTIMUM STORAGE FACILITY
	FOR THE PERMANENT COLLECTION. A COLLECTION STORAGE ASSESSMENT WAS
łc	(Code:       ) (Expenses \$ 69,442. including grants of \$ ) (Revenue \$         TELLING THE BROADER STORY. THE MUSEUM IS PLANNING A CAMPUS EXPANSION
	THAT WILL INCLUDE A NEW INTERPRETIVE CENTER WITH 6,300 SQ FT OF
	EXPERIENTIAL EXHIBIT SPACE. THIS SPACE IS BEING DESIGNED AROUND THE
	THEME, "SUSAN B. ANTHONY CHANGED THE WORLD, AND SO CAN YOU!" IT WILL
	EXPOSE GUESTS TO THE MANY DIFFERENT SOCIAL ISSUES THAT ANTHONY SOUGHT
	TO ADDRESS, AND IT SHOWS HOW HER WORK IS RELEVANT TODAY. THE
	INTERPRETIVE PLAN IS BEING DESIGNED IN CONSULTATION WITH SOLID LIGHT,
	INC. SWBR IS THE ARCHITECTURAL FIRM FOR THE NEW BUILDING, WHICH WILL
	BE LOCATED ON SEVERAL ADJACENT LOTS OF VACANT URBAN LAND WITHIN WALKI
	DISTANCE OF THE CURRENT CAMPUS OF HISTORIC PROPERTIES. THE CAMPUS
	EXPANSION WILL BE TRANSFORMATIVE FOR THE COMMUNITY, ENHANCING THE URE
	"VILLAGE," AND BRINGING ECONOMIC INVESTMENT AND TOURISM DOLLARS TO ON
łd	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
ما	Total program service expenses 914,723.
rc	
	Form 990 SEE SCHEDULE O FOR CONTINUATION(S)

Form 990 (2021)

Part IV Checklist of Required Schedules

THE SUSAN B. ANTHONY HOUSE

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
-	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
U	Schedule D, Part III	8	Х	
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?			v
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	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			
	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		37	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	37
	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	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f	<u>л</u>	
128	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	foreign organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	x	
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	IQ	- 23	
13	complete Schedule G, Part III	19		x
20a		20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
132003	3 12-09-21	Form	990	(2021)

11231023 101824 0011514

e organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X, column (A), line 2? If "Yes," complete Schedule I, Parts I and III e organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current invere officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete tule J e organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the ay of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete tule K. If "No," go to line 25a e organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? e organization maintain an escrow account other than a refunding escrow at any time during the year to defease x-exempt bonds? e organization at as an "on behalf of" issuer for bonds outstanding at any time during the year? <b>m 501(c)(3)</b> , <b>501(c)(4)</b> , <b>and 501(c)(29) organizations</b> . Did the organization engage in an excess benefit ction with a disqualified person during the year? If "Yes," complete Schedule L, Part I e organization navare that it engaged in an excess benefit transaction with a disqualified person in a prior year, and the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete tule L, Part I e organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current ner officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% lided entity or family member of any of these persons? If "Yes," complete Schedule L, Part II e organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, r or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled (including an employee thereof) or family member of any of these pers	22 23 24a 24b 24c 24d 25a 25b 26 27 27 28a 28b 28c		
rmer officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete lule J</i>	24a 24b 24c 24d 25a 25b 26 26 27 28a 28b		
e organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the ay of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete lule K. If</i> "No," <i>go to line 25a</i>	24a 24b 24c 24d 25a 25b 26 26 27 28a 28b		
ay of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete lule K. If "No," go to line 25a	24b 24c 24d 25a 25b 26 27 28a 28a 28b		
e organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? e organization maintain an escrow account other than a refunding escrow at any time during the year to defease x-exempt bonds? e organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? on 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit ction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part 1</i> organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete lule L, Part 1</i> e organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current ner officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% olled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part I1</i> e organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, r or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> ne organization a party to a business transaction with one of the following parties (see the Schedule L, <i>Part III</i> ne organization a party to a business transaction with one of the following parties (see the Schedule L, <i>Part III</i> toris for applicable filing thresholds, conditions, and exceptions): ent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> <i>complete Schedule L, Part IV</i> Iy member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	24b 24c 24d 25a 25b 26 27 28a 28a 28b		
e organization maintain an escrow account other than a refunding escrow at any time during the year to defease x-exempt bonds? e organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? on <b>501(c)(3)</b> , <b>501(c)(4)</b> , <b>and 501(c)(29) organizations</b> . Did the organization engage in an excess benefit ction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and he transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete fule L, Part I</i> e organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current ner officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% olled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> e organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, or or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> ne organization a party to a business transaction with one of the following parties (see the Schedule L, Part III) ne organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, ctions for applicable filing thresholds, conditions, and exceptions): ent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> <i>complete Schedule L, Part IV</i> Ily member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	24c 24d 25a 25b 26 27 28a 28a 28b		2
x-exempt bonds?	24d 25a 25b 26 27 28a 28b		
e organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d 25a 25b 26 27 28a 28b		
on 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit         iction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and         he transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete lule L, Part I</i> e organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current         ner officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%         olled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> e organization provide a grant or other assistance to any current or former officer, director, trustee, key employee thereof, a grant selection committee member, or to a 35% controlled         (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> ne organization a party to a business transaction with one of the following parties (see the Schedule L, Part III)         ne organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV)         ly member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	25a 25b 26 27 28a 28b		
Action with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25b 26 27 28a 28b		
organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and he transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i> <i>lule L, Part I</i> e organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current ner officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% olled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> e organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, or or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> ne organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, ctions for applicable filing thresholds, conditions, and exceptions): ent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> <i>complete Schedule L, Part IV</i> ly member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	25b 26 27 28a 28b		2
<i>Iule L, Part I</i> e organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current ner officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% olled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> e organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, or or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i> ne organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, ctions for applicable filing thresholds, conditions, and exceptions): ent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> <i>complete Schedule L, Part IV</i> Ily member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> .	26 27 28a 28b		
e organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current ner officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% olled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> e organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, or or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, ctions for applicable filing thresholds, conditions, and exceptions): ent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> <i>complete Schedule L, Part IV</i> ly member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .	27 28a 28b		2
billed entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> e organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, or or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i> e organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, ctions for applicable filing thresholds, conditions, and exceptions): ent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If complete Schedule L, Part IV</i> ly member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> .	27 28a 28b		2
e organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, or or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i> he organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, ctions for applicable filing thresholds, conditions, and exceptions): ent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> <i>complete Schedule L, Part IV</i>	27 28a 28b		
or or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled (including an employee thereof) or family member of any of these persons? <i>If</i> " <i>Yes</i> ," <i>complete Schedule L, Part III</i> the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, ctions for applicable filing thresholds, conditions, and exceptions): ent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If complete Schedule L, Part IV</i> ly member of any individual described in line 28a? <i>If</i> " <i>Yes</i> ," <i>complete Schedule L, Part IV</i> .	28a 28b		2
(including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	28a 28b		2
he organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, ctions for applicable filing thresholds, conditions, and exceptions): ent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> <i>complete Schedule L, Part IV</i> Ily member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
complete Schedule L, Part IV	28b		
ly member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			
antralled entity of one or more individuals and/or experimentians described in line 28a or 28b2/f	28c		_
o controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f complete Schedule L, Part IV			
e organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
e organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation putions? If "Yes," complete Schedule M	30		2
e organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		2
e organization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete lule N, Part II	32		2
e organization own 100% of an entity disregarded as separate from the organization under Regulations			
ns 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		2
ne organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
line 1	34		
e organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Ľ
" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
on 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	350		-
	36		
e organization conduct more than 5% of its activities through an entity that is not a related organization			
at is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		2
e organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
All Form 990 filers are required to complete Schedule O	38	A	
Statements are required of their IPS Filings and Tax Compliance			Г
Statements Regarding Other IRS Filings and Tax Compliance		Yes	N
Statements Regarding Other IRS Filings and Tax Compliance	2		
Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V         the number reported in box 3 of Form 1096. Enter -0- if not applicable		х	
e e	" complete Schedule R, Part V, line 2         organization conduct more than 5% of its activities through an entity that is not a related organization at is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI         organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?         All Form 990 filers are required to complete Schedule O         Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V         he number reported in box 3 of Form 1096. Enter -0- if not applicable	" complete Schedule R, Part V, line 2       36         organization conduct more than 5% of its activities through an entity that is not a related organization at is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37         organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38         All Form 990 filers are required to complete Schedule O       38         Statements Regarding Other IRS Filings and Tax Compliance       38         Check if Schedule O contains a response or note to any line in this Part V       1a       32         he number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       32         Ib       0	" complete Schedule R, Part V, line 2       36         organization conduct more than 5% of its activities through an entity that is not a related organization       37         at is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37         organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         All Form 990 filers are required to complete Schedule O       38       X         Statements Regarding Other IRS Filings and Tax Compliance       38       X         Check if Schedule O contains a response or note to any line in this Part V       Yes         he number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       32         he number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       0

Form 990	
Part V	Sta

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				Yes	No
	filed for the calendar year ending with or within the year covered by this return	2a	18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	rns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction	s				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο		Зb		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	its (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	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 contribut	tions o	r gifts			
	were not tax deductible?			6b		
	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 set	rvices p	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
	to file Form 8282?	1		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	ract?		7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
В	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	e			
				8		
9	Sponsoring organizations maintaining donor advised funds.					
				9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? $\dots$			9b		
	Section 501(c)(7) organizations. Enter:		I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:	I	I			
	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
_	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	? I	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	l	I			
	organization is licensed to issue qualified health plans	13b				
~	Enter the amount of reserves on hand	13c				x
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		
4a				14b		<u> </u>
4a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu					
4a b	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eration	or			•
4a b	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune excess parachute payment(s) during the year?	eration	or	15		X
4a b 5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune excess parachute payment(s) during the year?	eration	or			
4a b 5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	eration	or	15 16		
14a b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investmer If "Yes," complete Form 4720, Schedule O.	eration nt inco	or			
14a b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investmer If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	eration nt inco any	or me?	16		X X
14a b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investmer If "Yes," complete Form 4720, Schedule O.	eration nt inco any	or me?			

Form 990 (2	
Part VI	Gov

#### THE SUSAN B. ANTHONY HOUSE

\*\*-\*\*8699 Page **6** 

rt VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	
	Check if Schedule O contains a response or note to any line in this Part VI	Х

ia       Enter the number of voting members of the governing body at the end of the tax year       1a       1a       16         if the are natural differences in voting rights arong members included on line 1a, above, who are independent       1b       15         2       Def members included on line 1a, above, who are independent       15       15         2       Def members included on line 1a, above, who are independent       15       15         2       Def members included on line 1a, above, who are independent       15       15         2       Def members included on line 1a, above, who are independent       15       15         3       Def members includes on line 1a, above, who are independent       2       2         4       Def members includes on line 1a, above, who are independent       3       3         4       Def members includes and on line 1a, above, who are independent       3       3         5       Def members includes and any significant changes to its governing documents since the prior Form 990 was filed?       4         5       Def members, stockholders, or provide the organization seemes of the governing body?       7a       7a         6       Def mergination have members or stochholders, or more single and advergass on Selective 0       7a       7a         9       Def mergination have bootsen, stockholders, or members of the governing		Check if Schedule O contains a response or note to any line in this Part VI						
1a       Enter the number of voting members of the governing body, of the governing body deligated tread authority to an executive committee or similar committee, explain on Schedule 0.       1a       1a       1.6         b       Did any office, director, trustee, or key employees were a tamly validancihy or a business relationship with any other officers, director, trustees, or key employees to a management dudies customarily performed by or under the direct supervision of officers, director, trustees, or key employees to a management dudies customarily performed by or under the direct supervision of officers, director, trustees, or key employees to a management dudies customarily performed by or under the direct supervision of the organization become aware during the year of a significant drages to the governing doody?       2         7a       Dot the organization become aware during the year of a significant drages to the organization aware members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7a         7b       Dat any officer, director, trustee, or key employees itsel n Part VII, Sectoral, who cannot be reached at the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members and the governing body?       8a         7b       Dat any officer, director, trustee, or key employee itsel n Part VII, Sectoral, who cannot be reached at the organization have write nomes and address?       7b         7a       Dat be organization have aware during the organization severity purpose?       1a         8a       Xyoo       1a       Xeo	Sec	tion A. Governing Body and Management						-
If there are matched differences in votion (pths among members of the governing body, or if the governing body and the statute of voting members included on line 1a, above, who are independent of the statute of voting members included on line 1a, above, who are independent of the statute of voting members included on line 1a, above, who are independent of the statute of voting members included on line 1a, above, who are independent of the statute of voting members included on line 1a, above, who are independent of the statute of voting members included on line 1a, above, who are independent of the statute of voting members included on line 1a, above, who are independent of the statute of the statute of the organization statute or any provider as a management company or other person?         3       Did the organization have any significant changes to its governing documents since the prior form 980 was filed?       4         4       Did the organization have members or stockholders?       6         5       Did the organization have members or stockholders?       7a         6       Did the organization have members or stockholders?       7a         7       Did the organization commony or other person?       7a         8       Are any governance decisions of the organization reserved to (or subject to apprival by) members, stockholders, or person or other memory or stockholders, or person?       7a         9       Did the organization commony orders or schedule of written actions undersken during the year by the following.       7a         10       The organization have bracker, ory employee listed in Part VI. Section A, who cannot be reached at				1	1 /		Yes	
body deguaded broad authority to an excutive committee or similar committee, explain on Schedule 0.       b       15         2       bid any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?       2         3       Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?       3         4       Did the organization baceme aware during the year of a significant diversion of the organization's assets?       5         5       Did the organization have members, stockholders?       7         6       Did the organization neares or stockholders?       7         7       Did the organization cellsopmentus by doormet the meetings held or written actions undertaken during the year by the following:       7         8       Did the organization have members, stockholders, or persons other than the governing body?       8       X         9       Did the organization have members, stockholders, or the parsen allow did asset on Schedule 0       9       9         9       Did the organization parsens by doormet the members of tosgoverning body?       8a       X         9       Did the organization have wen	1a		1	a	10	2		
b Enter the number of voting members included on line 1a, above, who are independent								
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a granagement company or other person? 3  4  5 Did the organization duegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to this governing documents since the prior Form 980 was filed? 5 Did the organization have members, stockholders? 6  6  6  6  7  7  6  7  7  7  7  7  7  7  7  7  7  7  7  7					4 1	_		L
officer, director, functer, or key employee?     2       3     Did the organization delegate control over management dulies customarily performed by or under the direct supervision of officers, functers, functers, or key employees to a management during or other person?     3       4     Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?     4       5     Did the organization have members or stockholders?     6       6     Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?     7       6     Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or more members of the governing body?     8       7     Bit the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?     8       8     Did the organization numbers, stockholders, or other persons other than the governing body?     8       9     Is there any officer, director, trustee, or key employee listed I PM VII, Section A, who cannot be reached at the organization maining address? If "Yes," divolde the names and addresses on Schedule O.     9       9     Did the organization nave the local chapters, branches, or affiliates?     10       10     11     X       10     11     X       10     11     X       10     11     12    <	b	-				2		L
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision     of officers, directors, trustees, or key employees to its governing documents since the prior Form 990 was filed?     5 Did the organization nake any significant changes to its governing documents since the prior Form 990 was filed?     5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or     more members of the governing body?     5 Did the organization nake members or stockholders, or other persons who had the power to elect or appoint one or     more members of the governing body?     5 Did the organization contemporaneously document the meetings held or written actions underlaken during the year by the following:     a The governing body?     5 Each committee with authority to act on behalf of the governing body?     5 Each committee with authority to act on behalf of the governing body?     5 Each committee with authority to act on behalf of the governing body?     5 Each committee with authority to act on behalf of the governing body?     5 Each committee with authority to act on behalf of the governing body?     5 Each committee with authority to act on behalf of the governing body?     5 Each committee with authority to act on behalf of the governing body?     5 Each committee with authority to act on behalf of the governing body?     5 Each committee with authority to act on behalf of the governing body?     5 Each committee with authority to act on branches and andresses on Schedule 0     5 Each committee with authority to act on periators and availables and branches end purposes     5 Each committee with authority to act on periators are complexed instead.     5 Each committee with authority to act on periators are complexed instead to the process, affiliates?     5 Each committee and provided a complete copy of this Form 990 to all members of its governing body before filing the form?     1 Each committee and s	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	hip wi	ith any oth	ner			
of officers, directors, rustenes, or key employees to a management company or other person?     3       4     Did the organization have any significant changes to its governing documents since the prior Form 990 was filed?     5       5     Did the organization have members or stockholders?     6       6     Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the organization's assets?     6       7a     Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the organization's members, stockholders, or typerson softer than the governing body?     7a       8     Did the organization theorem themes, stockholders, or other persons who had the four approval by) members, stockholders, or typerson softer than the governing body?     8a     X       9     Inte organization bices     Total approximation to the organization frequence by the fintemation during the year by the finitemation.     7a       9     Inte organization bacement the meetings bid or written actions underlaten during the year by the finitemation.     7a       9     Interson finite with authority to act on behalf of the governing body?     8a     X       9     Interson finite with authority to act on behalf of the governing body?     8a     X       9     Interson finite with authority to act on behalf of the governing body.     7a     1a       9     Interson finite with with actoan about policies not finitewer any a		officer, director, trustee, or key employee?				2		Ļ
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b       Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12b       X         c       Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done       12c       X         3       Did the organization have a written whistleblower policy?       13       X         4       Did the organization have a written whistleblower policy?       14       X         5       Did the organization have a written whistleblower policy?       14       X         4       Did the organization have a written whistleblower policy?       14       X         5       Did the organization and contemporaneous substantiation of the deliberation and decision?       15a       X         a       The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       15a       15a         b       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16b         ection C. Disclosure       7       List the states with which a copy of this Form 990 is required to be filed > NONE       NONE         8       Section 6104						122	x	l
c       Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.       12c       X         3       Did the organization have a written whistleblower policy?       13       X         4       Did the organization have a written document retention and destruction policy?       14       X         5       Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       15a       X         a       The organization 's CEO, Executive Director, or top management official       15a       X         b       Other officers or key employees of the organization       15b       15b         if "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.       16a       16a         b       If "Yes", 'did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16b         ection C. Disclosure       NONE       16b       16b       16b         7       List the states with which a copy of this Form 990 is required to be filed ▶ NONE       NONE       16b       16b       16b       16b       16b <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>ł</td></t<>								ł
on Schedule O how this was done       12c       X         3       Did the organization have a written whistleblower policy?       13       X         4       Did the organization have a written document retention and destruction policy?       14       X         5       Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       14       X         a       The organization's CEO, Executive Director, or top management official       15a       X         b       Other officers or key employees of the organization       15b       15b       16a         if "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.       16a       16a       16a         b       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16b       16a       16a       16a         7       List the states with which a copy of this Form 990 is required to be filed ▶       NONE       NONE       16b       16b       16a       16a<						120		ł
3       Did the organization have a written whistleblower policy?       13       X         4       Did the organization have a written document retention and destruction policy?       14       X         5       Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       14       X         a       The organization's CEO, Executive Director, or top management official       15a       X         b       Other officers or key employees of the organization       15b       I       I       I       I       I       I       I       X         6       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       I	C					120	x	I
4       Did the organization have a written document retention and destruction policy?       14       X         5       Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       14       X         a       The organization's CEO, Executive Director, or top management official       15a       X         b       Other officers or key employees of the organization       15b       15b         if "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.       16a       16a         6a       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       16a         b       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16b       16a         7       List the states with which a copy of this Form 990 is required to be filed ▶       NONE       16b       16b         8       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) s only) availe for public inspection. Indicate how you made these available. Check all that apply.       16b       16b	2							┨
<ul> <li>5 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?</li> <li>a The organization's CEO, Executive Director, or top management official</li></ul>								╉
persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       15a       X         a The organization's CEO, Executive Director, or top management official       15b       15b         b Other officers or key employees of the organization       15b       15b         if "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.       16a       16a         6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       16a         b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16b       16b         ection C. Disclosure       7       List the states with which a copy of this Form 990 is required to be filed > NONE       NONE         8       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) availate for public inspection. Indicate how you made these available. Check all that apply.						14	-	ł
a The organization's CEO, Executive Director, or top management official       15a       X         b Other officers or key employees of the organization       15b       15b         if "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.       16a       16a         b Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       16a         b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16b         ection C. Disclosure       16b       16b         7       List the states with which a copy of this Form 990 is required to be filed ▶       NONE         8       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) availate for public inspection. Indicate how you made these available. Check all that apply.       □         □       0 wn website       IX       Another's website       IX       Upon request       Other (explain on Schedule O)       0         9       Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.       17       MaDISON STREET, ROCHES	5		-		dent			I
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ection C. Disclosure 7 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 8 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990 T (section 501(c)(3)s only) availar for public inspection. Indicate how you made these available. Check all that apply.							v	ł
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.         6a       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a         b       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16a         ection C. Disclosure       16b         7       List the states with which a copy of this Form 990 is required to be filed ▶       NONE         8       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) availate for public inspection. Indicate how you made these available. Check all that apply.       □         □       Own website       X       Another's website       X       Upon request       Other (explain on Schedule O)         9       Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.       Describe on Schedule O whether (and if so, how) the organization who possesses the organization's books and records ▶							Δ	ł
6a       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a         b       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16a         ection C. Disclosure       16b         7       List the states with which a copy of this Form 990 is required to be filed ▶       NONE         8       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) availate for public inspection. Indicate how you made these available. Check all that apply.         □       Own website       X       Upon request       Other (explain on Schedule O)         9       Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.       0         0       State the name, address, and telephone number of the person who possesses the organization's books and records ▶	b					15b		ł
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b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ection C. Disclosure 7 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 8 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) availar for public inspection. Indicate how you made these available. Check all that apply. ○ Own website X Another's website X Upon request Other ( <i>explain on Schedule O</i> ) 9 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 0 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ DEBORAH L. HUGHES - 585-279-7490 17 MADISON STREET, ROCHESTER, NY 14608 2006 12-09-21	6a		emen	it with a				ļ
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  ection C. Disclosure  7 List the states with which a copy of this Form 990 is required to be filed ▶ NONE  8 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) availate for public inspection. Indicate how you made these available. Check all that apply.						16a		ļ
exempt status with respect to such arrangements?       16b         ection C. Disclosure       NONE         7       List the states with which a copy of this Form 990 is required to be filed ▶       NONE         8       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) availar for public inspection. Indicate how you made these available. Check all that apply.       □         0       Own website       X       Another's website       X       Upon request       □       Other (explain on Schedule O)         9       Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.       O         0       State the name, address, and telephone number of the person who possesses the organization's books and records ▶	b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	late it	s participa	ation			
<ul> <li>ection C. Disclosure</li> <li>7 List the states with which a copy of this Form 990 is required to be filed ▶ NONE</li> <li>8 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) availate for public inspection. Indicate how you made these available. Check all that apply.</li> <li>Own website X Another's website X Upon request Other (explain on Schedule O)</li> <li>9 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>0 State the name, address, and telephone number of the person who possesses the organization's books and records ▶</li></ul>		in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	laniza	tion's				l
<ul> <li>7 List the states with which a copy of this Form 990 is required to be filed ▶ NONE</li> <li>8 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) availate for public inspection. Indicate how you made these available. Check all that apply.</li> <li>☐ Own website X Another's website X Upon request ☐ Other (explain on Schedule O)</li> <li>9 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>0 State the name, address, and telephone number of the person who possesses the organization's books and records ▶</li></ul>						16b		
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for public inspection. Indicate how you made these available. Check all that apply.            □ Own website         □ X         □ Another's website         □ Upon request         □ Other (explain on Schedule O)         □         □ Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.         ①         State the name, address, and telephone number of the person who possesses the organization's books and records <u>DEBORAH L. HUGHES - 585-279-7490         17 MADISON STREET, ROCHESTER, NY 14608          Form 990    </u>	7	List the states with which a copy of this Form 990 is required to be filed NONE						
<ul> <li>Own website X Another's website X Upon request Other (explain on Schedule O)</li> <li>Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records </li> <li><u>DEBORAH L. HUGHES - 585-279-7490</u></li> <li><u>17 MADISON STREET, ROCHESTER, NY 14608</u></li> </ul>	8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and §	990-T (sec	tion 501(c)(3	3)s only	) avail	la
<ul> <li>9 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>0 State the name, address, and telephone number of the person who possesses the organization's books and records ▶</li> <li>DEBORAH L. HUGHES - 585-279-7490</li> <li>17 MADISON STREET, ROCHESTER, NY 14608</li> <li>2006 12-09-21</li> </ul>								
statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ► <u>DEBORAH L. HUGHES - 585-279-7490</u> <u>17 MADISON STREET, ROCHESTER, NY 14608</u> 2006 12-09-21 Form <b>990</b> (		Own website X Another's website X Upon request Other (expla	in on	Schedule	O)			
statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ► <u>DEBORAH L. HUGHES - 585-279-7490</u> <u>17 MADISON STREET, ROCHESTER, NY 14608</u> 2006 12-09-21 Form <b>990</b>	9	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	confli	ct of inter	est policy, a	nd fina	ncial	
0       State the name, address, and telephone number of the person who possesses the organization's books and records ▶         DEBORAH L. HUGHES - 585-279-7490         17       MADISON STREET, ROCHESTER, NY 14608         2006 12-09-21       Form 990 (								
DEBORAH L. HUGHES - 585-279-7490           17 MADISON STREET, ROCHESTER, NY 14608           2006 12-09-21   Form 990 (	20		ooks	and reco	rds 🕨			
17 MADISON STREET, ROCHESTER, NY 14608           2006 12-09-21         Form 990 (								
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2021.06010 THE SUSAN B. ANTHONY HOUSE 001151	31	023 101824 0011514 2021.06010 THE SUSAN B. A	<b>NT</b>	HONY	HOUSE	001	L15	1

#### 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.

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

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

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Average Position (do not check more than one				) than	one	Reportable	Estimated	
	hours per	box	, unle	ss pe	erson	is bot pr/trus	h an	compensation	compensation	amount of
	week		cer ar		lirecto	n/irus	lee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	rustee	l trus		/ee	mpen	_	1099-NEC)	1099-1120)	and related
	below	d ual t	nstitutional trustee	L_	Key employee	ist co	5	10001120)		organizations
	line)	ndivi	Institu	Officer	Key ei	Highest compensated employee	Forme			5
(1) DEBORAH HUGHES	55.00	_	_	_						
PRESIDENT & CEO		x		X				82,438.	0.	0.
(2) JANE GALLAGHER SILVERSTEIN	2.00									
CHAIR		x		X				0.	0.	0.
(3) CATHERINE GUELI	2.00									
VICE CHAIR		x		Х				0.	0.	Ο.
(4) LINDA BETSTADT	2.00									
SECRETARY		X		х				0.	0.	0.
(5) CRAIG ZICARI	2.00									
TREASURER		X		X				0.	0.	0.
(6) LISA BARON	2.00									
BOARD MEMBER		X						0.	0.	0.
(7) NICOLE KINGSLEY BRUNNER	2.00									
BOARD MEMBER		X						0.	0.	0.
(8) TAMAR CARROLL	2.00									
BOARD MEMBER		X						0.	0.	0.
(9) EMILY COHEN	2.00									
BOARD MEMBER		X						0.	0.	0.
(10) GILLIAN CONDE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) DIANE MCCUE	2.00									
BOARD MEMBER		X						0.	0.	0.
(12) MARY BETH MORELLE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(13) JENNIFER O'BRIEN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) AQUA PORTER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(15) SHARON SALLUZZO	2.00									_
BOARD MEMBER		х						0.	0.	0.
(16) KEANA WILLIAMS	2.00									-
BOARD MEMBER		х						0.	0.	0.
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Form **990** (2021)

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		USAN B. AN								**_*:	**8	699	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors		ploy	ees,			ghes	t C						
	(A) Name and title	<b>(B)</b> Average hours per week	box,	not ch unles	(C Posit neck m ss pers d a dir	tion nore t son is	s both	an	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensatio from related		an	(F) stimate nount o 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)	organization: (W-2/1099-MIS 1099-NEC)		fr org and	pensa om the anizati d relate anizatio	e ion ed
				_		_	_							
				_			_							
						_								
1h	Subtotal								82,438.		0.			0.
с	Subtotal Total from continuation sheets to I Total (add lines 1b and 1c)	Part VII, Section A $_{\cdot}$					Þ		0.		0.			0.
2	Total number of individuals (including compensation from the organization	g but not limited to th	-					o re	eceived more than \$100	,000 of reportabl	e			0
3	Did the organization list any <b>former</b> of line 1a? <i>If</i> "Yes," <i>complete Schedule</i>			-	-	•		-		-		3	Yes	No X
4	For any individual listed on line 1a, is and related organizations greater tha	the sum of reportab	le co	mpe	ensat	tion	and	otł	-	the organization		4		X
5	Did any person listed on line 1a rece rendered to the organization? <i>If</i> "Yes tion B. Independent Contractors					-			-			5		Х
1	Complete this table for your five high the organization. Report compensati	-	-								pens	ation f	rom	
	(	A) siness address		NE	<u> </u>				(B) Description of s		С	(C ompe	<b>;)</b> nsatio	n
								+						
2	Total number of independent contrac \$100,000 of compensation from the		iot lin	niteo	d to t	thos 0		ted	I above) who received n	nore than		Form	<b>990</b> (2	2021)

132008 12-09-21

Form	1 990	(2021) THE	E SUSAN B.	ANTHONY	HOUSE		**-***8	699 Page 9
	rt VI		evenue					
		Check if Schedule O	contains a respons	se or note to anv lir	ne in this Part VIII			
			· · ·		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated	(D) Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns						
Gra			<b>1</b> b	89,904.				
fts, r An		Fundraising events		66,180.				
, Gi	c			196,839.				
Sin	e	e Government grants (cont		190,039.				
her	т	<ul> <li>All other contributions, gifts, similar amounts not included</li> </ul>	d above <b>1</b> f 1	L,470,747.				
l Otl		Noncash contributions included in		55,017.				
Cor anc	-	Total. Add lines 1a-1f			1,823,670.			
-	-			Business Code				
e	2 a	EDUCATIONAL E	PROGRAMS	900099	56,403.			
ervio	b	ADMISSIONS		900099	18,401.	18,401.		
n Se	c			_				
Jran Rev	c	t		_	A			
Program Service Revenue	e							
	f	1 5			74,804.			
	3	g Total. Add lines 2a-2f Investment income (inclu-			74,004.			
	3	other similar amounts)	-		1,142.			1,142.
	4	Income from investment						_,
	5	Royalties	•	•				
			(i) Real	(ii) Personal				
	6 a	Gross rents	6a					
	b	Less: rental expenses	6b					
	c	( )	6c					
		Net rental income or (loss						
	7 a	a Gross amount from sales of		s (ii) Other				
		assets other than inventory Less: cost or other basis	7a					
e	L	and sales expenses	7b					
evenue	c	Gain or (loss)	7c					
Rev		<b>b</b> Net gain or (loss)						
Other Re		Gross income from fundraisi						
đ		including \$ 66	5,180. <sub>of</sub>					
		contributions reported or	n line 1c). See					
				Ba 74,757.				
		Less: direct expenses	····· Ľ	вы 74,757.	0.			
		Net income or (loss) from		<u>s</u>	0.			
	98	a Gross income from gamir Part IV, line 19		9a				
	r	Less: direct expenses		9b				
		Net income or (loss) from						
		a Gross sales of inventory,						
		and allowances	1	<sub>0a</sub> 56,955.				
	b	Less: cost of goods sold		оы 31,380.				
	c	Net income or (loss) from	sales of inventory		25,575.	25,575.		
sn				Business Code	05 015	05 015		
Miscellaneous Revenue	11 a		7TM	900099 900099	85,215. 19,650.	85,215. 19,650.		
ven	b				19,000.	19,000.	<u> </u>	
Be	0			-				
Σ		d All other revenue			104,865.			
	12	Total revenue. See instruction			2,030,056.	205,244.	0.	1,142.
13200	9 12-0			F			•	Form <b>990</b> (2021)
	_ •				9			,

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2021.06010 THE SUSAN B. ANTHONY HOUSE 00115141

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Part IX Statement of Functional Expenses

THE SUSAN B. ANTHONY HOUSE

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do not include amounts reported on 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
<b>1</b> Grants and other assistance to dom	antia organizationa		expenses	general expenses	expenses
and domestic governments. See Par					
2 Grants and other assistance to	· · · · -				
individuals. See Part IV, line 22					
3 Grants and other assistance to					
organizations, foreign governme	с С				
individuals. See Part IV, lines 15	-				
<ul> <li>Benefits paid to or for members</li> </ul>					
5 Compensation of current officer					
trustees, and key employees		84,900.	54,245.	10,044.	20,611
6 Compensation not included above to		- ,		- , -	
persons (as defined under section 4					
persons described in section 4958(					
7 Other salaries and wages		327,810.	209,652.	38,734.	79,424
8 Pension plan accruals and contribut					·
section 401(k) and 403(b) employer					
9 Other employee benefits	· · -	37,881.	25,682.	3,246.	8,953
0 Payroll taxes		29,791.	18,828.	3,574.	8,953 7,389
1 Fees for services (nonemployee					
a Management	'				
<b>b</b> Legal		567.		567.	
c Accounting					
d Lobbying					
e Professional fundraising services. S		31,280.			31,280
f Investment management fees					
g Other. (If line 11g amount exceeds					
column (A), amount, list line 11g ex	penses on Sch O.)	60,602.	31,007.	29,595.	
2 Advertising and promotion		14,209.	8,741.		5,468
3 Office expenses		8,017.	3,425.	4,592.	
4 Information technology		48,431.	34,057.	5,247.	9,127
5 Royalties					
6 Occupancy		24,377.	18,802.	5,575.	
7 Travel					
8 Payments of travel or entertainn	nent expenses				
for any federal, state, or local pu	ublic officials				
9 Conferences, conventions, and	meetings	2,078.	811.	1,165.	102
0 Interest		3,120.		3,120.	
Payments to affiliates					
2 Depreciation, depletion, and am	nortization	28,387.	23,991.	4,396.	
3 Insurance		11,966.	8,472.	3,494.	
24 Other expenses. Itemize expenses n above. (List miscellaneous expenses line 24e amount exceeds 10% of line	s on line 24e. If e 25, column (A),				
amount, list line 24e expenses on So a CAMPUS EXPANSION	· · ·	463,023.	393,941.		69,082
b MISCELLANEOUS	•  -	<u>403,023</u> . 56,110.	595,941.	4,565.	09,002
c REPAIRS AND MAIN		10,998.	<u> </u>	4,565.	
-		8,462.	<u> </u>	3,356.	
	CARD FE	22,885.	16,939.	3,350.	2 050
e All other expenses		22,885.	914,723.		2,059 233,495
5 Total functional expenses. Add line		1,2/4,094.	914,/23.	126,676.	495,495
6 Joint costs. Complete this line only	-				
reported in column (B) joint costs fr					
educational campaign and fundraisin	-				
Check here Figure 16 Interview of the check here	8-2 (ASC 958-720)				Form <b>990</b> (202

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10 2021.06010 THE SUSAN B. ANTHONY HOUSE Form **990** (2021)

00115141

THE SUSAN B. ANTHONY HOUSE Part X Balance Sheet

		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			405,576.	1	1,145,077.
	2	Savings and temporary cash investments			590,887.	2	448,252.
	3	Pledges and grants receivable, net			420,481.	3	336,832.
	4	Accounts receivable, net		55,149.	4	160,707.	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	se pers	ons		5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described		6			
ets	7	Notes and loans receivable, net			20.041	7	
Assets	8	Inventories for sale or use			30,041.	8	23,762.
4	9	Prepaid expenses and deferred charges			9,253.	9	12,079.
	10a	Land, buildings, and equipment: cost or other		1 200 122			
		basis. Complete Part VI of Schedule D	10a	<u>1,209,132.</u> 705,123.	121 052		E04 000
		Less: accumulated depreciation	10b	4	434,853.		504,009.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			446,053.	14	443,804.
	15	Other assets. See Part IV, line 11			2,392,293.	15 16	3,074,522.
	16 17	Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses			25,497.	17	93,406.
	18	Grants payable	20,10,10	18	50,2000		
	19	Deferred revenue			87,339.	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
ŝ	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
abi		controlled entity or family member of any of thes				22	
Ξ	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third	parties	62,922.	24	40,444.
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	s <b>1</b> 7-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			175,758.	26	133,850.
ŝ		Organizations that follow FASB ASC 958, che	ck her	e 🕨 🔟			
nce		and complete lines 27, 28, 32, and 33.					777 110
ala	27	Net assets without donor restrictions			675,732.	27	737,110.
ар	28	Net assets with donor restrictions			1,540,803.	28	2,203,562.
Fun		Organizations that do not follow FASB ASC 9	58, che	еск nere 🕨 📖			
۲ ا		and complete lines 29 through 33.					
ets	29	Capital stock or trust principal, or current funds				29	
Ass	30	Paid-in or capital surplus, or land, building, or eq				30 31	
Net Assets or Fund Balances	31 32	Retained earnings, endowment, accumulated in Total net assets or fund balances			2,216,535.	31	2,940,672.
Z	33	Total liabilities and net assets/fund balances			2,392,293.	33	3,074,522.
			<u></u>		=,===,===00		Form <b>990</b> (2021)
							Form <b>330</b> (2021

Form 990 (2021)

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Form	1990 (2021) THE SUSAN B. ANTHONY HOUSE	**-	***8699	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,03		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,27		
3	Revenue less expenses. Subtract line 2 from line 1	3			62.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,21	6,5	35.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	2	7,5	00.
7	Investment expenses	7			
8	Prior period adjustments	8			25.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	- 5	<u>7,5</u>	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,94	<u>0,6</u>	72.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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 Schedul				
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?			X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	i,		
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			<u></u>	
	review, or compilation of its financial statements and selection of an independent accountant?			X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-	dit		
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			Form	990	(2021)

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Department of the Treasury Internal Revenue Service

(Form 990)

Total

# 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.

		LO FOITI	330 01 FU	л III ЭЭО-с	Ζ.	
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	OMB No. 1545-0047
	2021
	Open to Public Inspection
/er	identification number

Nam	e of t	the organization							identification number
De	at 1			NTHONY HOUSE					*-**8699
Pa		Reason for Public						1S.	
	organ	nization is not a private found							
1		A church, convention of ch				on 170(b)(	1)(A)(i).		
2		A school described in sect							
3		A hospital or a cooperative							
4		A medical research organiz	ation operated in co	njunction with a hospital	describe	d in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,
_		city, and state:							
5		An organization operated for		ollege or university owned	d or opera	ted by a g	overnmental	unit descrit	bed in
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local go	-						and the state endle and he
7		An organization that norma	•	antial part of its support i	rom a gov	rnmenta	i unit or from '	ine general	public described in
•		section 170(b)(1)(A)(vi). (C		(1)(A)(vi) (Complete Der	F 11 \				
8 9		A community trust describe				od in ooniu	upotion with a	land grant	oollogo
9		An agricultural research orgoing or university or a non-land-g							
		university:	grant college of agric		Linter the	name, or	y, and state c	i the colleg	
10	Х	An organization that norma	Illy receives (1) more	than 33 1/3% of its sun	port from	contributio	ons members	hin fees a	nd aross receipts from
10		activities related to its exen							
		income and unrelated busin							
		See section 509(a)(2). (Con						gamzation	
11		An organization organized a	• •	sively to test for public sa	fetv. See	section 50	09(a)(4).		
12		An organization organized a	-					arry out the	e purposes of one or
		more publicly supported or						-	
		lines 12a through 12d that							
а		<b>Type I.</b> A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	/ giving
		the supported organization	on(s) the power to re	egularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting org	anization supervised	d or controlled in connec	tion with i	ts support	ed organizati	on(s), by ha	aving
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	oported
	_	_ organization(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III functionally interpretent of the second	egrated. A supportin	g organization operated	in connec	tion with,	and functiona	Illy integrat	ed with,
		_ its supported organizatio	n(s) (see instructions	s). <b>You must complete l</b>	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	porting organization oper	ated in co	nnection \	with its suppo	rted organ	ization(s)
		that is not functionally int	tegrated. The organized and the organized and the second sec	zation generally must sat	tisfy a dist	ribution re	equirement an	d an attent	iveness
		requirement (see instruct	,	•					
е		Check this box if the orga					а Туре I, Туре	e II, Type III	
		functionally integrated, or		onally integrated support	ing organi	zation.			<b></b>
		er the number of supported of	-						
g		vide the following informatior (i) Name of supported	n about the supporte	ed organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonotony	(vi) Amount of other
	,	organization		(described on lines 1-10	in your govern Yes	ing document?	support (see i	,	support (see instructions)
		•		above (see instructions))	Tes	NO		,	

						** ***	0.000
-			B. ANTHON				8699 Page 2
Pa	ITT II Support Schedule for C						
	(Complete only if you checked				on falled to quality	under Part III. If the	eorganization
0	fails to qualify under the tests	listed below, plea	ase complete Part	III. <i>)</i>			
	ction A. Public Support				1		
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
-	ction B. Total Support	() 0017	(1) 0040	())0040	( 1) 0000	( ) 0001	(0 T ) )
	endar year (or fiscal year beginning in)	<b>(a)</b> 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
•	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10	to (and instructi				12	
12	Gross receipts from related activities, e <b>First 5 years.</b> If the Form 990 is for the						
13							
Sec	organization, check this box and stop ction C. Computation of Public						
-	Public support percentage for 2021 (lir		-	column (f))		14	%
15	Public support percentage from 2020					15	%
	<b>33 1/3% support test - 2021.</b> If the or						
	stop here. The organization qualifies a						
b	<b>33 1/3% support test - 2020.</b> If the or						
-	and stop here. The organization qualif						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts						
	meets the facts-and-circumstances tes						
b	10% -facts-and-circumstances test	-		• • • •			
	more, and if the organization meets 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

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#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	► (a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")	525,818.	796,307.	731,801.	519,774.	1,823,670.	4,397,370
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	114 202	102 205	05 110	40 606	74 904	427 126
organization's tax-exempt purpose	114,292.	103,305.	95,119.	49,606.	74,804.	437,126
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities						
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	640,110.	899,612.	826,920.	569,380.	1,898,474.	4,834,496
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	1					0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year					1,179,955.	1,179,955
<b>c</b> Add lines 7a and 7b					1,179,955.	1,179,955
8 Public support. (Subtract line 7c from line 6.)						3,654,541
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🖡	► (a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	640,110.	(b) 2018 899,612.	(c) 2019 826,920.	569,380.	1,898,474.	4,834,496
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,008.	72.	-205.	596.	1,142.	7,613
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses						
acquired after June 30, 1975			0.05	500	1 1 1 0	
<ul> <li>c Add lines 10a and 10b</li> <li>I1 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> </ul>	6,008.	72.	-205.	596.	1,142.	7,613
2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			800.	562.	104,865.	106,227
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	1 C A C 110	899,684.	827,515.	570,538.	2,004,481.	4,948,336
14 First 5 years. If the Form 990 is for	the organization's fi	rst, second, third,	fourth, or fifth tax	year as a section §	501(c)(3) organizat	ion,
check this box and stop here						
Section C. Computation of Pub	olic Support Pe	rcentage				
15 Public support percentage for 2021	(line 8, column (f), c	livided by line 13,	column (f))		15	73.85
16 Public support percentage from 202	20 Schedule A, Part	III, line 15			16	<b>99.73</b>
Section D. Computation of Invo	estment Incom	e Percentage				
17 Investment income percentage for 2	2021 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	.15 🤋
18 Investment income percentage from					18	.22 🦻
<b>19a 33 1/3% support tests - 2021.</b> If th more than 33 1/3%, check this box	e organization did r	ot check the box	on line 14, and line	e 15 is more than 3		N V
<b>b 33 1/3% support tests - 2020.</b> If the line 18 is not more than 33 1/3%, cl	e organization did r	ot check a box or	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%,	and
20 Private foundation. If the organizat						
132023 01-04-22	et should		15			A (Form 990) 202
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#### THE SUSAN B. ANTHONY HOUSE

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2021

Yes No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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A (Form 990) 2021	THE	SUSAN	в.	ANTHONY	HOUSE
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2

'es No

No Yes

Pa	rt IV Supporting Organizations (continued)			
		-	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
		_	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C.	I ype I	Supporting	Organizations	

Schedule

			Ye
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).	1	
Sec	tion D. All Type III Supporting Organizations		

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

#### Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- а The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 132025 01-04-22

3b Schedule A (Form 990) 2021

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2b

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17

Schedule A	(Form 990	) 2021	THE	SUSAN	в.	ANTHON	IX HC	JUSE		
Part V	Type II	l Non	-Functionally	/ Integrate	d 50	9(a)(3) Sup	oportii	ng Org	ganizati	ons

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1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (explain in	Part VI). See instructio
	All other Type III non-functionally integrated supporting organizations must	comple	te Sections A through E.	
Section A -	Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net sh	nort-term capital gain	1		
2 Recov	veries of prior-year distributions	2		
3 Other	gross income (see instructions)	3		
4 Add li	nes 1 through 3.	4		
5 Depre	ciation and depletion	5		
6 Portio	n of operating expenses paid or incurred for production or			
collec	tion of gross income or for management, conservation, or			
mainte	enance of property held for production of income (see instructions)	6		
7 Other	expenses (see instructions)	7		
8 Adjus	ted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B -	Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggre	gate fair market value of all non-exempt-use assets (see			
instru	ctions for short tax year or assets held for part of year):			
a Avera	ge monthly value of securities	1a		
<b>b</b> Avera	ge monthly cash balances	1b		
<b>c</b> Fair m	arket value of other non-exempt-use assets	1c		
d Total	(add lines 1a, 1b, and 1c)	1d		
e Disco	unt claimed for blockage or other factors			
(expla	in in detail in <b>Part VI</b> ):			
2 Acqui	sition indebtedness applicable to non-exempt-use assets	2		
3 Subtra	act line 2 from line 1d.	3		
4 Cash	deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	structions).	4		
5 Net va	alue of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multip	ly line 5 by 0.035.	6		
7 Recov	veries of prior-year distributions	7		
8 Minim	num Asset Amount (add line 7 to line 6)	8		
Section C -	Distributable Amount			Current Year
1 Adjus	ted net income for prior year (from Section A, line 8, column A)	1		
	0.85 of line 1.	2		
3 Minim	um asset amount for prior year (from Section B, line 8, column A)	3		
	greater of line 2 or line 3.	4		
	e tax imposed in prior year	5		
	butable Amount. Subtract line 5 from line 4, unless subject to			
	jency temporary reduction (see instructions).	6		
	Check here if the current year is the organization's first as a non-functionally	/ intear	ated Type III supporting org	anization (see

instructions).

Schedule A (Form 990) 2021

132026 01-04-22

Par	t V   Type III Non-Functionally Integrated 509	0(a)(3) Supporting Orga	anizations (continued)	-				
Secti	on D - Distributions			Current Year				
1	1 Amounts paid to supported organizations to accomplish exempt purposes         1							
2	Amounts paid to perform activity that directly furthers exemption	pt purposes of supported						
	organizations, in excess of income from activity		2					
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	ns <b>3</b>					
4	Amounts paid to acquire exempt-use assets		4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )	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 t	he organization is responsive	e					
	(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					
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable 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							
a	From 2016							
b	From 2017							
с	From 2018							
d	From 2019							
е	From 2020							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2021 distributable amount							
i	Carryover from 2016 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2021 from Section D, line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2021 distributable amount							
с	Remainder. Subtract lines 4a and 4b from line 4.							
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.							
6	Remaining underdistributions for 2021. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2022. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
-	Excess from 2017							
	Excess from 2018							
	Excess from 2019							
d	Excess from 2020							
	Excess from 2021							

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A	(Form 990) 2021			ANTHONY			**_**	8699 <sub>Pa</sub>
Part VI	Supplemental In Part IV, Section A, Iir line 1; Part IV, Section	nes 1, 2, 3b, 3c, 4b on D, lines 2 and 3;	, 4c, 5a, 6, 9 Part IV, Sect	a, 9b, 9c, 11a, 1 tion E, lines 1c, 2	1b, and 11c; Pa 2a, 2b, 3a, and 3	e 10; Part II, line 17a c rt IV, Section B, lines 3b; Part V, line 1; Part his part for any additio	r 17b; Part III, 1 and 2; Part V, Section B,	line 12; V, Section C, ine 1e; Part V
32028 01-04-2	22				20		Schedule	A (Form 990)
31023	101824 001	1514	2021.	06010 TH	IE SUSAN	B. ANTHONY	HOUSE	001151

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## Schedule of Contributors

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

2021

Employer identification number

	THE SUSAN B. ANTHONY HOUSE	**-**8699
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

**X** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Employer identification number

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#### THE SUSAN B. ANTHONY HOUSE

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AMES-AMZALAK MEMORIAL TRUST 350 LINDEN OAKS, THIRD FLOOR ROCHESTER, NY 14625	\$ <u>10,000.</u>	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	AVANGRID FOUNDATION 180 MARSH HILL RD	\$ 10,000.	Person X Payroll Noncash
	ORANGE, CT 06477		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ROCHESTER, NY 14625	\$ <u>1,200,000.</u>	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
4	PITTSFORD, NY 14534	\$13,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	COUNTY OF MONROE 39 W MAIN ST ROCHESTER, NY 14614	\$60,000.	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
6	ROCHESTER, NY 14610	\$8,311.	Person Payroll Noncash (Complete Part II for noncash contributions.)
123452 11-1		l	Schedule B (Form 990) (2021)

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Employer identification number

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#### THE SUSAN B. ANTHONY HOUSE

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	FARASH FOUNDATION 255 EAST AVE, STE LL02 ROCHESTER, NY 14604	\$ <u>12,000.</u>	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	PITTSFORD , NY 14534	\$31,145.	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
9	M&T FOUNDATION 180 S CLINTON AVE ROCHESTER, NY 14604	\$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
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for
No. 10 (a)	Name, address, and ZIP + 4 ROCHESTER, NY 14625-1711 (b)	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 10 (a) No.	Name, address, and ZIP + 4 ROCHESTER , NY 14625-1711 (b) Name, address, and ZIP + 4	Total contributions         \$       42,557.         (c)       Total contributions	Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for
No. 10 (a) No. 11 (a)	Name, address, and ZIP + 4         ROCHESTER, NY 14625-1711         (b)         Name, address, and ZIP + 4         ROCHESTER , NY 14604         (b)         (b)	Total contributions         \$       42,557.         (c)       (c)         Total contributions       8,214.         (c)       (c)	Type of contribution  Person Payroll Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d)

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Employer identification number

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#### THE SUSAN B. ANTHONY HOUSE

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additionation	li space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	ESL FEDERAL CREDIT UNION 225 CHESTNUT STREET ROCHESTER, NY 14604	\$ <u>10,000.</u>	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	RICHARD W. RUPP FOUNDATION 4467 MAIN ST SUITE 108 AMHERST, NY 14226	\$36,250.	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
15	ROCHESTER AREA COMMUNITY FOUNDATION         500 EAST AVE         ROCHESTER, NY 14607	\$ <u>16,210.</u>	Person     X       Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	Name, address, and ZIP + 4         SALESFORCE FOUNDATION         415 MISSION ST, 3RD FLOOR         SAN FRANCISCO, CA 94105		
No.	SALESFORCE FOUNDATION 415 MISSION ST, 3RD FLOOR	Total contributions	Type of contribution         Person       X         Payroll
<u>No.</u>	SALESFORCE FOUNDATION 415 MISSION ST, 3RD FLOOR SAN FRANCISCO, CA 94105 (b)	Total contributions	Type of contribution Person X Payroll Noncash X (Complete Part II for noncash contributions.) (d)
No. 16 (a) No.	SALESFORCE FOUNDATION 415 MISSION ST, 3RD FLOOR SAN FRANCISCO, CA 94105 (b) Name, address, and ZIP + 4 UNIVERSITY OF ROCHESTER 240 WALLACE HALL	Total contributions         \$       15,000.         (c)       Total contributions	Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (d)       Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contribution         (d)       Type of contribution         Person       X         Payroll       Image: Complete Part II for         (Complete Part II for       Complete Part II for
No. 16 (a) No. 17 (a)	SALESFORCE FOUNDATION 415 MISSION ST, 3RD FLOOR SAN FRANCISCO, CA 94105 (b) Name, address, and ZIP + 4 UNIVERSITY OF ROCHESTER 240 WALLACE HALL ROCHESTER, NY 14627 (b)	Total contributions         \$       15,000.         (c)       Total contributions         \$       10,000.         (c)       (c)	Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (d)       Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash         Noncash       Image: Complete Part II for noncash contributions.)         (d)       Complete Part II for noncash contributions.)         (d)       Complete Part II for noncash contributions.)

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#### Schedule B (Form 990) (2021)

Name of organization

Page 2 Employer identification number

\*\*-\*\*8699

#### THE SUSAN B. ANTHONY HOUSE

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    19</u>	WHEC-TV 10       191 EAST AVE       ROCHESTER, NY 14604	\$ <u>10,000.</u>	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	WXXI 280 STATE ST	\$ 5,000.	Person X Payroll Noncash X
	ROCHESTER, NY 14614	\$ <u></u>	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	TAMPA, FL 33606	\$ <u>5,000.</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	PENFIELD, NY 14526	\$ <u>5,000.</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	ROCHESTER, NY 14607	\$ <u>5,000.</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

11231023 101824 0011514

Employer identification number

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THE SUSAN B. ANTHONY HOUSE

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4         MANNING & NAPIER         290 WOODCLIFF DR         FAIRPORT, NY 14450	Total contributions	Type of contribution         Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	ROCHESTER, NY 14618	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	THE SEA STONE FOUNDATION         110 RIVERSIDE DR #PHB         NEW YORK, NY 10024	\$22,000.	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
28	ROCHESTER INSTITUTE OF TECHNOLOGYONE LAMB MEMORIAL DRROCHESTER, NY 14623	\$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
29	U.S. SMALL BUSINESS ADMINISTRATION 409 3RD STREET, SW WASHINGTON, DC 20416	\$87,339.	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
123452 11-1		\$	Person Payroll Occupient Payroll Payroll Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)
120402 11-1	26		Schedule D (F0111 990) (2021)

11231023 101824 0011514

Employer identification number

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#### THE SUSAN B. ANTHONY HOUSE

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Faili	SECURITIES - 344 SHARES @ AVERAGE		
8	PRICE \$72.73 (H 72.90/L 72.55)		
		\$25,017	. 08/09/21
(a) No.	(1.)	(c)	(-1)
from	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
Part I	LICENSES FOR SOFTWARE-AS-SERVICE		
16			
		\$15,000	. 05/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
19	MC FOR EVENT, PR, AND TELEVISION PROMO		
		\$ 10,000	. 05/31/22
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
	TELEVISION AND RADIO PROMOTION OF		
20	FUNDRAISING EVENT		
		\$5,000	· 05/31/22
(a)		(c)	
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a)			
No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
		\$	_
3453 11-1	1-21 27		Schedule B (Form 990

Schedule B	3 (Form 990) (2021)		Page
Name of or	ganization		Employer identification number
THE SU	JSAN B. ANTHONY HOUSE		**-***8699
Part III	Exclusively religious, charitable, etc., contribut		n 501(c)(7), (8), or (10) that total more than \$1,000 for the yea
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or less for	or organizations or the year. (Enter this info. once.) <b>*</b>
(a) No.	Use duplicate copies of Part III if additional	space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			-
F		(e) Transfer of gift	
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
		[	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
			· · · · · · · · · · · · · · · · · · ·
-		(e) Transfer of gift	
		(e) manaler of gift	
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Faiti			
			·
-		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
		[	
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			·
-		(e) Transfer of gift	
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
123454 11-11-	01		Schedule B (Form 990) (2021
	-/		Schooling R (Form 000) (2003

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28 2021.06010 THE SUSAN B. ANTHONY HOUSE 00115141

chedule B (F 1)

4

**SCHEDULE D** 

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

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

Employer identification number

	(a) Donor advised fur	nds	(b) Fun	ds and othe	r accounts
1	Total number at end of year				
	Aggregate value of contributions to (during year)				
	Aggregate value of grants from (during year)				
	Aggregate value at end of year				
	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised fur	nds		
	are the organization's property, subject to the organization's exclusive legal control?				Yes 🗌
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu	unds can be used	only		
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any ot	her purpose confe	erring		_
	impermissible private benefit?				Yes
Par	rt II Conservation Easements. Complete if the organization answered "Yes" on	n Form 990, Part IV	/, line 7.		
1	Purpose(s) of conservation easements held by the organization (check all that apply).				
	Preservation of land for public use (for example, recreation or education)	eservation of a hist	orically	important la	and area
	Protection of natural habitat	eservation of a cert	tified his	storic struct	ure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	n in the form of a c	onserva		
	day of the tax year.			Held at the l	End of the T
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
с	Number of conservation easements on a certified historic structure included in (a)		2c		
	Number of conservation easements included in (c) acquired after 7/25/06, and not on a hi				
	listed in the National Register		2d		
3	Number of conservation easements modified, transferred, released, extinguished, or termi				
		inated by the orga	nizatior	during the	tax
4 5	year ►	handling of			-
4 5	year ▶ Number of states where property subject to conservation easement is located ▶	handling of			Yes
4 5	year ►	handling of			Yes
4 5	year ►	handling of	ion eas	ements duri	Yes
1 5 7 8	year ►	handling of nforcing conservat ing conservation e section 170(h)(4)(	ion eas asemer B)(i)	ements during th	Yes
4 5 7 3	year ►	handling of nforcing conservat ing conservation e section 170(h)(4)( and expense state	ion eas asemer B)(i) ement a	ements during the state of the	Yes [ ng the yea ne year
4 5 7 3	year ►	handling of nforcing conservat ing conservation e section 170(h)(4)( and expense state	ion eas asemer B)(i) ement a	ements during the state of the	Yes [ ng the yea ne year
4 5 7 3	year ►	handling of nforcing conservat ing conservation e section 170(h)(4)( and expense state incial statements t	ion eas asemer B)(i) ment a hat des	ements during the state of the	Yes [ ng the yea ne year Yes [
4 5 7 3	year ►	handling of nforcing conservat ing conservation e section 170(h)(4)( and expense state incial statements t	ion eas asemer B)(i) ment a hat des	ements during the state of the	Yes [ ng the yea ne year Yes [
4 5 7 3 9 <b>Par</b>	year ► Number of states where property subject to conservation easement is located ► Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforci ► Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforci ► \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue a balance sheet, and include, if applicable, the text of the footnote to the organization's final organization's accounting for conservation easements. <b>t III</b> Organizations Maintaining Collections of Art, Historical Treasu	handling of nforcing conservat ing conservation e section 170(h)(4)( and expense state incial statements t	ion eas asemer B)(i) ement al hat des <b>Simil</b>	ements during the state of the	Yes [ ng the yea le year Yes [ 5.
1 5 7 3 9 <b>Par</b> 1a	year ►	handling of nforcing conservat ing conservation e section 170(h)(4)( and expense state incial statements t <b>ures, or Other</b> e statement and ba	ion eas asemer B)(i) ment a hat des <b>Simil</b>	ements during the state of the	Yes [ ng the yea le year Yes [ 5.
4 5 7 3 9 <b>Par</b> 1a	year ▶         Number of states where property subject to conservation easement is located ▶         Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?         Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforci         ▶         Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforci         ▶ \$         Does each conservation easement reported on line 2(d) above satisfy the requirements of and section 170(h)(4)(B)(ii)?         In Part XIII, describe how the organization reports conservation easements in its revenue a balance sheet, and include, if applicable, the text of the footnote to the organization's final organization's accounting for conservation easements.         rt III       Organizations Maintaining Collections of Art, Historical Treasu Complete if the organization answered "Yes" on Form 990, Part IV, line 8.         If the organization elected, as permitted under FASB ASC 958, not to report in its revenue	handling of nforcing conservat ing conservation e section 170(h)(4)( and expense state incial statements t ures, or Other e statement and ba esearch in furthera	ion eas asemer B)(i) ment a hat des <b>Simil</b>	ements during the state of the	Yes [ ng the yea le year Yes [ 5.
4 5 7 3 9 <b>Par</b> 1a	year	handling of nforcing conservat ing conservation e section 170(h)(4)( and expense state incial statements t ures, or Other e statement and ba research in furthera es these items.	ion eas asemer B)(i) ement ai hat des <b>Simil</b> a alance s ance of	ements during the state of the	Yes [ ng the yea le year Yes [ 5.
4 5 7 3 9 <b>Par</b> 1a	year	handling of nforcing conservation e section 170(h)(4)( and expense state incial statements t ures, or Other e statement and ba esearch in furthera es these items. itement and balance	ion eas asemer B)(i) ment a hat des <b>Simili</b> alance s ance of ce shee	ements during the star during the star ar Assets public t works of	Yes [ Ing the year Ine year Yes [ S.
1 5 7 3 9 <b>Par</b> 1a b	year	handling of nforcing conservation e section 170(h)(4)( and expense state incial statements t ures, or Other e statement and ba esearch in furthera es these items. itement and balance earch in furtherance	ion eas asemer B)(i) ment al hat des <b>Simili</b> alance s ance of ce shee ce of pu	ements during the star during the star ar Assets public tworks of blic service	Yes [ ng the year le year Yes [ ].
1 5 7 3 9 <b>Par</b> 1a b	year	handling of nforcing conservation e section 170(h)(4)( and expense state incial statements t ures, or Other e statement and ba esearch in furthera es these items. itement and balance earch in furtherance	ion eas asemer B)(i) ment al hat des Simili alance s ance of ce shee ce of pu	ements during the state during the state works public struct works of states state states states are states ar	Yes [ ng the year le year Yes [ ].
4 5 7 3 9 1a b	year	handling of nforcing conservat ing conservation e section 170(h)(4)( and expense state incial statements t ures, or Other e statement and ba research in furthera es these items. itement and balance earch in furtherance	ion eas asemer B)(i) ment a hat des Simila alance s ance of ce shee ce of pu	ements during the state during the state s	Yes [ ng the year le year Yes [ ].
4 5 7 3 9 1a b	year	handling of nforcing conservat ing conservation e section 170(h)(4)( and expense state incial statements t ures, or Other e statement and ba research in furthera es these items. itement and balance earch in furtherance	ion eas asemer B)(i) ment a hat des Simila alance s ance of ce shee ce of pu	ements during the state during the state s	Yes [ ng the year le year Yes [ ].
4 5 7 3 9 <b>Par</b> 1a b	year  year  Year  Number of states where property subject to conservation easement is located  Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforce Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforci \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue a balance sheet, and include, if applicable, the text of the footnote to the organization's fina organization's accounting for conservation easements. <b>TIII</b> Organizations Maintaining Collections of Art, Historical Treast Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education, or reservice, provide in Part XIII the text of the footnote to its financial statements that describe if the organization stating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets the following amounts relating to these items: (i) Revenue included on Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets the following amounts relating to these items:	handling of forcing conservation e ing conservation e section 170(h)(4)( and expense state incial statements t <b>ures, or Other</b> e statement and ba research in furtherate es these items. itement and balance earch in furtherate itement and balance earch in furtherate s for financial gain, ns:	ion eas asemer B)(i) ment al hat des Simila alance s ance of ce shee ce of pu ► \$ , provid	ements during the state during the state s	Yes [ ng the year le year Yes [ ].
4 5 7 3 9 <b>Par</b> 1a b	year	handling of forcing conservation e ing conservation e section 170(h)(4)( and expense state incial statements t <b>ures, or Other</b> e statement and ba research in furtherate es these items. itement and balance earch in furtherate s for financial gain, ns:	ion eas asemer B)(i) ment al hat des Simila alance s ance of ce shee ce of pu ► \$ , provid	ements during the state during the state s	Yes [ ng the year le year Yes [ ].
4 5 7 3 9 <b>Par</b> 1a b	year  year  Year  Number of states where property subject to conservation easement is located  Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforce Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforci \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue a balance sheet, and include, if applicable, the text of the footnote to the organization's fina organization's accounting for conservation easements. <b>TIII</b> Organizations Maintaining Collections of Art, Historical Treast Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education, or reservice, provide in Part XIII the text of the footnote to its financial statements that describe if the organization stating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets the following amounts relating to these items: (i) Revenue included on Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets the following amounts relating to these items:	handling of nforcing conservat ing conservation e section 170(h)(4)( and expense state incial statements t <b>Jres, or Other</b> e statement and ba research in furthera es these items. itement and balance earch in furtherance s for financial gain as:	ion eas asemer B)(i) ement al hat des <b>Simili</b> alance s ance of ce shee ce of pu ► S ► S	ements during the star during the star star star star star star star star	Yes [ ng the year le year Yes [ ].

	dule D (Form 990) 2021 THE SUS. <b>t III Organizations Maintaining C</b>	AN B. ANTH			02611706	or Oth		* * _ * *			age <b>2</b>
	Using the organization's acquisition, accessi								ເອັດດາແຫ	luea)	
3	collection items (check all that apply):	on, and other record	is, criec	SK ally OF the		it make s	synncan	use of its			
а	X Public exhibition	b	X	Loan or exc	hange progra	am					
b	X Scholarly research	e			nange progre						
c	X Preservation for future generations	· · ·									
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII							t XIII.				
5	During the year, did the organization solicit o	-		-	-						
	to be sold to raise funds rather than to be ma								Yes	X	No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Par			U					,		
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for	r contribution	is or other as	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:							
									Amoun	t	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance								_		_
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for	escrow or cu	ustodial acco	ount liabi	lity?	L	Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i										
		(a) Current year	(b) l	Prior year	(c) Two year				(e) Fou		
	Beginning of year balance	467,587.		399,400.		7,088.		42,889.		202,	
b	Contributions	1,450.		10,750.		6,277.		44,995.		,	500.
	Net investment earnings, gains, and losses	-237.		77,055.	-:	1,337.	-	10,518.		16,	236.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	19,964.		14,203.		2,628.		10,278.			
	Administrative expenses	3,582.		5,415.							
g	End of year balance	445,254.		467,587.		9,400.	3	67,088.		242,	889.
2	Provide the estimated percentage of the curr			1g, column (a	a)) held as:						
	Board designated or quasi-endowment	4.8800	_%								
	Permanent endowment  95.1200	%									
С	Term endowment  .0000										
	The percentages on lines 2a, 2b, and 2c sho	-									
3a	Are there endowment funds not in the posse	ession of the organiza	ation th	hat are held a	nd administe	ered for t	he organiz	zation	1	Vee	N
	by:									Yes X	No
	(i) Unrelated organizations								3a(i)	^	X
	(ii) Related organizations								3a(ii)		<u> </u>
	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment	tunas.							
Fai	Complete if the organization answere		) Dart I	IV lino 11a S	See Form 990	) Part X	line 10				
			-	1						kvolu	
	Description of property	(a) Cost or of basis (investn			or other (other)	• •	ccumulate preciation		( <b>d)</b> Boo	k value	9
10	Land		nong		3,685.	40	prediation		8	3,6	85.
	Land				2,382.		555,3	36.		7,0	
	Buildings Leasehold improvements			- <u>-</u> , ,	-,5020		,			.,.	<u> </u>
	Equipment			16	2,334.		147,9	81.	1	4,3	53.
	Other				0,731.		1,8			$\frac{1}{8}, 9$	
	Add lines 1a through 1e. (Column (d) must e		X. colu		-		_,•			$\frac{1}{4}, 0$	
			., 0010					Schedule		-	

Part VII Investments - Other Securities.	on Form 000 Dort IV line	11b See Form 000 Part V line 12	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			,
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
(1)	(-)		· · · <b>,</b> · · · <b>,</b> · · · · · · · · · · · · · · · · · · ·
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
	Description		(b) Book value
	SETS HELD BY	COMMUNITY	
(2) FOUNDATION			443,804.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.	·	►	443,804.
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	ווו וווי וווי וווי וווי וווי וווי וווי	
1.         (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote t	o the organization's financial statements t	
organization's liability for uncertain tax positions under	FASB ASC 740. Check h	ere if the text of the footnote has been pr	ovided in Part XIII X

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## Schedule D (Form 990) 2021 THE SUSAN B. ANTHONY HOUSE

**-**8699 Page 3
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Sche	edule D (Form 990) 2021 THE SUSAN B. ANTHONY HOUSE	,	· * _ ·	***8699	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Reve	enue per Re	eturn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		1	2,163,	,693.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments 2a				
b	Donated services and use of facilities 2b	27,500.			
с	Recoveries of prior year grants 2c				
d	Other (Describe in Part XIII.)	06,137.			
е	Add lines 2a through 2d		2e		,637.
3	Subtract line 2e from line 1		3	2,030,	,056.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a				
b	Other (Describe in Part XIII.) 4b				
С	Add lines 4a and 4b		4c		0.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,030,	,056.
Par	rt XII Reconciliation of Expenses per Audited Financial Statements With Exp	enses per l	Retu	rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1	1,381,	,031.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities2a				
b	Prior year adjustments2b				
С	Other losses 2c				
d	Other (Describe in Part XIII.) 2d 10	06,137.			
е	Add lines 2a through 2d		2e		,137.
3	Subtract line 2e from line 1		3	1,274,	,894.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a				
b	Other (Describe in Part XIII.) 4b				
с	Add lines 4a and 4b		4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,274,	894.
Par	rt XIII Supplemental Information.				
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b	; Part V, line 4	; Part	X, line 2; Part )	<i,< td=""></i,<>

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lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART III, LINE 4:

IN CONFORMITY WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED
STATES OF AMERICA AND THE PRACTICE FOLLOWED BY MANY MUSEUMS, THE
ORGANIZATION HAS ELECTED NOT TO INCLUDE OBJECTS PURCHASED OR DONATED TO
THE PERMANENT COLLECTION IN THE BALANCE SHEET. IT IS IMPRACTICAL TO
DETERMINE A VALUE FOR THE PERMANENT COLLECTION, AS MANY ITEMS ARE

IRREPLACABLE.

OBJECTS COMPRISING THE ORGANIZATION'S PERMANENT COLLECTION INCLUDE THE HOUSE SUSAN B. ANTHONY LIVED IN FROM 1866 TO 1906 (A NATIONAL HISTORIC LANDMARK), PHOTOGRAPHS, MEMORABILIA, ORIGINAL FURNITURE, TEXTILES, AND OTHER HISTORICAL TREASURES AND ARTIFACTS. CERTAIN ITEMS, SUCH AS RARE OR 132054 10-28-21 132054 10-28-21 132054 10-28-21 32 11231023 101824 0011514 2021.06010 THE SUSAN B. ANTHONY HOUSE 00115141 ROCHESTER, ASSURING THEIR CARE AND MAKING THEM AVAILABLE TO SCHOLARS.

MANY ITEMS ARE ONE-OF-A-KIND PERSONAL ITEMS RELATED TO THE LIFE AND WORK OF SUSAN B. ANTHONY, AND ARE OFTEN REQUESTED FOR LOAN TO OTHER INSTITUTIONS. A MARBLE BUST OF ANTHONY IS ON PERMANENT LOAN TO THE MONROE COUNTY HALL OF JUSTICE. IN 2020, THE MUSEUM LOANED AN AMBROTYPE OF SUSAN B. ANTHONY, BELIEVED TO BE CIRCA 1848, TO THE NATIONAL PORTRAIT GALLERY IN WASHINGTON D.C. FOR THEIR EXHIBIT ON WOMEN'S' SUFFRAGE. ONE HUNDRED AND TWENTY-FIVE BLOCKS OF THE MUSEUM'S 2020 QUILT WERE LOANED TO THE NEW YORK STATE HISTORY MUSEUM FOR DISPLAY IN ALBANY NEW YORK. THE MUSEUM WAS A COLLABORATIVE PARTNER WITH THE ROCHESTER MUSEUM AND SCIENCE CENTER'S "CHANGEMAKERS" EXHIBIT.

OVER THE PAST FEW YEARS, THE ORGANIZATION HAS BEEN RESTORING THE HOUSE IN WHICH SUSAN B. ANTHONY LIVED. COSTS ASSOCIATED WITH RESTORATION, INCLUDING ARCHITECTURAL PLANNING, THE PHYSICAL RESTORATION WORK, AND FURNISHINGS, HAVE AMOUNTED TO OVER \$1,000,000 AS OF MAY 31, 2022. NO ITEMS WERE DEACCESSIONED DURING THE YEARS ENDING MAY 31, 2022 AND 2021.

PART V, LINE 4:

THE PERMANENT ENDOWMENT WAS ESTABLISHED FOR THE UPKEEP OF GARDENS AND GROUNDS, CONSERVATION AND CARE OF THE COLLECTION AND GENERAL OPERATIONS. THE BOARD DESIGNATED FUNDS WERE ESTABLISHED FOR GENERAL OPERATIONS.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3)

132055 10-28-21

TO TAXATION AS UNRELATED BUSINESS INCOME.

IN ACCORDANCE WITH ASC 740-15-50, THE ORGANIZATION RECOGNIZES THE TAX BENEFITS FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAXING AUTHORITIES. MANAGEMENT BELIEVES THAT THE ORGANIZATION IS CURRENTLY OPERATING IN COMPLIANCE WITH THE APPLICABLE REQUIREMENTS OF THE INTERNAL THEREFORE, NO LIABILITY FOR UNRECORDED TAX BENEFITS HAS REVENUE CODE. BEEN INCLUDED ON THE ORGANIZATION'S FINANCIAL STATEMENTS. THE EXEMPT ORGANIZATION'S INFORMATIONAL RETURNS ARE SUBJECT TO AUDIT BY VARIOUS TAXING AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
EVENT EXPENSES, NET WITH FUNDRAISING REVENUE	74,757.
COST OF GOODS, MUSEUM STORE	31,380.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	106,137.

PART XII, LINE 2D - OTHER ADJUSTMENTS:	
EVENT EXPENSES, NET WITH FUNDRAISING REVENUE	74,757.
COST OF GOODS, MUSEUM STORE	31,380.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	106,137.

Schedule D (Form 990) 2021

132055 10-28-21

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SCHEDULE G	Suppleme	ntal Information Regarding	g Fun	drais	ing or Gaming	Activ	ities	OMB No. 1545-0047	
(Form 990)	Complete if th	or if the	2021						
Department of the Treasury		Attach to Form 99						Open to Public Inspection	
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Employer ide									
Name of the organization       Employer identification number         THE SUSAN B. ANTHONY HOUSE       **-**8699									
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
<ol> <li>Indicate whether the a X Mail solicitate</li> <li>Mail solicitate</li> <li>X Internet and</li> <li>C Phone solicitate</li> <li>A Non-person solicitate</li> <li>A Did the organization</li> <li>key employees list</li> </ol>	1       Indicate whether the organization raised funds through any of the following activities. Check all that apply.         a       X         Mail solicitations       e         X       Internet and email solicitations         f       X         Solicitation of government grants         c       Phone solicitations         g       X         Special fundraising events								
<b>b</b> If "Yes," list the 10 compensated at le		viduals or entities (fundraisers) purs organization.	suant to	agree	ements under which	the fur	ndraiser is to	be	
(i) Name and addres or entity (fund		(ii) Activity	fùndi have c	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	tò (or fu	mount paid retained by) undraiser ed in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization	
BRENT D. GLASS, LL SUNDERLAND PL, NW,		STRATEGY DEVELOPMENT AND SOLICITATION	Yes	No X	0.		31,280	. 0.	
Total							31,280		
or licensing.	-	on is registered or licensed to solicit					-	-	
		DE, FL, GA, HI, ID, IL NC, ND, OH, OK, OR, PA							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2021

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132081 10-21-21

Schedule G (Form 990) 2021 THE SUSAN B. ANTHONY HOUSE

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contribution me on Ec orm 990 F7 lines 1 and 6b. List events with gross receipts reater than \$5 000 e and a oo inc

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			BIRTHDAY	VINES & STITCHES	NONE	(add col. (a) through
			(event type)	(event type)	(total number)	- col. <b>(c)</b> )
	1	Gross receipts	134,201.	6,736.		140,937
	2	Less: Contributions	66,180.			66,180
	3	Gross income (line 1 minus line 2)	68,021.	6,736.		74,757
	4	Cash prizes				
Ω Ω	5	Noncash prizes				
ype iody	6	Rent/facility costs	41,979.			41,979
חוובתו באחבוואבא	7	Food and beverages				
1	8	Entertainment				
	9	Other direct expenses		3,711.		32,778
		Direct expense summary. Add lines 4 throug	-		►	74,757
		Net income summary. Subtract line 10 from				0
a	rt I	<ul> <li>Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.</li> </ul>	answered "Yes" on Forn	n 990, Part IV, line 19, or r	eported more than	
Т		\$13,000 011 0111 990-L2, line 0a.		(b) Pull tabs/instant		(d) Total gaming (add
			<b>(a)</b> Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (a)
	1	Gross revenue				
T						
	2	Cash prizes				
-	3	Noncash prizes				
	4	Rent/facility costs				
5						
2	5	Other direct expenses				
	5	Other direct expenses	<b>Yes</b> %	<b>Yes</b> %	└── Yes %	
-		Volunteer labor	Yes%	└── Yes % └── No	└── Yes % └── No	
	6		No		No	
	6 7	Volunteer labor Direct expense summary. Add lines 2 throug	No	No No	No No	
	6 7	Volunteer labor	No	No No	No No	
	6 7 8	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line	No           gh 5 in column (d)           7 from line 1, column (d)	No No	No No	
	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 throug	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: _	No	No ►	YesN
a	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line er the state(s) in which the organization cond he organization licensed to conduct gaming	T from line 1, column (d) 7 from line 1, column (d) ducts gaming activities: _ activities in each of these	No No states?	No ►	YesN
a	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line er the state(s) in which the organization cond	T from line 1, column (d) 7 from line 1, column (d) ducts gaming activities: _ activities in each of these	No No states?	No ►	YesN
ab	6 7 Ent Is t If "I	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line ter the state(s) in which the organization cond he organization licensed to conduct gaming No," explain:	T from line 1, column (d) 7 from line 1, column (d) ducts gaming activities: _ activities in each of these	States?	No	
a b	6 7 Ent Is t If "	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line er the state(s) in which the organization cond he organization licensed to conduct gaming No," explain:	No     No     T from line 1, column (d)     Column (d)     Column (d)     Column (d)     colucts gaming activities: _     activities in each of these     revoked, suspended, or t	states?	No	
a b	6 7 Ent Is t If "	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line ter the state(s) in which the organization cond he organization licensed to conduct gaming No," explain:	No     No     T from line 1, column (d)     Column (d)     Column (d)     Column (d)     colucts gaming activities: _     activities in each of these     revoked, suspended, or t	states?	No	
a b	6 7 Ent Is t If "	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line er the state(s) in which the organization cond he organization licensed to conduct gaming No," explain:	No     No     T from line 1, column (d)     Column (d)     Column (d)     Column (d)     colucts gaming activities: _     activities in each of these     revoked, suspended, or t	states?	No	
a b b	6 7 Ent Is t If "  We If "	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line er the state(s) in which the organization cond he organization licensed to conduct gaming No," explain:	No     No     T from line 1, column (d)     Column (d)     Column (d)     Column (d)     colucts gaming activities: _     activities in each of these     revoked, suspended, or t	states?	No ►	

36

Sch	edule G (Form 990) 2021	THE	SUSAN	в.	ANTHONY	HOUSE	**_*	***8699	Page <b>3</b>
	Does the organization conduct g	aming act	tivities with	nonm	embers?			Yes	No
	Is the organization a grantor, ber								
	to administer charitable gaming?							Yes	No No
13	Indicate the percentage of gamir								
а	The organization's facility							13a	%
	An outside facility							13b	%
14	Enter the name and address of the	ne person	who prepa	res th	e organization's	gaming/special event	s books and records:		
	Name 🕨								
15a	Does the organization have a cor						ning revenue?	Yes	
b	If "Yes," enter the amount of gan					\$	and the amount		
_	of gaming revenue retained by th								
C	If "Yes," enter name and address	s of the th	ird party:						
	Name 🕨					A			
	Address 🕨								
16	Gaming manager information:								
	Name								
	Gaming manager compensation	▶ \$							
		· · _							
	Description of services provided	▶							
	Director/officer	Em Em	ployee			dent contractor			
			. ,						
17	Mandatory distributions:								
а	Is the organization required unde	er state lav	<i>w</i> to make c	harita	ble distributions	from the gaming proc	ceeds to		
	retain the state gaming license?							📖 Yes	No No
b	Enter the amount of distributions	required	under state	e law t	o be distributed	to other exempt orga	nizations or spent in the		
	organization's own exempt activi								
Ра	<b>Supplemental Info</b> 15b, 15c, 16, and 17b, a			•	•	•	olumns (iii) and (v); and Pa tions.	art III, lines 9, 9	9b, 10b,
			_						
SC	HEDULE G, PART I,	LINE	E 2B, I	LIS	T OF TEN	HIGHEST PA	ID FUNDRAISER	RS:	
(I	) NAME OF FUNDRAI	SER ·	BRENT	ת.	GLASS	LLC			
·									2.6
(1	) ADDRESS OF FUND	RAISE	SR: 19	21	SUNDERLA	ND PL, NW,	WASHINGTON, 1	DC 200	36
1320	83 10-21-21						Sched	ule G (Form §	990) 2021
				0.4	3	37			- 4 4 4

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32084 11-18-21	Schedule G (Form 990
31023 101824 0011514	38 2021.06010 THE SUSAN B. ANTHONY HOUSE 00115141
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## **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

21

Department of the Treasury	
Internal Revenue Service	

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

**Open to Public** Inspection

\*\*-\*\*8699

(d)

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

## Employer identification number Ν THE SUSAN B. ANTHONY HOUSE Part I Types of Property (a) (b) (c)

		Check if applicable	Number of contributions or items contributed	Noncash contribut amounts reported Form 990, Part VIII, li	on noncash cor	of determin ntribution a	-	S
1	Art - Works of art			Form 990, Part VIII, II				
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	1	25,0	17.FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
10	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  (SOFTWARE LICE)	X	1	15,0	00.FMV			
26	Other ( ADVERTISING & )	X	2	15,0	00.			
27	Other ► ( )							
 28	Other ► ( )							
29	Number of Forms 8283 received by the organized	zation durin	a the tax vear for c	ontributions				
	for which the organization completed Form 82				9			
	·····	,, _	3				Yes	No
30a	During the year, did the organization receive by	v contributio	on any property re	orted in Part I. lines 1	through 28. that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	oolicv that re	equires the review	of anv nonstandard c	ontributions?	31	х	
	Does the organization hire or use third parties	-	-	•				
	contributions?		•	· •		32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a)	is checked,			
	describe in Part II.							

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Schedule M (Form 990) 2021

132141 11-17-21

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

## NUMBER OF DONORS

Part II

132142 11-17-21	Schedule M (Form 990) 2021
231023 101824 0011514	40 2021.06010 THE SUSAN B. ANTHONY HOUSE 00115141

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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.



Employer identification number \*\*-\*\*8699

THE SUSAN B. ANTHONY HOUSE

FORM 990, ITEM C, DOING BUSINESS AS:

NATIONAL SUSAN B. ANTHONY MUSEUM & HOUSE

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

THE NATIONAL SUSAN B. ANTHONY MUSEUM & HOUSE INTERPRETS THE LEGACY OF

THE GREAT REFORMER TO INSPIRE AND CHALLENGE INDIVIDUALS TO MAKE A

POSITIVE DIFFERENCE IN THEIR LIVES AND COMMUNITIES. WE PRESERVE AND

SHARE THE NATIONAL HISTORIC LANDMARK THAT WAS HER HOME AND

HEADQUARTERS, COLLECT AND EXHIBIT ARTIFACTS RELATED TO HER LIFE AND

WORK, AND OFFER TOURS AND INTERPRETIVE PROGRAMS TO SHARE HER STORY WITH

THE WORLD.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE NATIONAL SUSAN B. ANTHONY MUSEUM & HOUSE INTERPRETS THE LEGACY OF THE GREAT REFORMER TO INSPIRE AND CHALLENGE INDIVIDUALS TO MAKE A POSITIVE DIFFERENCE IN THEIR LIVES AND COMMUNITIES. WE PRESERVE AND SHARE THE NATIONAL HISTORIC LANDMARK THAT WAS HER HOME AND HEADQUARTERS, COLLECT AND EXHIBIT ARTIFACTS RELATED TO HER LIFE AND WORK, AND OFFER TOURS AND INTERPRETIVE PROGRAMS TO SHARE HER STORY WITH THE WORLD.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: COMPLETED AS PART OF THE PLANNING PROCESS. THE POSITION OF CURATOR OF INTERPRETATION WAS ESTABLISHED.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

Name of the organization

THE SUSAN B. ANTHONY HOUSE

OF THE STATE'S MOST IMPOVERISHED ZIP CODES.

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

THE BOARD WILL RECEIVE A DRAFT COPY OF THE 990 FOR THEIR REVIEW AND ALLOW

FOR A PERIOD OF QUESTIONS OR COMMENTS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION ENSURES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY REQUIRING THE FOLLOWING: 1. THE TRUSTEE/OFFICER HAS DISCLOSED IN GOOD FAITH THE CONFLICT TO THE BOARD/COMMITTEE CONSIDERING TRANSACTION/CONTRACT, 2. THE TRUSTEE/OFFICER MAY BE PRESENT AT THE PORTION OF THE BOARD/COMMITTEE DURING WHICH THE TRANSACTION/CONTRACT IS AUTHORIZED BY AN AFFIRMATIVE VOTE BY A MAJORITY OF THE DISINTERESTED TRUSTEES IN ATTENDANCE. THE TRUSTEE/OFFICER MAY BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM AT A MEETING OF THE BOARD/COMMITTEE. THIS POLICY IS MONITORED AS THE ORGANIZATION ENTERS INTO TRANSACTIONS/CONTRACTS.

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

THE PROCESS FOR DETERMINING COMPENSATION FOR THE ORGANIZATION'S PRESIDENT & CEO INCLUDES A REVIEW OF COMPARABILITY DATA.

FORM 990, PART VI, SECTION C, LINE 18:

FORM 1023 AND PREVIOUS AND CURRENT FORM 990 CAN BE MADE AVAILABLE FOR

PUBLIC INSPECTION UPON REQUEST. IN ADDITION, THE PUBLIC MAY OBTAIN THE MOST

RECENT 990 FROM WWW.GUIDESTAR.ORG (MAY REQUIRE REGISTRATION).

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY132212 11-11-21Schedule O (Form 990) 20214211231023 101824 00115142021.06010 THE SUSAN B. ANTHONY HOUSE 00115141

ADMINISTRATIVE OFFICES.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY COMMUNITY

FOUNDATION

-57,500.

FORM 990, PART XII, LINE 2C:

NO CHANGE IN AUDIT OVERSIGHT OR SELECTION IN THE CURRENT YEAR.

2021 AMENDED FORM 990 EXPLANATION OF CHANGES:

THE 2021 FORM 990 WAS AMENDED DUE TO THE AUDITED FINANCIAL STATEMENTS

NOT BEING ISSUED AT THE TIME THE ORIGINAL FORM WAS FILED. THE FOLLOWING

PARTS AND SCHEDULES OF THE FORM 990 WERE AMENDED:

FORM 990, PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS:

LINE 4A EXPENSES - INCREASE OF \$393,941

LINE 4A REVENUE - INCREASE OF \$19,650

FORM 990, PART VIII STATEMENT OF REVENUE:

LINE 1F - DECREASE OF \$100,002

LINE 3 - INCREASE OF \$1,142

LINE 4 - DECREASE OF \$1,142

LINE 7D - REMOVE NET LOSS OF \$39,786

LINE 11E - INCREASE OF \$19,964

132212 11-11-21

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization THE SUSAN B. ANTHONY HOUSE	Employer identification number **-**8699
FORM 990, PART IX STATEMENT OF FUNCTIONAL EXPENSES:	
LINE 24A, COLUMN (B) - INCREASE OF \$393,941	
LINE 24A, COLUMN (D) - DECREASE OF \$401,286	
FORM 990, PART X BALANCE SHEET:	
LINES 10A & 10C - INCREASE OF \$7,345	
LINE 27 - INCREASE OF \$7,345	
LINE 28 - DECREASE OF \$100,000	
FORM 990, PART XI RECONCILIATION OF NET ASSETS:	
LINE 1 - DECREASE OF \$40,252	
LINE 2 - DECREASE OF \$7,345	
LINE 3 - DECREASE OF \$32,907	
LINE 9 - DECREASE OF \$59,748	
LINE 10 - DECREASE OF \$92,655	
SCHEDULE A, PART III SUPPORT SCHEDULE FOR ORGANIZATIONS D	DESCRIBED IN
SECTION 509(A)(2):	
LINE 1, COLUMN (E)- DECREASE OF \$100,002	
LINE 12, COLUMN (E) - INCREASE OF \$19,964	
LINE 15 - UPDATED PUBLIC SUPPORT PERCENTAGE FROM 74.68% T	ro 73.85%
SCHEDULE D, PART V ENDOWMENT FUNDS:	
LINES 1B THROUGH 1G - UPDATED TO REPORT CURRENT YEAR ENDO	DWMENT ACTIVITY
LINES 2A & 2B - UPDATED TO PROVIDE THE ESTIMATED PERCENTA	AGES OF THE
CURRENT YEAR END BALANCE HELD	
SCHEDULE D, PART VI LAND, BUILDINGS, AND EQUIPMENT:	

11231023 101824 0011514

132212 11-11-21

44

2021.06010 THE SUSAN B. ANTHONY HOUSE 00115141

Schedule O (Form 990) 2021

Name of the organization

THE SUSAN B. ANTHONY HOUSE

LINE 1E, COLUMN (B) - INCREASE OF \$7,345

SCHEDULE D, PART XI RECONCILIATION OF REVENUE PER AUDITED FINANCIAL

STATEMENTS WITH REVENUE PER RETURN:

LINES 1 & 5 - DECREASE OF \$40,252

SCHEDULE D, PART XII RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL

STATEMENTS WITH EXPENSES PER RETURN:

LINE 1 & 5 - DECREASE OF \$7,345

SCHEDULE G, PART I FUNDRAISING ACTIVITIES:

LINE 2B(IV) - UPDATED GROSS RECEIPTS FROM ACTIVITY TO \$0

LINE 2B(VI) - UPDATED AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION TO

\$0

132212 11-11-21

Schedule O (Form 990) 2021 45

11231023 101824 0011514