

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization VERA INSTITUTE OF JUSTICE, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 34 35TH STREET 4-2A City or town, state or province, country, and ZIP or foreign postal code BROOKLYN, NY 11232 F Name and address of principal officer: NICHOLAS TURNER SAME AS C ABOVE	D Employer identification number 13-1941627 E Telephone number (212) 334-1300 G Gross receipts \$ 178,545,394. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.VERA.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1961
		M State of legal domicile: NY

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	20
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	334
	6	Total number of volunteers (estimate if necessary)	6	20
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 136,204,400.	Current Year 174,290,868.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,021,064.	3,472,620.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	302,692.	101,623.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	137,528,156.	177,865,111.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,949,040.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	23,574,833.	30,637,716.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	62,000.	70,000.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,363,716.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	104,674,941.	122,352,809.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	130,260,814.	156,589,569.	
19	Revenue less expenses. Subtract line 18 from line 12	7,267,342.	21,275,542.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 136,341,948.	End of Year 170,625,693.
	21	Total liabilities (Part X, line 26)	58,090,764.	73,338,147.
	22	Net assets or fund balances. Subtract line 21 from line 20	78,251,184.	97,287,546.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer NICHOLAS TURNER, PRESIDENT & DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name DAVID ROTTKAMP	Preparer's signature DAVID ROTTKAMP
	Date 06/07/21	Check if self-employed <input type="checkbox"/> PTIN P01303468
	Firm's name ▶ GRASSI & CO., CPA'S P.C.	Firm's EIN ▶ 11-3266576
	Firm's address ▶ 50 JERICHO QUADRANGLE JERICHO, NY 11753	Phone no. 516-256-3500

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 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? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 142,750,814. including grants of \$ 3,529,044.) (Revenue \$) CENTERS AND PROGRAMS

INCLUDES THE WORK OF VERA'S CENTERS: IMMIGRATION AND JUSTICE, SENTENCING AND CORRECTIONS, VICTIMIZATION AND SAFETY, AND YOUTH JUSTICE. THE WORK FOCUS OF EACH AREA IS AS FOLLOWS:

IMMIGRATION AND JUSTICE INCREASING IMMIGRANTS' ACCESS TO LEGAL SERVICES AND IMPROVING RELATIONSHIPS BETWEEN IMMIGRANT COMMUNITIES AND LAW ENFORCEMENT. MAJOR INITIATIVE INCLUDES SAFE CITIES NETWORK, WHICH SEEKS TO BRING DIRECT LEGAL REPRESENTATION TO IMMIGRATION COMMUNITIES IN JURISDICTIONS ACROSS THE COUNTRY. CONTINUED ON SCHEDULE O.

4b (Code:) (Expenses \$ 2,392,018. including grants of \$) (Revenue \$) DEMONSTRATION PROJECT

INCLUDES VERA'S PROJECT GUARDIANSHIP, WHICH SERVES AS COURT-APPOINTED AGENCY GUARDIANS TO ELDERLY OR DISABLED INDIVIDUALS WHO LACK FAMILY OR OTHER SUPPORT NETWORKS.

ON NOVEMBER 1, 2020, PROJECT GUARDIANSHIP, A VERA DEMONSTRATION PROJECT, WAS SPUN OFF AS AN INDEPENDENT ENTITY.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 145,142,832.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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 "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	20	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	20	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
15b			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
GREG KLEMM - (212) 376-3174
34 35TH STREET, SUITE 4-2A, BROOKLYN, NY 11232

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAMIEN DWIN BOARD CHAIR	1.00	X		X				0.	0.	0.
(2) EVAN GUILLEMIN TREASURER	1.00	X		X				0.	0.	0.
(3) ROGER BLISSETT TRUSTEE	1.00	X						0.	0.	0.
(4) CARON BUTLER TRUSTEE	1.00	X						0.	0.	0.
(5) DAWN DOVER TRUSTEE	1.00	X						0.	0.	0.
(6) DEBO P. ADEGBILE TRUSTEE	1.00	X						0.	0.	0.
(7) JOHN GLEESON TRUSTEE	1.00	X						0.	0.	0.
(8) CLIFF HUDSON TRUSTEE	1.00	X						0.	0.	0.
(9) SANDRA A. LAMB TRUSTEE	1.00	X						0.	0.	0.
(10) JOHN MADSEN TRUSTEE	1.00	X						0.	0.	0.
(11) CATIE MARSHALL TRUSTEE	1.00	X						0.	0.	0.
(12) BARI MATTES TRUSTEE	1.00	X						0.	0.	0.
(13) THEODORE A. MCKEE TRUSTEE	1.00	X						0.	0.	0.
(14) TIFFANY MOLLER TRUSTEE	1.00	X						0.	0.	0.
(15) KHALIL GIBRAN MUHAMMAD TRUSTEE	1.00	X						0.	0.	0.
(16) DANYA PERRY TRUSTEE	1.00	X						0.	0.	0.
(17) JOHN F. SAVARESE TRUSTEE	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) FRITZ SCHWARZ TRUSTEE	1.00	X					0.	0.	0.	
(19) JUSTIN TUCK TRUSTEE	1.00	X					0.	0.	0.	
(20) ANILU VAZQUEZ-UBARRI TRUSTEE	1.00	X					0.	0.	0.	
(21) NICHOLAS R. TURNER PRESIDENT AND DIRECTOR	40.00			X			396,246.	0.	56,916.	
(22) GENIA WRIGHT CHEIF OPERATING & FINANCE	40.00			X			202,711.	0.	18,742.	
(23) ADAIR IACONO GENERAL COUSEL & SECRETARY	40.00			X			149,422.	0.	16,065.	
(24) KEVIN KEENAN VICE PRESIDENT OF INNOVATION & NEW I	40.00				X		228,576.	0.	36,862.	
(25) MARY C. CROWLEY VP OF COMMUNICATION. / PUB	40.00				X		207,583.	0.	11,724.	
(26) JAMES PARSONS VICE PRESIDENT / RESEARCH	40.00				X		197,489.	0.	33,229.	
1b Subtotal							1,382,027.	0.	173,538.	
c Total from continuation sheets to Part VII, Section A							357,627.	0.	45,484.	
d Total (add lines 1b and 1c)							1,739,654.	0.	219,022.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **75**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
LUCAS & BARBA LLP, 353 S. BROADWAY, SUITE 400, LOS ANGELES, CA 90013	LEGAL SERVICES	705,524.
WB WOOD, 175 MORRISTOWN ROAD, SUITE 200, BASKING RIDGE, NJ 07920	FURNITURE SERVICES	580,279.
M&R STRATEGIC SERVICES, 1101 CONNECTICUT AVENUE NW, 7TH FL, WASHINGTON, DC 20036	CONSULTING SERVICES	538,711.
MARIE HIGUERA, 705 SECOND AVENUE, SUITE 610, SEATTLE, WA 98104	LEGAL SERVICES	481,628.
STRATTON IMMIGRATION, PLLC, 811 FIRST AVENUE, SUITE 261, SEATTLE, WA 98104	LEGAL SERVICES	401,610.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **20**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,660,153.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	136,930,350.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	35,700,365.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			174,290,868.			
Program Service Revenue	2 a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,159,819.			1,159,819.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	2,963,084.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	650,283.				
	c Gain or (loss)	7c	2,312,801.				
	d Net gain or (loss)			2,312,801.		2,312,801.	
8 a Gross income from fundraising events (not including \$ 1,660,153. of contributions reported on line 1c). See Part IV, line 18	8a		0.				
		b Less: direct expenses	8b	30,000.			
c Net income or (loss) from fundraising events			-30,000.		-30,000.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a TECH ASSISTANCE FEES	Business Code	517000	86,540.	86,540.		
	b PUBLICATION SALES		900099	35,582.	35,582.		
	c MISCELLANEOUS		900099	9,501.	9,501.		
	d All other revenue		900099				
	e Total. Add lines 11a-11d			131,623.			
12 Total revenue. See instructions			177,865,111.	131,623.	0.	3,442,620.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,529,044.	3,529,044.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	912,815.		912,815.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	22,760,313.	18,206,116.	3,872,631.	681,566.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	686,672.	547,979.	123,585.	15,108.
9 Other employee benefits	4,562,975.	3,417,704.	1,051,044.	94,227.
10 Payroll taxes	1,714,941.	1,270,116.	409,808.	35,017.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	151,739.		151,739.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	70,000.			70,000.
f Investment management fees	196,835.		196,835.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	8,250,026.	8,070,939.	46,909.	132,178.
12 Advertising and promotion				
13 Office expenses	916,528.	313,604.	550,595.	52,329.
14 Information technology	129,735.		129,735.	
15 Royalties				
16 Occupancy	1,484,356.	638,306.	846,050.	
17 Travel	3,209,247.	2,464,253.	505,570.	239,424.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	713,772.		713,772.	
23 Insurance	193,681.	15,435.	178,246.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUBCONTRACTORS	106,216,836.	106,216,836.		
b MISCELLANEOUS EXPENSE	528,880.	389,896.	95,117.	43,867.
c EQUIPMENT REPAIRS & REN	361,174.	62,604.	298,570.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	156,589,569.	145,142,832.	10,083,021.	1,363,716.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	16,087,081.	1	20,419,022.
	2 Savings and temporary cash investments	9,888,129.	2	11,880,197.
	3 Pledges and grants receivable, net	39,746,480.	3	52,923,729.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	79,608.	9	64,395.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,158,324.		
	b Less: accumulated depreciation	10b 2,716,253.	1,834,380.	10c 5,442,071.
	11 Investments - publicly traded securities	32,693,316.	11	43,348,092.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	36,012,954.	15	36,548,187.
16 Total assets. Add lines 1 through 15 (must equal line 33)	136,341,948.	16	170,625,693.	
Liabilities	17 Accounts payable and accrued expenses	22,264,795.	17	29,223,266.
	18 Grants payable		18	
	19 Deferred revenue	20,000.	19	10,000.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	35,000,000.	21	35,700,000.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	2,000,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	5,493,100.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	805,969.	25	911,781.
	26 Total liabilities. Add lines 17 through 25	58,090,764.	26	73,338,147.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	48,560,245.	27	61,431,335.
	28 Net assets with donor restrictions	29,690,939.	28	35,856,211.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	78,251,184.	32	97,287,546.
	33 Total liabilities and net assets/fund balances	136,341,948.	33	170,625,693.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	177,865,111.
2	Total expenses (must equal Part IX, column (A), line 25)	2	156,589,569.
3	Revenue less expenses. Subtract line 2 from line 1	3	21,275,542.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	78,251,184.
5	Net unrealized gains (losses) on investments	5	-2,239,180.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	97,287,546.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	68574966.	108258955	136843755	136204400	174290868	624172944
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	68574966.	108258955	136843755	136204400	174290868	624172944
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						624172944

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	68574966.	108258955	136843755	136204400	174290868	624172944
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	182,145.	155,906.	362,543.	1003196.	1159819.	2863609.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	674,596.	636,496.	543,816.	488,527.	131,623.	2475058.
11 Total support. Add lines 7 through 10						629511611
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	99.15	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	99.05	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
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			<input type="checkbox"/>

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

	Yes	No
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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) 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? <i>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.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) 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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2015 AMOUNT: \$ 581,096.

2016 AMOUNT: \$ 581,782.

2017 AMOUNT: \$ 359,000.

2018 AMOUNT: \$ 309,027.

2019 AMOUNT: \$ 131,623.

FUNDRAISING EVENTS

2015 AMOUNT: \$ 93,500.

2016 AMOUNT: \$ 54,714.

2017 AMOUNT: \$ 184,816.

2018 AMOUNT: \$ 179,500.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

VERA INSTITUTE OF JUSTICE, INC.

Employer identification number

13-1941627

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. 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 ▶ \$ _____

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

Name of organization VERA INSTITUTE OF JUSTICE, INC.	Employer identification number 13-1941627
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>95,546,834.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>33,189,526.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>7,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>4,390,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>4,351,414.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VERA INSTITUTE OF JUSTICE, INC.	Employer identification number 13-1941627
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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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization VERA INSTITUTE OF JUSTICE, INC.	Employer identification number 13-1941627
--	---

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization VERA INSTITUTE OF JUSTICE, INC.	Employer identification number 13-1941627
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2019**

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		902,754.													
c Total lobbying expenditures (add lines 1a and 1b)		902,754.													
d Other exempt purpose expenditures		155489980.													
e Total exempt purpose expenditures (add lines 1c and 1d)		156392734.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	110,937.	266,843.	924,271.	902,754.	2,204,805.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019
Open to Public Inspection

Name of the organization VERA INSTITUTE OF JUSTICE, INC. **Employer identification number** 13-1941627

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on 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) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	27,678,719.	9,675,609.	5,888,048.	4,897,392.	5,112,221.
b Contributions	5,633,000.	16,100,174.	3,334,000.	500,000.	
c Net investment earnings, gains, and losses	562,700.	1,988,849.	505,130.	540,806.	-164,679.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	123,859.	85,913.	51,569.	50,150.	50,150.
g End of year balance	33,750,560.	27,678,719.	9,675,609.	5,888,048.	4,897,392.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 96.30 %
 - b Permanent endowment 3.70 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | | <input checked="" type="checkbox"/> |
| (ii) Related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		6,512,885.	1,687,642.	4,825,243.
d Equipment		1,002,221.	780,135.	222,086.
e Other		643,218.	248,476.	394,742.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,442,071.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(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" 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-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OTHER ASSETS	71,233.
(2) ESCROW ASSETS FOR GUARDIANSHIP PROJECT	35,700,000.
(3) SECURITY DEPOSIT	776,954.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	36,548,187.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	911,781.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	911,781.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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	175,459,096.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-2,239,180.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	30,000.
e	Add lines 2a through 2d	2e	-2,209,180.
3	Subtract line 2e from line 1	3	177,668,276.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	196,835.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	196,835.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	177,865,111.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	156,422,734.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	30,000.
e	Add lines 2a through 2d	2e	30,000.
3	Subtract line 2e from line 1	3	156,392,734.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	196,835.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	196,835.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	156,589,569.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

THROUGH THE GUARDIANSHIP PROJECT, THE INSTITUTE ACTS AS THE COURT APPOINTED GUARDIAN FOR DESIGNATED INDIVIDUALS. AS THE GUARDIAN, THE INSTITUTE IS REQUIRED TO ADMINISTER THE INDIVIDUALS' ASSETS. THESE AMOUNTS ARE NOT INCLUDED IN THE FINANCIAL STATEMENTS. HOWEVER, THEY ARE INCLUDED ON FORM 990, PART X, LINES 15 AND 21.

PART V, LINE 4:

THE SPENDING POLICY ON FUND IS A FLAT DOLLAR AMOUNT OF \$1M ANNUALLY. HOWEVER, THERE HAVE BEEN NO APPROPRIATIONS FROM THE FUND SINCE 2015.

PART X, LINE 2:

Part XIII Supplemental Information (continued)

VERA APPLIES THE PROVISIONS PERTAINING TO UNCERTAIN TAX PROVISIONS OF FASB ASC TOPIC 740, INCOME TAXES, AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. VERA IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. VERA BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS PRIOR TO 2017.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES 30,000.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES 30,000.

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 contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		VIRTUAL GALA (event type)	(event type)	NONE (total number)		
Revenue	1	Gross receipts	1,660,153.		1,660,153.	
	2	Less: Contributions	1,660,153.		1,660,153.	
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment	30,000.		30,000.	
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d)				30,000.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-30,000.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: CATHY MCNAMARA, INC. (CMI)

(I) ADDRESS OF FUNDRAISER: 1325 SIXTH AVE, FLOOR 27, NEW YORK, NY 10019

Part IV Supplemental Information (continued)

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **VERA INSTITUTE OF JUSTICE, INC.** Employer identification number **13-1941627**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CAMINAR LATINO PO BOX 48623 DORAVILLE, GA 30362	83-0378198	501(C)(3)	315,785.	0.			NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS
NATIONAL LATIN@ NETWORK - CASA DE ESPERANZA - 1821 UNIVERSITY AVENUE SUITE S1555 - SAINT PAUL, MN 55104	41-1414710	501(C)(3)	103,944.	0.			NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS
COMMON JUSTICE 540 ATLANTIC AVENUE SUITE 4 BROOKLYN, NY 11217	82-0993366	501(C)(3)	47,563.	0.			NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS
FORGE PO BOX 1272 MILWAUKEE, WI 53201	20-1795062	501(C)(3)	128,577.	0.			NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS
NATIONAL CHILDREN'S ADVOCACY CENTER - 210 PRATT AVENUE NE - HUNTSVILLE, AL 35801	63-0891512	501(C)(3)	82,930.	0.			NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS
NATIONAL CENTER FOR VICTIMS OF CRIME - 2000 M STREET NW SUITE 480 - WASHINGTON, DC 20036	30-0022798	501(C)(3)	222,301.	0.			NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **67.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN OF COLOR NETWORK 922 N 3RD STREET HARRISBURG, PA 17102	26-4391187	501(C)(3)	58,484.	0.			NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS
DEAFHOPE 470 27TH STREET OAKLAND, CA 94612	20-0015196	501(C)(3)	101,542.	0.			NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS
ALMA CENTER 2821 N VEL R PHILLIPS AVE MILWAUKEE, WI 53212	36-4530524	501(C)(3)	16,727.	0.			NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS
IGNITE PO BOX 20023 ROCHESTER, NY 14602	22-3627749	501(C)(3)	29,221.	0.			NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS
GIRLS FOR GENDER EQUITY, INC. 25 CHAPEL ST BROOKLYN, NY 11201	04-3697166	501(C)(3)	36,088.	0.			NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS
IMPACT 420 PEARL ST MALDEN, MA 02148	04-2486905	501(C)(3)	7,466.	0.			NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS
INNOVATIONS HUMAN TRAFFICKING COLLABORATIVE - 4999 LIBBY ROAD NE - OLYMPIA, WA 98506	81-4680515	501(C)(3)	30,235.	0.			NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS
INTERNATIONAL ASSOCIATION FOR INDIGENOUS AGING - 11101 GEORGIA AVE - SILVER SPRING, MD 20902	52-1704037	501(C)(3)	23,564.	0.			NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS
MONARCH SERVICES 1509 SEABRIGHT AVE SANTA CRUZ, CA 95062	94-2462783	501(C)(3)	34,484.	0.			NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL CLEARINGHOUSE ON ABUSE IN LATER LIFE - 1245 E WASHINGTON AVE - MADISON, WI 53703	39-1380437	501(C)(3)	287,173.	0.			NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS
NATIONAL DISABILITY RIGHTS NETWORK 820 1ST ST NE WASHINGTON, DC 20002	59-2333653	501(C)(3)	57,986.	0.			NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS
NATIONAL SHERIFFS' ASSOCIATION 1450 DUKE STREET ALEXANDRIA, VA 22314	53-0116293	501(C)(3)	22,889.	0.			NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS
OREGON HEALTH AND SCIENCE UNIVERSITY - 3181 SW SAM JACKSON PARK RD - PORTLAND, OR 97239	93-1176109	501(C)(3)	58,698.	0.			NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS
POLICE EXECUTIVE RESEARCH FORM 1120 CONNECTICUT AVE NW WASHINGTON, DC 20036	52-1101422	501(C)(3)	53,063.	0.			NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS
PROSECUTORS' CENTER FOR EXCELLENCE PO BOX 1558 NEW YORK, NY 10154	47-2483436	501(C)(3)	5,058.	0.			NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS
PROYECTO MARIA 31 CALLE JIMENEZ SICARDO PUERTO RICO 00725	66-0664157	501(C)(3)	34,717.	0.			NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS
THE ARC 1825 K STREET NW WASHINGTON, DC 20006	13-5642032	501(C)(3)	123,872.	0.			NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS
THE LOVE MORE MOVEMENT 5536 TUXEDO RD HYATTSVILLE, MD 20781	82-0871966	501(C)(3)	16,604.	0.			NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ILLINOIS 1737 WEST POLK ST CHICAGO, IL 60612	37-6000511	501(C)(3)	5,533.	0.			NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - CHAPEL HILL - CHAPEL HILL, NC 27514	56-6001393	501(C)(3)	52,572.	0.			NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS
ALLIANCE FOR A JUST SOCIETY 3518 SOUTH EDUMBS STREET SEATTLE, WA 98118	91-1635554	501(C)(3)	10,000.	0.			IN OUR BACKYARDS (SEE SCHEDULE I, PART IV FOR PURPOSE OF GRANT)
AMERICAN CIVIL LIBERTIES UNION OF TENNESSEE - PO BOX 120160 - NASHVILLE, TN 37212	62-0988329	501(C)(3)	15,000.	0.			IN OUR BACKYARDS (SEE SCHEDULE I, PART IV FOR PURPOSE OF GRANT)
AMERICAN COLLEGE OF EMERGENCY PHYSICIANS - 4950 W. ROYAL LANE - IRVING, TX 75063-2524	38-1888798	501(C)(3)	9,659.	0.			NATIONAL TTA CENTER FOR IMPROVING POLICE RESPONSES TO MHD/IDD (SERVING SAFELY)
CENTER ON BUDGET AND POLICY PRIORITIES - 1275 FIRST STREET NE, SUITE 1200 - WASHINGTON, DC 20002	52-1234565	501(C)(3)	90,000.	0.			MISSING PUZZLE PIECE PROJECT - RESEARCH ON FINES AND FEES
COLUMBIA UNIVERSITY SPONSORED PROJECTS FINANCE P.O. BOX 29789-GENERAL POST OFFICE - NEW YORK, N	13-5598093	501(C)(3)	20,112.	0.			DEVELOPMENT OF FIRST EPISODE PSYCHOSIS EARLY DETECTION PROGRAM IN NYC JAIL SYSTEM
COMMUNITY CATALYST ONE FEDERAL STREET, 5TH FL BOSTON, MA 02110	04-3355127	501(C)(3)	22,016.	0.			TECHNICAL ASSISTANCE IN THE ESTABLISHMENT OF A PER-ARREST DIVERSION PROJECT IN NEW ORLEANS
DEAF UNITY INC. 555 D'ONOFRIO DRIVE, SUITE 25 MADISON, WI 53719	26-3630314	501(C)(3)	31,887.	0.			NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEEP CENTER INC. 2002 BULL STREET SAVANNAH, GA 31401	26-1706426	501(C)(3)	7,500.	0.			IN OUR BACKYARDS (SEE SCHEDULE I, PART IV FOR PURPOSE OF GRANT)
FISCAL POLICY INSTITUTE 1 LEAR JET LANE, SUITE 1A LATHAM, NY 12110	14-1737256	501(C)(3)	172,500.	0.			MISSING PUZZLE PIECE PROJECT - RESEARCH ON FINES AND FEES
FLORIDA POLICY INSTITUTE 1001 NORTH ORANGE AVENUE ORLANDO, FL 32801	47-2759708	501(C)(3)	150,000.	0.			MISSING PUZZLE PIECE PROJECT - RESEARCH ON FINES AND FEES
FOUNDATION FOR APPALACHIAN KENTUCKY - 420 MAIN STREET - HAZARD, KY 41701	61-1329396	501(C)(3)	7,500.	0.			IN OUR BACKYARDS (SEE SCHEDULE I, PART IV FOR PURPOSE OF GRANT)
GRASSROOTS LEADERSHIP PO BOX 6310 AUSTIN, TX 78762	58-1581743	501(C)(3)	7,500.	0.			IN OUR BACKYARDS (SEE SCHEDULE I, PART IV FOR PURPOSE OF GRANT)
INTERNATIONAL ORGANIZATION FOR ADOLESCENTS - 53 W JACKSON BOULEVARD, SUITE 1357 - CHICAGO, IL 60604	13-4093883	501(C)(3)	26,762.	0.			NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS
JAIL PROJECT OF TEXAS 2712 E. RIVERSIDE DRIVE BOX 190 AUSTIN, TX 78741	45-2666807	501(C)(3)	7,500.	0.			IN OUR BACKYARDS (SEE SCHEDULE I, PART IV FOR PURPOSE OF GRANT)
JUSTICE MATTERS, INC. PO BOX 44221 LAWRENCE, KS 66044	46-4354980	501(C)(3)	15,000.	0.			IN OUR BACKYARDS (SEE SCHEDULE I, PART IV FOR PURPOSE OF GRANT)
KENTUCKY YOUTH ADVOCATES 10200 LINN STATION ROAD #310 LOUISVILLE, KY 40223	61-0929390	501(C)(3)	7,500.	0.			IN OUR BACKYARDS (SEE SCHEDULE I, PART IV FOR PURPOSE OF GRANT)

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KOREAN AMERICAN FAMILY SERVICE CENTER - P.O. BOX 541429 - FLUSHING, NY 11354	13-3609811	501(C)(3)	49,649.	0.			NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVENUE - CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	149,300.	0.			EXPANDING ACCESS TO POSTSECONDARY EDUCATION.
MICHIGAN UNITED 4405 WESSON DETROIT, MI 48210	38-3058190	501(C)(3)	7,500.	0.			IN OUR BACKYARDS (SEE SCHEDULE I, PART IV FOR PURPOSE OF GRANT)
MOUNTAIN ASSOCIATION FOR COMMUNITY ECONOMIC DEVELOPMENT - 433 CHESTNUT STREET - BEREA, KY 40403	31-0900246	501(C)(3)	10,000.	0.			IN OUR BACKYARDS (SEE SCHEDULE I, PART IV FOR PURPOSE OF GRANT)
NAACP OF WILSON COUNTY PO BOX 4714 WILSON, NC 27894	56-6086666	501(C)(3)	10,000.	0.			IN OUR BACKYARDS (SEE SCHEDULE I, PART IV FOR PURPOSE OF GRANT)
NATIONAL CRITTENTON 921 SW WASHINGTON STREET PORTLAND, OR 97205	54-0505932	501(C)(3)	35,731.	0.			INITIATIVE TO END GIRL'S INCARCERATION ADVISORY BOARD
NATIONAL RESOURCE CENTER ON DOMESTIC VIOLENCE - 6041 LINGLESTOWN ROAD - HARRISBURG, PA 17112	30-0681646	501(C)(3)	31,370.	0.			UNITING TO END VIOLENCE AGAINST PEOPLE WITH DISABILITIES NATIONAL COALITION
NEW MEXICO VOICES FOR CHILDREN 625 SILVER AVENUE SW SUITE 195 ALBUQUERQUE, MN 87102	85-0348301	501(C)(3)	66,706.	0.			MISSING PUZZLE PIECE PROJECT - RESEARCH ON FINES AND FEES
ONE VOICE 1072 J.R. LYNCH STREET, SUITE 7 JACKSON, MI 39203	02-0787550	501(C)(3)	7,500.	0.			IN OUR BACKYARDS (SEE SCHEDULE I, PART IV FOR PURPOSE OF GRANT)

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENNSYLVANIA PRISON SOCIETY 230 SOUTH BROAD STREET, SUITE 605 PHILDELPHIA, PA 19102	23-1352267	501(C)(3)	15,000.	0.			IN OUR BACKYARDS (SEE SCHEDULE I, PART IV FOR PURPOSE OF GRANT)
PUBLIC POLICY AND EDUCATION FUND OF NEW YORK - 94 CENTRAL AVENUE - ALBANY, NY 12206	13-3364209	501(C)(3)	15,000.	0.			IN OUR BACKYARDS (SEE SCHEDULE I, PART IV FOR PURPOSE OF GRANT)
RAPE CRISIS INTERVENTION 2889 COHASSET ROAD, SUITE 2 CHICO, CA 95973	51-0159463	501(C)(3)	22,241.	0.			NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS
SOUTHERN CENTER FOR HUMAN RIGHTS 60 WALTON STREET NW ATLANTA, GA 30303	62-1025326	501(C)(3)	7,500.	0.			IN OUR BACKYARDS (SEE SCHEDULE I, PART IV FOR PURPOSE OF GRANT)
SOUTHERN VISION ALLIANCE PO BOX 51698 DURHAM, NC 27717	61-1639641	501(C)(3)	10,000.	0.			IN OUR BACKYARDS (SEE SCHEDULE I, PART IV FOR PURPOSE OF GRANT)
THE COMMONWEALTH INSTITUTE FOR FISCAL ANALYSIS - 1329 E. CARY STREET #200 - RICHMOND, VA 23219	27-1598303	501(C)(3)	66,500.	0.			MISSING PUZZLE PIECE PROJECT - RESEARCH ON FINES AND FEES
THE PRAXIS PROJECT 1900 FRUITVALE AVENUE, SUITE D OAKLAND, CA 94601	30-0044814	501(C)(3)	10,000.	0.			IN OUR BACKYARDS (SEE SCHEDULE I, PART IV FOR PURPOSE OF GRANT)
TRUTH PHARM PO BOX 424 BINGHAMTON, NY 13902	81-0718278	501(C)(3)	7,500.	0.			IN OUR BACKYARDS (SEE SCHEDULE I, PART IV FOR PURPOSE OF GRANT)
UNIVERSITY OF GEORGIA-UGA RESEARCH FOUNDATION - POST AWARD ACCOUNTING-31 EAST CAMPUS ROAD TUCKER HALL, ROOM 411 - ATHENS, GA	58-1353149	501(C)(3)	164,500.	0.			RURAL JAILS RESEARCH AND POLICY NETWORK

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VICTIM RIGHTS LAW CENTER, INC. 115 BROAD STREET, 3FL BOSTON, MA 02110	02-0588944	501(C)(3)	20,140.	0.			NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS
VOLUNTEERS OF MID-STATES OF AMERICA - 570 SOUTH 4TH STREET - LOUISVILLE, KY 40202	61-0480950	501(C)(3)	7,500.	0.			IN OUR BACKYARDS (SEE SCHEDULE I, PART IV FOR PURPOSE OF GRANT)
WASHINGTON STATE BUDGET & POLICY CENTER - 1402 3RD AVENUE, SUITE 1215 - SEATTLE, WA 98101	72-1612982	501(C)(3)	66,600.	0.			MISSING PUZZLE PIECE PROJECT - RESEARCH ON FINES AND FEES
WASHINGTON STATE UNIVERSITY LIGHTY 280 P.O. BOX 641060 PULLMAN, WA 99164	91-6001108	501(C)(3)	140,000.	0.			RURAL JAILS RESEARCH AND POLICY NETWORK
BOSTON AREA RAPE CRISIS CENTER 99 BISHOP RICHARD ALLEN DRIVE, SUIT CAMBRIDGE, MA 02139	04-2974983	501(C)(3)	33,792.	0.			NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS
WEST VIRGINIA CENTER ON BUDGET & POLICY - 8 CAPITOL STREET - CHARLESTON, WV 25301	56-2653132	501(C)(3)	7,500.	0.			IN OUR BACKYARDS (SEE SCHEDULE I, PART IV FOR PURPOSE OF GRANT)
WORKERS CENTER FOR RACIAL JUSTICE 2929 SOUTH WABASH AVENUE, SUITE 203 CHICAGO, IL 60616	45-4461270	501(C)(3)	10,000.	0.			IN OUR BACKYARDS (SEE SCHEDULE I, PART IV FOR PURPOSE OF GRANT)

Schedule I (Form 990)

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE FILING ORGANIZATION MAINTAINS THE BOOK AND RECORDS FOR EACH GRANTEE,
SEPARATED BY GRANT AND CONTRACT. THE EXPENSES ARE EXAMINED BEFORE
DISBURSEMENT FOR COMPLIANCE AND COMPLETENESS.

SCHEDULE I, PART II(H)

IN OUR BACKYARDS (PROJECT, WHICH AIMS TO PROTECT AND FURTHER NATIONAL
GAINS MADE TOWARD UNWINDING MASS INCARCERATION BY RESPONDING TO
DEEPENING PROBLEMS IN OVERLOOKED COMMUNITIES ACROSS THE COUNTRY.)

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: **VERA INSTITUTE OF JUSTICE, INC.**
 Employer identification number: **13-1941627**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1b**

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2**

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7**

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) NICHOLAS R. TURNER PRESIDENT AND DIRECTOR	(i)	396,246.	0.	0.	32,692.	24,224.	453,162.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GENIA WRIGHT CHEIF OPERATING & FINANCE	(i)	202,711.	0.	0.	10,344.	8,398.	221,453.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ADAIR IACONO GENERAL COUSEL & SECRETARY	(i)	149,422.	0.	0.	7,738.	8,327.	165,487.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KEVIN KEENAN VICE PRESIDENT OF INNOVATION & NEW I	(i)	228,576.	0.	0.	11,696.	25,166.	265,438.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARY C. CROWLEY VP OF COMMUNICATION. / PUB	(i)	207,583.	0.	0.	10,499.	1,225.	219,307.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JAMES PARSONS VICE PRESIDENT / RESEARCH	(i)	197,489.	0.	0.	10,354.	22,875.	230,718.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JORDAN KESSLER VICE PRESIDENT, DEVELOPMENT	(i)	183,514.	0.	0.	9,625.	18,646.	211,785.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) NANCY A. SMITH CENTER DIRECTOR	(i)	174,113.	0.	0.	8,849.	8,364.	191,326.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

VERA INSTITUTE OF JUSTICE, INC.

Employer identification number

13-1941627

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

TO DRIVE CHANGE. TO URGENTLY BUILD AND IMPROVE JUSTICE SYSTEMS THAT
ENSURE FAIRNESS, PROMOTE SAFETY, AND STRENGTHEN COMMUNITIES.

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

VERA'S MISSION IS TO DRIVE CHANGE AND URGENTLY BUILD AND IMPROVE
JUSTICE SYSTEMS THAT ENSURE FAIRNESS, PROMOTE SAFETY, AND STRENGTHEN
COMMUNITIES. VERA WORKS WITH OTHERS WHO SHARE ITS VISION TO TACKLE THE
MOST PRESSING INJUSTICES OF OUR DAY - FROM THE CAUSES AND CONSEQUENCES
OF MASS INCARCERATION, RACIAL DISPARITIES, AND THE LOSS OF PUBLIC TRUST
IN LAW ENFORCEMENT, TO THE UNMET NEEDS OF THE VULNERABLE, THE
MARGINALIZED, AND THOSE HARMED BY CRIME AND VIOLENCE.

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

SENTENCING AND CORRECTIONS DEVELOPING AND SUPPORTING BALANCED, FAIR
AND HUMANE SENTENCING AND CORRECTIONS POLICIES TO REDUCE USE OF
INCARCERATION; TRANSFORM INCARCERATION TO BE REHABILITATIVE, RATHER
THAN PUNITIVE; AND ENSURE THE SAFETY OF PRISONS. MAJOR INITIATIVES
INCLUDE IN OUR BACKYARDS (REDUCING USE OF JAILS IN RURAL COMMUNITIES)
AND UNLOCKING POTENTIAL (EXPANDING ACCESS TO POST-SECONDARY EDUCATION
TO THOSE IN PRISON). IN ADDITION, VERA IS HELPING CITIES AND COUNTIES
AROUND THE COUNTRY END THEIR OVERRELIANCE ON JAILS AND CREATE NEW
PATHWAYS TO COMMUNITY SAFETY AND HEALTH THAT PRIORITIZE RACIAL EQUITY
AND REPAIRING HARM CAUSED BY MASS INCARCERATION. VERA WORKS
COLLABORATIVELY WITH LOCAL GOVERNMENTS AND COMMUNITIES TO STUDY JAIL

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization VERA INSTITUTE OF JUSTICE, INC.	Employer identification number 13-1941627
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USE AND JAIL POPULATION TRENDS AND TO PROVIDE RECOMMENDATIONS FOR SAFELY DECARCERATING WHILE CREATING FAIRER AND MORE EFFECTIVE LOCAL JUSTICE SYSTEMS.

VICTIMIZATION AND SAFETY WORKS WITH GOVERNMENT AND OTHER NONPROFIT ORGANIZATIONS TO PREVENT AND ADDRESS INTERPERSONAL VIOLENCE, INCLUDING DOMESTIC VIOLENCE AND SEXUAL ASSAULT, PARTICULARLY IN VULNERABLE COMMUNITIES.

YOUTH JUSTICE WORKS WITH POLICYMAKERS AND PRACTITIONERS TO PRIORITIZE JUVENILE JUSTICE IN COMMUNITIES. MAJOR INITIATIVES INCLUDE RESTORING PROMISE (TRANSFORMING CONDITIONS OF JAILS AND PRISONS FOR YOUNG ADULTS); AND ENDING GIRLS' INCARCERATION (END GIRLS' INCARCERATION IN U.S. WITHIN 10 YEARS).

EMBEDDED IN AND WORKING IN ALL THESE AREAS INCLUDES VERA'S RESEARCH FUNCTION, WHICH ENTAILS USING DATA TO INFORM POLICY AND DRIVE CHANGE IN EACH OF THESE AREAS.

OTHER PROJECTS INCLUDE GREATER JUSTICE NEW YORK (VERA'S EFFORTS TO REFORM USE OF CASH BAIL), IMPROVING THE DELIVERY OF JUSTICE IN NEW ORLEANS, SHRINKING THE FOOTPRINT OF AMERICA'S POLICING AND ADVANCE RACIAL EQUITY, AND CENTERING RACIAL EQUITY IN PROSECUTION.

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

THE ORGANIZATION'S INDEPENDENT ACCOUNTING FIRM WORKS CLOSELY WITH THE ORGANIZATION'S DIRECTOR OF FINANCE TO COMPLETE THEIR PROVIDED TEMPLATE, FROM THAT COMPLETED TEMPLATE, THE ACCOUNTING FIRM PREPARES AN INITIAL DRAFT OF THE FORM 990. THE DRAFT IS THEN REVIEWED BY THE DIRECTOR OF FINANCE AND

Name of the organization VERA INSTITUTE OF JUSTICE, INC.	Employer identification number 13-1941627
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THE CFO/COO THEN IN ADDITION, DISTRIBUTED TO AND REVIEWED BY THE ORGANIZATION'S GOVERNING BODY. AFTER CORRECTIONS ARE MADE, THE FINAL FORM 990 IS PREPARED FOR FILING.

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

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY REQUIRES ITS OFFICERS AND TRUSTEES TO DISCLOSE WHENEVER THEY HAVE A FINANCIAL INTEREST THAT IS IMPLICATED BY A TRANSACTION OR ARRANGEMENT INTO WHICH THE ORGANIZATION IS CONTEMPLATING ENTERING (A "POTENTIAL CONFLICT"). IF A POTENTIAL CONFLICT EXISTS, THE INTERESTED OFFICER OR TRUSTEE MUST DISCLOSE THE NATURE OF HIS OR HER INTEREST TO THE COMMITTEE OF THE BOARD EVALUATING THE TRANSACTION AND IS EXCLUDED FROM ALL DELIBERATIONS AND DECISIONS CONCERNING THE MATTER. IN ADDITION, THE ORGANIZATION'S TRUSTEES ARE REQUIRED, ON AN ANNUAL BASIS, TO CERTIFY THAT THEY HAVE READ AND UNDERSTOOD THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND TO DISCLOSE CERTAIN RELATIONSHIPS THAT COULD GIVE RISE TO A POTENTIAL OR ACTUAL CONFLICT OF INTEREST.

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

THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES IS CHARGED WITH THE TASK OF DETERMINING THE COMPENSATION OF THE PRESIDENT AND DIRECTOR ON AN ANNUAL BASIS. AS PART OF THIS PROCESS, THE COMMITTEE REVIEWS COMPARABILITY DATA, INCLUDING COMPENSATION PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS. THE EXECUTIVE COMMITTEE IS COMPOSED ENTIRELY OF INDEPENDENT PERSONS WITH RESPECT TO THE MATTER.

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

THE DOCUMENTS ARE AVAILABLE UPON REQUEST.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
2	FURNITURE	VARIOUS	SL	7.00		16	643,218.				643,218.	71,778.		176,698.	248,476.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						643,218.				643,218.	71,778.		176,698.	248,476.
	MACHINERY & EQUIPMENT														
3	COMPUTER EQUIPMENT	VARIOUS	SL	5.00		16	830,762.				830,762.	493,289.		101,795.	595,084.
4	OFFICE EQUIPMENT	VARIOUS	SL	5.00		16	171,459.				171,459.	170,043.		15,008.	185,051.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						1,002,221.				1,002,221.	663,332.		116,803.	780,135.
	OTHER														
1	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	15.00		16	6,512,885.				6,512,885.	1,267,371.		420,271.	1,687,642.
	* 990 PAGE 10 TOTAL OTHER						6,512,885.				6,512,885.	1,267,371.		420,271.	1,687,642.
	* GRAND TOTAL 990 PAGE 10 DEPR						8,158,324.				8,158,324.	2,002,481.		713,772.	2,716,253.

CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2019
Open to Public Inspection

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 07/01/2019 and Ending (mm/dd/yyyy) 06/30/2020		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: VERA INSTITUTE OF JUSTICE, INC.	Employer Identification Number (EIN): 13-1941627
	Mailing Address: 34 35TH STREET, NO. 4-2A	NY Registration Number: 00-35-79
	City / State / ZIP: BROOKLYN, NY 11232	Telephone: 212 334-1300
	Website: WWW.VERA.ORG	Email: CONTACTVERA@VERA.ORG

Check your organization's registration category: 7A only EPTL only DUAL (7A & EPTL) EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

President or Authorized Officer:	<u>NICHOLAS TURNER</u>	Print Name and Title	Date
	Signature	PRESIDENT & DIRECTOR	
Chief Financial Officer or Treasurer:	<u>GREGORY KLEMM</u>	Print Name and Title	Date
	Signature	COO/CFO	

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

- 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.
- 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>1,500.</u>	Total fee: \$ <u>1,525.</u>	Make a single check or money order payable to: "Department of Law"
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CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500

Annual Filing Checklist

- Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
 - Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
 - Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
 Charities Bureau Registration Section
 28 Liberty Street
 New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com
 Call: (212) 416-8401
 Email: Charities.Bureau@ag.ny.gov

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

CHAR500

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers
www.CharitiesNYS.com

2019

Open to Public
Inspection

If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. The PFR or FRC should provide its NY Registration Number to you. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations and use additional pages if necessary.

Definitions

A **Professional Fund Raiser (PFR)**, in addition to other activities, conducts solicitation of contributions and/or handles the donations (Article 7A, 171-a.4).

A **Fund Raising Counsel (FRC)** does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).

A **Commercial Co-Venturer (CCV)** is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

Professional fund raising does not include activities by an organization's development staff, volunteers, or a grantwriter who has been hired solely to draft applications for funding from a government agency or tax exempt organization.

1. Organization Information

Name of Organization:	NY Registration Number:
VERA INSTITUTE OF JUSTICE, INC.	00-35-79

2. Professional Fund Raiser, Fund Raising Counsel, Commercial Co-Venturer Information

Fund Raising Professional type: <input checked="" type="checkbox"/> Professional Fund Raiser <input type="checkbox"/> Fund Raising Counsel <input type="checkbox"/> Commercial Co-Venturer	Name of FRP: CATHY MCNAMARA, INC. (CMI)	NY Registration Number: 32-68-01
	Mailing Address: 1325 SIXTH AVE, FLOOR 27	Telephone:
	City / State / ZIP: NEW YORK, NY 10019	

3. Contract Information

Contract Start Date: 10/01/2019	Contract End Date: 05/31/2020
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4. Description of Services

Services provided by FRP:
FUNDRAISING SERVICES FOR VERA'S ANNUAL FUNDRAISING GALA.

5. Description of Compensation

Compensation arrangement with FRP:	Amount Paid to FRP: 70,000.
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6. Commercial Co-Venturer (CCV) Report

Yes No If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s) required by Section 173(a) part 3 of the Executive Law Article 7A?

CHAR500

Schedule 4b: Government Grants
www.CharitiesNYS.com

2019

Open to Public
Inspection

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.

Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization: VERA INSTITUTE OF JUSTICE, INC.	NY Registration Number: 00-35-79
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2. Government Grants

Name of Government Agency	Amount of Grant
1. U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES	1. 95,546,834.
2. U.S. DEPARTMENT OF JUSTICE-U.S. DEPARTMENT OF JUSTICE	2. 26,101,810.
3. NYS OFFICE FOR NEW AMERICANS	3. 4,390,000.
4. U.S. DEPARTMENT OF JUSTICE-OFFICE FOR VICTIMS OF CRIM	4. 3,562,163.
5. NYS UNIFIED COURT SYSTEM	5. 2,331,636.
6. U.S. DEPARTMENT OF JUSTICE-OFFICE OF VIOLENCE AGAINST	6. 1,556,519.
7. U.S. DEPARTMENT OF JUSTICE-BUREAU OF JUSTICE ASSISTAN	7. 1,032,625.
8. U.S. DEPARTMENT OF JUSTICE-NATIONAL INSTITUTE OF JUST	8. 551,393.
9. U.S. DEPARTMENT OF JUSTICE-OFFICE OF JUVENILE JUSTICE	9. 385,016.
10. NYC MAYOR'S OFFICE OF CRIMINAL JUSTICE	10. 281,804.
11. CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	11. 268,500.
12. NYC DEPT FOR THE AGING	12. 241,060.
13. COUNTY OF LOS ANGELES-DEPARTMENT OF HEALTH SERVICES	13. 196,000.
14. NYS DIVISION OF CRIMINAL JUSTICE SERVICES	14. 138,208.
15. CITY OF NEW ORLEANS	15. 96,318.
Total Government Grants:	Total:

CHAR500

Schedule 4b: Government Grants
www.CharitiesNYS.com

2019

**Open to Public
Inspection**

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.

Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization: VERA INSTITUTE OF JUSTICE, INC.	NY Registration Number: 00-35-79
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2. Government Grants

Name of Government Agency	Amount of Grant
1. NATIONAL INSISUTE OF MENTAL HEALTH-EARLY DETECTION AT	1. 68,468.
2. SEATTLE MUNICIPAL COURT	2. 61,500.
3. ILLINOIS DEPARTMENT OF JUVENILE JUSTICE	3. 49,607.
4. NEW YORK CITY DEPARTMENT OF CORRECTION	4. 30,596.
5. NATIONAL SCIENCE FOUNDATION	5. 21,250.
6. CITY OF NEW ORLEANS-HEALTH DEPARTMENT	6. 19,043.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 136,930,350.