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.

2019
Open to Public Inspection

OMB No. 1545-0047

ΑF	or the	e 2019 calendar year, or tax year beginning $$ $$ $$ $$ $$ $$ $$ $$ $$	「L 1, 2019 and	ending J	UN 30, 2020		
	heck if oplicabl	C Name of organization			D Employer identifi	cation number	
	Addre	SE VERA INSTITUTE OF JUSTIC	CE, INC.				
	Name chang	e Doing business as			13-19416	27	
	Initial return Final	Number and street (or P.O. box if mail is not delived 34 35TH STREET	,	Room/suite 4 – 2A	E Telephone number (212) 334-1300		
	Jreturn. termin ated			<u> </u>	G Gross receipts \$	178,545,394.	
	Amen	, , , , , , , , , , , , , , , , , , , ,	ii oi iorcigii postar code		H(a) Is this a group re		
	Application	·	OLAS TURNER		for subordinates		
	pendi	SAME AS C ABOVE			H(b) Are all subordinates in	·····= =	
ΙT	ax-ex	empt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527	1	list. (see instructions)	
J۷	Vebsi	te: ▶ WWW.VERA.ORG			H(c) Group exemption	n number	
		organization: X Corporation Trust Ass	ociation Other ►	L Year	of formation: 1961 r	M State of legal domicile: NY	
Pa	rt I	Summary					
اه	1	Briefly describe the organization's mission or most si	ignificant activities: SEE	SCHEDU	LE O		
an c							
Governance		Check this box if the organization discont	·				
Š		Number of voting members of the governing body (P			3	20	
8		Number of independent voting members of the gove				20 334	
ies		Total number of individuals employed in calendar year				20	
Activities &		Total number of volunteers (estimate if necessary)				0.	
AÇ		Total unrelated business revenue from Part VIII, colu Net unrelated business taxable income from Form 99				0.	
\dashv	D	Net unrelated business taxable income from Form 98	90-1, iiile 39		Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)		1	36,204,400.		
<u>J</u> e		D ' 'D 'L\''' ' ' O \			0.		
Revenue		Investment income (Part VIII, column (A), lines 3, 4, a	and 7d)		1,021,064.		
Be		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			302,692.		
		Total revenue - add lines 8 through 11 (must equal P		1	37,528,156.		
		Grants and similar amounts paid (Part IX, column (A)			1,949,040.		
		Benefits paid to or for members (Part IX, column (A),			0.		
اي		Salaries, other compensation, employee benefits (Pa			23,574,833.	30,637,716.	
Expenses		Professional fundraising fees (Part IX, column (A), line			62,000.	70,000.	
bei		Total fundraising expenses (Part IX, column (D), line		16.			
ũ		Other expenses (Part IX, column (A), lines 11a-11d, 1		<u>1</u>		122,352,809.	
	18	Total expenses. Add lines 13-17 (must equal Part IX,	column (A), line 25)	1		156,589,569.	
_		Revenue less expenses. Subtract line 18 from line 12	2		7,267,342.	21,275,542.	
Net Assets or Fund Balances					ginning of Current Year	End of Year	
sets	20	Total assets (Part X, line 16)			36,341,948.	170,625,693.	
Eggs Base Base Base Base Base Base Base Bas	21	Total liabilities (Part X, line 26)			58,090,764.		
Ž::	22	Net assets or fund balances. Subtract line 21 from lin	ne 20		78,251,184.	97,287,546.	
	rt II	Signature Block				. Innerview and helief it is	
		Ilties of perjury, I declare that I have examined this return, in				y knowledge and beller, it is	
true,	correc	ct, and complete. Declaration of preparer (other than officer)	is dased on an information of wi	nich preparer	lias any knowledge.		
C:		Signature of officer			I Date		
Sign		NICHOLAS TURNER, PRESID	ENT & DIRECTOR				
Here	=	Type or print name and title	DNI & DIRECTOR				
			Preparer's signature] [Date Check	PTIN	
Paid			DAVID ROTTKAMP	lo	6/07/21 if self-employ		
Prep			'S P.C.			11-3266576	
Use		Firm's address 50 JERICHO QUADRA			. Alli o Eliv		
-	,	JERICHO, NY 11753			Phone no. 51	6-256-3500	
— Mav	the II	RS discuss this return with the preparer shown above	e? (see instructions)		1	X Yes No	

Га	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:	
	Did the exemination undertake any conficent reason continue the year which were not listed as the	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X I	No
3	If "Yes," describe these changes on Schedule O.	NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 142,750,814 · including grants of \$ 3,529,044 ·) (Revenue \$	
4 a	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.)	
- u	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 145,142,832.	

Form 990 (2019) VERA INSTITUTE OF JUSTICE, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
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? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		37	
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	, .u		<u> </u>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	145		
15		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مر ا	v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

VERA INSTITUTE OF JUSTICE, INC. 13-1941627 Page 4 Form 990 (2019) Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete Х 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 27 creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c "Yes," complete Schedule L, Part IV 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? |f "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 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					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	298			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?			1c		

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Form **990** (2019)

Form 990 (2019) VERA INSTITUTE OF JUSTICE, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Interest the number of employees reported on Form Wi3, Transmittal of Wage and Tax Statements, 2a 334 b If at least one is reported on line 2a, did the organization file all required todered employment tax returns? Note: If the runn of lines it and a face is greater than 50, you may be required to get instructions? Note: The runn of lines it and a face is greater than 50, you may be required to get instructions? Note: The runn of lines it and a face is greater than 50, you may be required to get instructions? 2a X Note: The runn of lines it and a face is greater than 50, you may be required to get instructions? 3b If Yes, I have filed a form 990 if to this year? If Yos' to line 30, provide an explanation on Schadule 0 3c In If Yes, I have the great in the file of the schalar of					Yes	No
b If a least one is reported on line 24, did the organization file all required federal employment tax returns? Note: If the sum of lines 1 and 28 is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a form 980-7 for this year? If "No" to line 30, provide an explanation on Schedule 0 3c At any time during the earlands year, did the organization have an interest in, or a significant or other authority over, a financial account in a foreign country such as a bank account, accumines account, or other financial account()? 4c At any time during the earlands year, did the organization have an interest in, or a significant or other authority over, a financial account in a foreign country. 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization aparty to a prohibited tax shelter transaction? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles and charitable contributions? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles and charitable contributions? 6a X b If "Yes," if did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles and charitable contributions? 7c Organizations that may receive deductible? 7d Organizations that may receive deductible on the value of the goods or services provided? 7e Use the organization receives a payment in access of \$75 made parity as a contribution and party for goods and services provided to the payer? 7d If Wes, "indicate the number of Forms 88282 filed during the year 7d Use the organization receives a payment in access of \$75 made parity as contrib	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note: if the sum of Ines 1a and 2a is greater than 250, you may be required to _e-(ip (see instructions) 3a		filed for the calendar year ending with or within the year covered by this return	2a 334			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b if 11 **es*, "Institute at filled a Form 990 Trof this year? If "No" to fine 36, provide an explanation on Schedule O 5b If "Yes*, "Indicate the name of the foreign country (such as a bank account, securities account, or other financial account) in oriogin country (such as a bank account, securities account, or other financial account) in oriogin country (such as a bank account, securities account, or other financial account) in oriogin country (such as a bank account, securities account, or other financial account) in the financial account (in oriogin country) in the financial accountry (in oriogin country) in the companiation shall be organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions or accountry (in oriogin country) in oriogin (in oriogin country) in oriogin (in oriogin country) (in oriogin	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X	
b the "Nes," has it filled a Form 990-T for this year? W 'No' to live 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b bid any taxable party nority the organization tile Form 8898-7? 5c bid bid any taxable party nority the organization file Form 8898-7? 5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 biff Yes, 'did the organization netwike a gammatic or the value of the goods or services provided? 7 Organizations that may receive deductible contributions under section 170(c). 8 bid the organization review a gammatic nexes of \$75 made party as a contribution on aparty for goods and services provided? 7 bid the organization review a payment in excess of \$75 made party as a contribution on aparty for goods and services provided to the payor? 7 to X in the organization review a payment in excess of \$75 made party as a contribution on aparty for goods and services provided to the payor? 7 to X in the organization review a payment in excess of \$75 made party as a contribution on aparty and the organization review at one or the value of the goods or services provided? 7 to X in the organization review at contribution of across the services provided and the organization file of the payment of the payment of the payment of the payment of the paym		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions)			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts; (FBAP). 5b If Yes, 'enter the name of the foreign country ▶ 5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP). 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c If 'Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Obset the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of scharlatile contributions? 5c Obset the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charlatatic contributions? 6c Organizations that may receive deductible contributions under section 170(c). a bid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charlatatic contributions and party for goods and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). a bid the organization tends that pay receive the value of the goods or services provided? 7 Uses, 'Indicate the number of Forms 8282 filed during the year. 7 If If If we, 'Indicate the number of Forms 8282 filed during the year. 8 If the organization received a contribution of qualified intellectual property, did the organization free organization received a contribution of qualified intellectual property, did the organization will be a foreign to require a contribution of diare, boats, airplanes, or other vehicles, did the organization in the a form 1980? 9 Sponsoring organizations make any taxable distributions under section 4966? 9	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
the fire the name of the foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line Sa or Sb, did the organization file Form 8886-17 6b Does the organization sent amount gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chariable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 8 If "Yes," indicate the number of Forms 8828 filed during the year 9 Did the organization receive apartment, and the special property for which it was required to life Form 8882? 1 If Yes," indicate the number of Forms 8828 filed during the year 9 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 899 as required? 1 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 899 as required? 1 If the organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4968? 9 Sponsoring organization make any taxable distributions under section 4969? 9 Section 501(c)(12) qualifications. Enter: a initiation fees and capital contributions included on Part VIII, line 12, or public use of club facilities 1 If Did be	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
b if "Yes," enter the name of the foreign country. ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization of the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 5c If "Yes" to line \$a or \$b, did the organization file Form 88867. 5c any contributions that were not tax deductible as charitable contributions? 5c If "Yes" to line \$a or \$b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c V Torganizations that may receive deductible contributions under section 170(c). a bill the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a bill the organization state in excess of \$75 made partly as contribution and partly for goods and services provided? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b If "Yes," include the runther of Forms 8282? Ried during the year 7c If If If If I I I I I I I I I I I I I	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			l
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a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.		sponsoring organization have excess business holdings at any time during the year?		8		
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10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 11b 11b 11b 11b 11b 11b 11b 11b 11b	а					
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.				15		X
If "Yes," complete Form 4720, Schedule O.						77
	16		income?	16		X
		If "Yes," complete Form 4720, Schedule O.		_	000	(00.10)

Form **990** (2019)

Par	TVI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O	. See i	nstructions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20	<u>]</u>		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	20	<u>)</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		_X_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?	•	•	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea-					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code)			
	This couldn't broadcon information about pollogo flot required by the information	VOITAG	0040./		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	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	v befo	re filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,	3			
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")					
	in Schedule O how this was done	,		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	~,				
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b		х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			105		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	rith a			
100	Asserble and the desire of the control			16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			104		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	=			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			100		<u> </u>
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, at	nd 990	LT (Section 501(c)(3)s only)	availa	hle
10	for public inspection. Indicate how you made these available. Check all that apply.	10 330	-1 (36011011301(0)(3	js Orliy)	avalla	DIC
		0	-hl.·l- O)			
10	Own website Another's website Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			d finan	cial	
19		minict (or interest policy, an	u iiiian	udl	
20	statements available to the public during the tax year.	oko or	d records			
20	State the name, address, and telephone number of the person who possesses the organization's bounded ${\tt GREG\ KLEMM\ -\ (212)\ 376-3174}$	oks an	u records 📂			
	34 35TH STREET, SUITE 4-2A, BROOKLYN, NY 11232					
	JY JJIN DINEEI, DULIE 4-4A, DRUUNLIN, NI 11434					

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.

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

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

(A)	(B)	J. 94		((C)			(D)	(E)	(F)
Name and title	Average		not c		more	than o		Reportable compensation	Reportable	Estimated amount of
	hours per week					s both or/trus		from	compensation from related	other
	(list any	ector						the	organizations	compensation
	hours for	Individual trustee or director	ee ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	rustee	Institutional trustee		99/	Highest compensated employee		(W-2/1099-MISC)		organization and related
	below	dual t	utiona	_	Key employee	st cor	e.			organizations
	line)	Indivi	Instit	Officer	Key e	Highe	Former			Ü
(1) DAMIEN DWIN	1.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(2) EVAN GUILLEMIN	1.00									
TREASURER		Х		Х				0.	0.	0.
(3) ROGER BLISSETT	1.00									
TRUSTEE		Х						0.	0.	0.
(4) CARON BUTLER	1.00									
TRUSTEE		Х						0.	0.	0.
(5) DAWN DOVER	1.00									
TRUSTEE		Х						0.	0.	0.
(6) DEBO P. ADEGBILE	1.00									
TRUSTEE		Х						0.	0.	0.
(7) JOHN GLEESON	1.00]							_	_
TRUSTEE		Х						0.	0.	0.
(8) CLIFF HUDSON	1.00	1								
TRUSTEE		Х						0.	0.	0.
(9) SANDRA A. LAMB	1.00	ļ								
TRUSTEE		Х						0.	0.	0.
(10) JOHN MADSEN	1.00	ļ								
TRUSTEE	1	Х						0.	0.	0.
(11) CATIE MARSHALL	1.00	ļ								•
TRUSTEE	1 00	Х	_					0.	0.	0.
(12) BARI MATTES	1.00	٠,,							_	•
TRUSTEE	1 00	Х						0.	0.	0.
(13) THEODORE A. MCKEE	1.00	٠,,							_	0
TRUSTEE	1 00	Х	_					0.	0.	0.
(14) TIFFANY MOLLER	1.00	·							_	0
TRUSTEE	1 00	Х						0.	0.	0.
(15) KHALIL GIBRAN MUHAMMAD TRUSTEE	1.00	х							_	^
(16) DANYA PERRY	1.00	^	\vdash		_			0.	0.	0.
TRUSTEE	1.00	х						0.	0.	^
(17) JOHN F. SAVARESE	1.00	^						· ·	U •	0.
TRUSTEE	1.00	х						0.	0.	0.
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932007 01-20-20 Form **990** (2019)

Form 990 (2019) VERA INS:	TITUTE C) F.	JU	ST	TC	E,		.NC •	13-1941	6∠/ Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	Hiç	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than c	nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son is	s both	n an	compensation	compensation	amount of
	week		er an	a a a	recto	r/trus	lee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	eord	stee			sated		(W-2/1099-MISC)	(88-271099-181130)	organization
	organizations	truste	al trus		yee	mper		(** 27 1000 141100)		and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	est co loyee	Jer			organizations
	line)	Indiv	Instii	Officer	Key 6	Highest compensated employee	Former			
(18) FRITZ SCHWARZ	1.00									
TRUSTEE		Х						0.	0.	0.
(19) JUSTIN TUCK	1.00								_	_
TRUSTEE		Х						0.	0.	0.
(20) ANILU VAZQUEZ-UBARRI	1.00									
TRUSTEE	10.00	Х						0.	0.	0.
(21) NICHOLAS R. TURNER	40.00							225 245		
PRESIDENT AND DIRECTOR				Х				396,246.	0.	56,916.
(22) GENIA WRIGHT	40.00									
CHEIF OPERATING & FINANCE				Х				202,711.	0.	18,742.
(23) ADAIR IACONO	40.00								_	
GENERAL COUSEL & SECRETARY				Х				149,422.	0.	16,065.
(24) KEVIN KEENAN	40.00									
VICE PRESIDENT OF INNOVATION & NEW I						Х		228,576.	0.	36,862.
(25) MARY C. CROWLEY	40.00									
VP OF COMMUNICATION. / PUB						Х		207,583.	0.	11,724.
(26) JAMES PARSONS	40.00								_	
VICE PRESIDENT / RESEARCH						Х		197,489.	0.	33,229.
1b Subtotal							ightharpoons	1,382,027.	0.	173,538.
c Total from continuation sheets to Part VI								357,627.	0.	45,484.
d Total (add lines 1b and 1c)							<u> </u>	1,739,654.	0.	219,022.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived 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

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

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 \$100,000 of compensation from the organization ► 20	l above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2019)

Form 990_ VERA INST	TTUTE C)F	JU	ST	'IC	Έ,	<u>I</u>	NC.	13-194	1627
Part VII Section A. Officers, Directors, True	stees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all t	that	app	ly)	compensation	compensation	amount of
	per week					a a		from the	from related organizations	other
	(list any	tor				ploye		organization	(W-2/1099-MISC)	compensation from the
	hours for	direc				ma pa		(W-2/1099-MISC)	(** 27 1000 141100)	organization
	related	tee or	ıstee			ensate				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	ividua	titutio	Officer	emp,	hesto	Former			
	line)	pul	Sul	JJ0	Ke	Hig	For			
(27) JORDAN KESSLER	40.00								_	
/ICE PRESIDENT, DEVELOPMENT	40.00					Х		183,514.	0.	28,271
(28) NANCY A. SMITH	40.00							174 112	0	15 010
CENTER DIRECTOR						Х		174,113.	0.	17,213
-										
ŀ										
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		ŀ								
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		•	•		•	•				
otal to Part VII, Section A, line 1c								357,627.		45,484

		Check if Schedule O contains a response or	r note to any lin	e in this Part VIII			
		•	j	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
S S	1:	a Federated campaigns1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
ည် ရ	,	c Fundraising events 1c	1,660,153.				
ffs,		d Related organizations 1d	_,,				
igi.			36,930,350.				
Sin	,	f All other contributions, gifts, grants, and	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
uti Je	'		35,700,365.				
ë₽	_		33,700,303.				
o d	,	Noncash contributions included in lines 1a-1f Take Actal Viscos 1a 16		174,290,868.			
<u>O</u> 8	r	h Total. Add lines 1a-1f	Business Code	174,230,000.			
•	_	<u>†</u>	Business Code				
Program Service Revenue	2 8						
erv	k	·					
n S	•	C					
ran Sev	(d					
rog	•	e					
ď		f All other program service revenue					
	9	g Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes	t, and				
		other similar amounts)	>	1,159,819.			1,159,819.
	4	Income from investment of tax-exempt bond pro	oceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	a Gross rents6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 2,963,084.					
	k	b Less: cost or other basis					
ē		and sales expenses 7b 650,283.					
enr		c Gain or (loss) 7c 2,312,801.					
her Revenue		d Net gain or (loss)		2,312,801.			2,312,801.
erF		a Gross income from fundraising events (not		, ,			, ,
Î		including \$ 1,660,153. of					
		contributions reported on line 1c). See					
		Part IV, line 18	0.				
	,	b Less: direct expenses 8b	30,000.				
		c Net income or (loss) from fundraising events		-30,000.			-30,000.
		a Gross income from gaming activities. See					,
	9 6	Part IV, line 199a					
		ایما					
		Net income or (loss) from gaming activities					
	10 8	a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold10b					
		c Net income or (loss) from sales of inventory	Business Or d				
<u>s</u>			Business Code	06.540	06 540		
eor Te	11 a		517000	86,540.	86,540.		
lan	k	b PUBLICATION SALES	900099	35,582.	35,582.		
Miscellaneous Revenue	•	MISCELLANEOUS	900099	9,501.	9,501.		
Mis	•	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.

	Clarement of Functional Expens				
Secti	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A).	
	Check if Schedule O contains a respon			(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	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.	15,108. 94,227.
10	Payroll taxes	1,714,941.	1,270,116.	409,808.	35,017.
11	Fees for services (nonemployees):				,
	Management				
b					
	Legal Accounting	151,739.		151,739.	
_		131,733.		131,733.	
d	Lobbying Professional fundraising services. See Part IV, line 17	70,000.			70,000.
	Investment management fees	196,835.		196,835.	70,000
f		150,055.		170,033.	
g	,	8,250,026.	8,070,939.	46,909.	132,178.
40	column (A) amount, list line 11g expenses on Sch O.)	0,230,020.	0,070,939.	40,909.	132,170.
12	Advertising and promotion	916,528.	313,604.	550,595.	52,329.
13	Office expenses	129,735.	313,004.	129,735.	32,329.
14	Information technology	149,733.		129,733.	
15	Royalties	1 404 256	620 206	046 050	
16	Occupancy	1,484,356. 3,209,247.	638,306.	846,050. 505,570.	239,424.
17	Travel	3,209,247.	2,404,233.	303,370.	439,444.
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	712 772		712 772	
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.)				
9	SUBCONTRACTORS	106.216.836	106,216,836.		
h	MISCELLANEOUS EXPENSE	528,880.		95,117.	43,867.
ט	EQUIPMENT REPAIRS & REN	361,174.		298,570.	10,0076
d		501,1,4.	02,004.	250,5,00	
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	156 589 560	145,142,832.	10,083,021.	1,363,716.
<u>25</u>	Joint costs. Complete this line only if the organization	±30,303,303•	143,144,034.	10,003,021.	±,303,1±0•
26					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	l			Form 990 (2010)

Form **990** (2019)

Pai	rt X	Balance Sneet				
		Check if Schedule O contains a response or note to a	ny line in this Part X			
				(A) Beginning of year		(B) End of year
	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				
		trustee, key employee, creator or founder, substantial	contributor, or 35%			
		controlled entity or family member of any of these per	sons		5	
	6	Loans and other receivables from other disqualified pe	ersons (as defined			
		under section 4958(f)(1)), and persons described in se	ction 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
ğ	9			79,608.	9	64,395
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a				
	b	Less: accumulated depreciation 10b	2,716,253.	1,834,380.	10c	5,442,071 43,348,092
	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		136,341,948.	16	170,625,693
	17	Accounts payable and accrued expenses	22,264,795.	17	29,223,266	
	18	Grants payable		00.000	18	10 000
	19	Deferred revenue		20,000.	19	10,000
	20	Tax-exempt bond liabilities		25 000 000	20	25 700 000
	21	Escrow or custodial account liability. Complete Part IV	***************************************	35,000,000.	21	35,700,000
es	22	Loans and other payables to any current or former off				
Ħ		trustee, key employee, creator or founder, substantial				
Liabilities		controlled entity or family member of any of these per			22	2 000 000
_	23	Secured mortgages and notes payable to unrelated th	-		23	2,000,000 5,493,100
	24	Unsecured notes and loans payable to unrelated third			24	3,493,100
	25	Other liabilities (including federal income tax, payables				
		parties, and other liabilities not included on lines 17-24	i). Complete Part X	805,969.	25	911,781.
	06			58,090,764.		73,338,147.
	26	Total liabilities. Add lines 17 through 25		30,030,704.	20	73,330,147
S		and complete lines 27, 28, 32, and 33.	16 21			
ü	27			48,560,245.	27	61,431,335.
sala	28	Net assets with donor restrictions		29,690,939.	28	35,856,211.
P E	20	Organizations that do not follow FASB ASC 958, ch		23 / 63 6 / 3 63 6	20	33,033,222
Ψ		and complete lines 29 through 33.	icok nore			
ō	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building, or equipme			30	
Ass	31	Retained earnings, endowment, accumulated income,			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		78,251,184.	32	97,287,546.
2	33	Total liabilities and net assets/fund balances		136,341,948.	33	170,625,693.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>			
1 2 3 4 5	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments	1 2 3 4 5	177 156 21 78	,86 ,58 ,27 ,25	9,5 5,5 1,1	69. 42. 84.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				0.
9 10	Other changes in net assets or fund balances (explain on Schedule O)	9				<u> </u>
Ю	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	97	, 28	7.5	46.
Pa	rt XII Financial Statements and Reporting	10		<u>, </u>	. , .	
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule) .				7.7
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				Х	
b	Were the organization's financial statements audited by an independent accountant?			2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,				
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	, , , , , , , , , , , , , , , , , , , ,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
0 -	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Act and OMB Circular A-133?		t	3a	х	
h	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required.	مط عبيطة	+	Ja	- 22	
J	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	cu auui		3b	х	
						(2019)

932012 01-20-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **Employer identification number** VERA INSTITUTE OF JUSTICE 13-1941627 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2019 VERA INSTITUTE OF JUSTICE, INC. 13-1941 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support		·	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	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 organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	68574966.	<u> 108258955</u>	136843755	136204400	<u> 174290868</u>	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)						
	Public support. Subtract line 5 from line 4.						624172944
	tion B. Total Support	1				<u> </u>	_
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
		68574966.	108258955	136843755	136204400	174290868	6241/2944
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	100 145	155 006	260 542	1000106	1150010	0060600
	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	674 506	626 406	E42 016	400 F07	121 622	0475050
	assets (Explain in Part VI.)	0/4,390.	030,490.	543,816.	400,327.		629511611
	Total support. Add lines 7 through 10	-1- / :					029311011
	Gross receipts from related activities,			J. 6		12	
13	First five years. If the Form 990 is for	_			-		▶□
Sec	organization, check this box and stop etion C. Computation of Publi		centage				
	Public support percentage for 2019 (I		_	olumn (f))		14	99.15 %
	Public support percentage from 2018					15	99.05 %
	33 1/3% support test - 2019. If the 6						
b	stop here. The organization qualifies as a publicly supported organization ▶ X 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						
_		-					
17a	and stop here. The organization qualifies as a publicly supported organization a 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"				· · · · · · · · · · · · · · · · · · ·	~	
b	10% -facts-and-circumstances test						
	more, and if the organization meets the	ū				•	
	organization meets the "facts-and-circ				-		▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	· >

Schedule A (Form 990 or 990-EZ) 2019

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 per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge					+	
6 Total. Add lines 1 through 5					1	
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	_	T -	T -	Τ.	T -	
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						<u> </u>
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.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a section	n 501(c)(3) organiz	zation,
check this box and stop here			······			>
Section C. Computation of Public	c Support Per	centage				
15 Public support percentage for 2019 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	19 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2	2018 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	17 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, chec						▶∐
20 Private foundation If the organization	n did not check a	hoy on line 1/ 10	a or 10h check th	nie hay and sea inc	tructions	▶

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4-		
4a		
4b		
4c		
5a		
- Ou		
5b		
5c		
6		
7		
,		
8		
9a		
Ju		
9b		
9с		
10a		
10b		

Pa	rt IV	Supporting Organizations (continued)			
		,		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		v, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described in (a) above?	11b		
С	A 35%	6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		B. Type I Supporting Organizations			
				Yes	No
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to			
	regula	arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
	descri	ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organ	izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	ne organization operate for the benefit of any supported organization other than the supported			
	organ	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	Now providing such benefit carried out the purposes of the supported organization(s) that operated,			
	super	vised, or controlled the supporting organization.	2		
Sec	tion (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 trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	upported organization(s).	1		
Sec	tion L	D. All Type III Supporting Organizations			
				Yes	No
1		ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	_	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
2	_	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2		nization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in (2), did the organization's supported organizations have a	_		
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	ructions)		
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
	how to	the organization was responsive to those supported organizations, and how the organization determined	_		
		hese activities constituted substantially all of its activities.	2a		
b		ne activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		e organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these	2b		
3		ties but for the organization's involvement. In tof Supported Organizations. Answer (a) and (b) below.	ZIJ		
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u		es of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	nizations	- agr
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion 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	Check here if the current year is the organization's first as a non-functional	Ilv integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	t V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exer			
2	Amou	nts paid to perform activity that directly furthers exemp			
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied 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	Distrib	outions to attentive supported organizations to which th	e organization is responsive		
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2019 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Under	rdistributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
	From				
		of lines 3a through e			
		ed to underdistributions of prior years			
		ed to 2019 distributable amount			
<u>i</u>		over from 2014 not applied (see instructions)			
		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2019 from Section D,			
	line 7:	·			
		ed to underdistributions of prior years ed to 2019 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
		ining underdistributions for years prior to 2019, if			
J	_	Subtract lines 3g and 4a from line 2. For result greater			
	-	rero, explain in Part VI. See instructions.			
6		ining underdistributions for 2019. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in				
	Part \				
7		ss distributions carryover to 2020. Add lines 3			
	and 4	•			
8		down of line 7:			
а	Exces	s from 2015			
b	Exces	s from 2016			
С	Exces	s from 2017			
d	Exces	s from 2018			
е	Exces	s from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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. 309,027. 2018 AMOUNT: \$ 2019 AMOUNT: \$ 131,623. FUNDRAISING EVENTS 93,500. 2015 AMOUNT: \$ 2016 AMOUNT: \$ 54,714. 2017 AMOUNT: \$ 184,816. 179,500. 2018 AMOUNT: \$

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

Part VI

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

	VERA INSTITUTE OF JUSTICE, INC.	13-1941627				
Organization type (chec	:k one):					
Filers of:	Section:					
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	on				
	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					
	on is covered by the General Rule or a Special Rule . 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Sp	pecial Rule. See instructions.				
For an organiza	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution any one contributor. Complete Parts I and II. See instructions for determining a cor					
Special Rules						
sections 509(a) any one contrib	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line outor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of EZ, line 1. Complete Parts I and II.	13, 16a, or 16b, and that received from				
year, total conti	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 \bigset*						
but it must answer "No"	n that isn't covered by the General Rule and/or the Special Rules doesn't file Scher on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ of the the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

VERA INSTITUTE OF JUSTICE, INC.

13-1941627

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 95,546,834.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>33,189,526</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 7,000,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 4,390,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_		\$ <u>4,351,414.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

VERA INSTITUTE OF JUSTICE, INC.

13-1941627

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u></u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Name of organization **Employer identification number** VERA INSTITUTE OF JUSTICE, INC. 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

) (see separate instructions), then Section 501(c)(4), (5), or (6) organizat	tions: Complete Part III			
	ne of organization	dons. Complete Fait III.		Em	oloyer identification number
	VERA IN	STITUTE OF JUSTIC	E, INC.		13-1941627
Pa	rt I-A Complete if the org	janization is exempt under	section 501(c) or	r is a section 527 o	rganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures	. •	>	\$
Pa	rt I-B Complete if the org	anization is exempt under	section 501(c)(3)) <u>.</u>	
1	Enter the amount of any excise tax	incurred by the organization under	section 4955	>	\$
	Enter the amount of any excise tax				
3	If the organization incurred a section	n 4955 tax, did it file Form 4720 fo	r this year?		Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the org	anization is exempt under	section 501(c), e	xcept section 501(c)(3).
3	Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and en made payments. For each organiza contributions received that were propolitical action committee (PAC). If	. Add lines 1 and 2. Enter here and	of all section 527 politrom the filing organizars	ical organizations to whice tion's funds. Also enter the ization, such as a separate	Yes No the the filing organization he amount of political
	(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

LHA

932041 11-26-19

	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									

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019 VERA INSTITUTE OF JUSTICE, INC. 13-19416 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)).

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 Railies, 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 "ves," 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? 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization make only in-house lobbying and political campaign activity expenditures from the prior year? 2 Did the organization make only in-house lobbying and political campaign activity expenditures from the prior year? 3 Dues, assessments and similar amounts from members c Domplete 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 2 Does answered "Yes." 1 Dues, assessments and similar amounts from members 2 Does answered "Yes." 2 Does assessments and similar amounts from members or the prior year? 3 Doe	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 the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Ves Till-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Part III-A 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 2 2 2 2 2 2 2 2 2	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(i	0)
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	and a second sec	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded section agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	n 501(c)(5), 'No" OR (b	2a 2b 2c 3	II-A, line	3, is
	and a second sec	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceededs the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polymental expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	n 501(c)(5), 'No" OR (b	2a 2b 2c 3	II-A, line	3, is
		Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceededs the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polymental expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	n 501(c)(5), 'No" OR (b	2a 2b 2c 3	II-A, line	3, is
	and the state of the part of any additional information.	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceededs the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polymental expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	n 501(c)(5), 'No" OR (b	2a 2b 2c 3	II-A, line	3, is

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 Open to Public Inspection

Name of the organization

VERA INSTITUTE OF JUSTICE, INC. **Employer identification number** 13-1941627

Part	Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		(b) Foreste and all
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisors in v	_	
	are the organization's property, subject to the organization's		
	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Part	impermissible private benefit?		
	Purpose(s) of conservation easements held by the organization		raitiv, line 7.
'	Purpose(s) of conservation easements field by the organization of land for public use (for example, recreation of land for public use (for example, recreation).	`	f a historically important land area
	Protection of natural habitat	· —	f a certified historic structure
	Preservation of open space	Freservation of	i a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.	ned conservation contribution in the form	Held at the End of the Tax Year
			_
	-		
	Number of conservation easements on a certified historic stru	ucture included in (a)	
	Number of conservation easements included in (c) acquired a		
	listed in the National Register	•	
	Number of conservation easements modified, transferred, rele		
	year ►	sassa, examgaismea, er terminatea by the	organization daming the tax
	Number of states where property subject to conservation eas	sement is located	
	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it	· · · · ·	Yes No
	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		.
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
	▶\$		•
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170((h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.		
Part			her 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 95	8, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and I	palance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance 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		L A
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financia	l gain, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
	4		A

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

Schedule D (Form 990) 2019

		STITUTE OF						11627	
Par	t III Organizations Maintaining Co	ollections of Art	<u>, Historical Tre</u>	asures, or	Other S	imilar	Assets	(continu	ed)
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that	make signi	ificant u	se of its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or excl	hange progra	m				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organizatio	n's exempt	purpos	e in Part)	KIII.	
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 ma							Yes	☐ No
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organization	n answered "	Yes" on Fo	rm 990,	Part IV, li	ne 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contributions	s or other ass	ets not incl	uded		_	
	on Form 990, Part X?						L	Yes	X No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:						
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21, for escrow or cu	ıstodial accou	unt liability?		X	Yes	No
	If "Yes," explain the arrangement in Part XIII.								X
Par	t V Endowment Funds. Complete if	f the organization ans	swered "Yes" on Fo	rm 990, Part	IV, line 10.				
		(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Four y	
1a	Beginning of year balance	27,678,719.	9,675,609.	5,888	,048.	4,89	97,392.	5,1	12,221.
b	Contributions	5,633,000.	16,100,174.	3,334	,000.	50	00,000.		
С	Net investment earnings, gains, and losses	562,700.	1,988,849.	505	,130.	54	10,806.	-1	64,679.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	123,859.	85,913.		,569.		50,150.		50,150.
g	End of year balance	33,750,560.	27,678,719.	9,675	,609.	5,88	38,048.	4,8	97,392.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	96.30	_%						
b	Permanent endowment ► 3.70	%							
С	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c should	uld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organizat	tion that are held an	nd administere	ed for the c	rganiza [.]	tion	_	
	by:							Y	es No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organizate	tions listed as require	ed on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the		vment funds.						
Par	t VI Land, Buildings, and Equipme	ent.							
	Complete if the organization answered	d "Yes" on Form 990,			Part X, line	e 10.			
	Description of property	(a) Cost or ot		or other	(c) Accı	umulate	d	(d) Book	value
		basis (investm	ent) basis	(other)	depre	ciation			
1a	Land								
b	Buildings								
С	Leasehold improvements		6,51	2,885.	1,68			4,825	
d	Equipment			2,221.		0,13		222	,086.
е	Other		64	3,218.	24	8,47	6.	394	,742.

Schedule D (Form 990) 2019

5,442,071.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

	UTE OF JUSTIC	E, INC. 13	3-1941627 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d of year market value
	(b) book value	(c) Method of Valuation. Cost of en	u-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) (B)			
(C)		<u> </u>	
(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 en	d-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 GUARDIAL	NSHIP 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 Part X Other Liabilities.	? 15.)	>	36,548,187
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	5
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED RENT			911,781
(3)			
(4)			
(5)			

(1) Federal income taxes
(2) DEFERRED RENT
(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 ... X

Schedule D (Form 990) 2019

Sche	dule D (Form 990) 2019 VERA INSTITUTE OF JUSTICE	, INC.		13-	1941627	Page •
	t XI Reconciliation of Revenue per Audited Financial Statem	ents Wit				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.				
1	Total revenue, gains, and other support per audited financial statements			1	175,459	<u>,096.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments		-2,239,180.	_		
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	30,000.			
е	Add lines 2a through 2d			2e	-2,209	
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:	1 1	106 005			
а	Investment expenses not included on Form 990, Part VIII, line 7b		196,835.			
b	Other (Describe in Part XIII.)	4b			100	005
С	Add lines 4a and 4b			4c	196	<u>,835.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	nonto Wi	th Evnances new F		177,865	, 111.
Pa	T XII Reconciliation of Expenses per Audited Financial Staten		ın Expenses per F	tetur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			Γ.	156 422	721
1	Total expenses and losses per audited financial statements			1	156,422	,/34
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ء ا				
a	Donated services and use of facilities					
b	Prior year adjustments					
C	Other losses		30,000.	-		
d	Other (Describe in Part XIII.)			0-	3.0	,000.
e	Add lines 2a through 2d			2e 3	156,392	73/
3	Subtract line 2e from line 1			3	130,392	, / 54 .
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a	196,835.			
a	Investment expenses not included on Form 990, Part VIII, line 7b	····	170,033.			
b	Other (Describe in Part XIII.) Add lines 4a and 4b			4c	196	,835
					156,589	569
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information.			<u> </u>	120,303	, 505
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV lines 1	Ih and 2h: Part V line 4	· Part	X line 2: Part	ΧI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac			, , , ,	7, III 2, 1 are	Α,
PAI	RT IV, LINE 2B:					
THE	ROUGH THE GUARDIANSHIP PROJECT, THE INSTIT	TUTE A	CTS AS THE C	OUR	Т	
API	POINTED GUARDIAN FOR DESIGNATED INDIVIDUAL	S. A	S THE GUARDI	AN,	THE	
INS	STITUTE IS REQUIRED TO ADMINISTER THE INDI	VIDUA	LS' ASSETS.	TH	ESE	
AMO	OUNTS ARE NOT INCLUDED IN THE FINANCIAL ST	TATEME	NTS. HOWEVE	R,	THEY AR	E
INC	CLUDED ON FORM 990, PART X, LINES 15 AND 2	21.				
	NM 17 T T3TD 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:

SCHEDULE G

Department of the Treasury Internal Revenue Service

Part I

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

► 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

a X Mail solicitations

X Internet and email solicitations

VERA INSTITUTE OF JUSTICE, INC.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

Employer identification number

13-1941627

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

e X Solicitation of non-government grants

f X Solicitation of government grants

d X In-person solicitations	g 🔼 Spec	cial fundra	ising	events		
 2 a Did the organization have a written key employees listed in Form 990, b If "Yes," list the 10 highest paid ind compensated at least \$5,000 by th 	Part VII) or entity in connection with lividuals or entities (fundraisers) pur	n professi	onal fu	undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
CATHY MCNAMARA, INC. (CMI) -		Yes	No			
325 SIXTH AVE, FLOOR 27, NEW	FUNDRAISING SERVICES		X	1,979,236.	70,000.	1,909,236.
otal			•	1,979,236.	70,000.	1,909,236.
3 List all states in which the organizati or licensing.			utions	•	-	
1Y						

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

Schedule G (Form 990 or 990-EZ) 2019

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and groups are fundraising event.						
			(a) Event #1 VIRTUAL GALA	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through		
4)			(event type)	(event type)	(total number)	- col. (c))		
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)						
	4	Cash prizes						
	5	Noncash prizes						
Direct Expenses	6	Rent/facility costs						
ect E	7	Food and beverages						
Dir	8	Entertainment Other direct expenses	30,000.			30,000.		
	10	Direct expense summary. Add lines 4 through	ב 9 in column (d)		•	30,000.		
_		Net income summary. Subtract line 10 from li	ine 3, column (d)		>	-30,000.		
Pa	rt I	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or	reported more than			
		\$15,000 on Form 990-EZ, line oa.		(b) Pull tabs/instant		(d) Total gaming (add		
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)		
Reve								
_	1	Gross revenue	_					
ses	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses						
			Yes %	Yes %	Yes %			
	6	Volunteer labor	L No	No	No 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	Ent	ter the state(s) in which the organization condu	ucts gaming activities:					
		he organization licensed to conduct gaming ac	ctivities in each of these s	states?		Yes No		
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No		
	_							
	_							

Schedule G (Form 990 or 990-EZ) 2019

932082 09-11-19

Sch	edule G (Form 990 or 990-EZ) 2019 VERA INSTITUTE OF JUSTICE, INC. 13-1	1941627	7 Page 3
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:		
	The organization's facility	13a	%
	An outside facility	13b	%
	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	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party \$		
c	e If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
10	daming managor mormation.		
	Name ▶		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	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 > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		, ,
	· · · · · · · · · · · · · · · · · · ·		
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	3:	
<u>(I</u>) NAME OF FUNDRAISER: CATHY MCNAMARA, INC. (CMI)		
<u>(I</u>) ADDRESS OF FUNDRAISER: 1325 SIXTH AVE, FLOOR 27, NEW YORK, NY	<u> 1001</u>	. 9

Schedule G (Form 990 or 990 EZ) VERA INSTITUTE OF JUSTICE, INC. 13-1941627 Page 4 Part W Supplemental Information goodenued)	Schedule G	(Form 990 or 990-EZ)	VERA INSTITU	TE OF	JUSTICE,	INC.	13-1941627	Page 4
	Part IV	Supplemental Info	rmation (continued)					
	-							
	-							

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2019)

VERA INST	ITUTE OF	JUSTICE, IN	C.				13-1941627
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	
criteria used to award the grants or assis	tance?						No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to I	_				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$			1		(f) Mathad of	Г	
(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							NATIONAL RESOURCE CENTER
PO BOX 48623 DORAVILLE, GA 30362	83-0378198	501(C)(3)	315,785.	0.			ON REACHING UNDERSERVED VICTIMS
NATIONAL LATING 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) ar	nd government org	ganizations listed in the	e line 1 table				▶ 67.
3 Enter total number of other organizations	listed in the line	I table					

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

(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							NATIONAL RESOURCE CERNTER
922 N 3RD STREET							ON REACHING UNDERSERVED
HARRISBURG, PA 17102	26-4391187	501(C)(3)	58,484.	0.			VICTIMS
DEAFHOPE							NATIONAL RESOURCE CERNTER
470 27TH STREET							ON REACHING UNDERSERVED
OAKLAND, CA 94612	20-0015196	501(C)(3)	101,542.	0.			VICTIMS
ALMA CENTER							NATIONAL RESOURCE CERNTER
2821 N VEL R PHILLIPS AVE							ON REACHING UNDERSERVED
MILWAUKEE, WI 53212	36-4530524	501(C)(3)	16,727.	0.			VICTIMS
IGNITE							NATIONAL RESOURCE CERNTER
PO BOX 20023							ON REACHING UNDERSERVED
ROCHESTER, NY 14602	22-3627749	501(C)(3)	29,221.	0.			VICTIMS
GIRLS FOR GENDER FOLLOW ING							NAMIONAL DEGOLDER GERNMER
GIRLS FOR GENDER EQUITY, INC. 25 CHAPEL ST							NATIONAL RESOURCE CERNTER ON REACHING UNDERSERVED
BROOKLYN, NY 11201	04-3697166	501(C)(3)	36,088.	0.			VICTIMS
IMPACT							NATIONAL RESOURCE CERNTER
420 PEARL ST MALDEN, MA 02148	04-2486905	501(C)(3)	7,466.	0.			ON REACHING UNDERSERVED VICTIMS
			,				
INNOVATIONS HUMAN TRAFFICKING							NATIONAL RESOURCE CERNTER
COLLABORATIVE - 4999 LIBBY ROAD NE							ON REACHING UNDERSERVED
- OLYMPIA, WA 98506	81-4680515	501(C)(3)	30,235.	0.			VICTIMS
INTERNATIONAL ASSOCIATION FOR							NATIONAL RESOURCE CERNTER
INDIGENOUS AGING - 11101 GEORGIA							ON REACHING UNDERSERVED
AVE - SILVER SPRING, MD 20902	52-1704037	501(C)(3)	23,564.	0.			VICTIMS
MONARCH SERVICES							NATIONAL RESOURCE CERNTER
1509 SEABRIGHT AVE							ON REACHING UNDERSERVED
SANTA CRUZ, CA 95062	94-2462783	501(C)(3)	34,484.	0.			VICTIMS

(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 CERNTE 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 CERNTE: ON REACHING UNDERSERVED VICTIMS
NATIONAL SHERIFFS' ASSOCIATION 1450 DUKE STREET ALEXANDRIA, VA 22314	53-0116293	501(C)(3)	22,889.	0.			NATIONAL RESOURCE CERNTE 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 CERNTEI 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 CERNTER 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 CERNTEI ON REACHING UNDERSERVED VICTIMS
PROYECTO MARIA 31 CALLE JIMENEZ SICARDO PUERTO RICO 00725	66-0664157	501(C)(3)	34,717.	0.			NATIONAL RESOURCE CERNTER ON REACHING UNDERSERVED VICTIMS
THE ARC 1825 K STREET NW WASHINGTON, DC 20006	13-5642032	501(C)(3)	123,872.	0.			NATIONAL RESOURCE CERNTER ON REACHING UNDERSERVED VICTIMS
THE LOVE MORE MOVEMENT 5536 TUXEDO RD HYATTSVILLE, MD 20781	82-0871966	501(C)(3)	16,604.	0.			NATIONAL RESOURCE CERNTER ON REACHING UNDERSERVED VICTIMS

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	rt 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							NATIONAL RESOURCE CERNTER
1737 WEST POLK ST							ON REACHING UNDERSERVED
CHICAGO, IL 60612	37-6000511	501(C)(3)	5,533.	0.			VICTIMS UNDERSERVED
·							
UNIVERSITY OF NORTH CAROLINA AT							NATIONAL RESOURCE CERNTER
CHAPEL HILL - CHAPEL HILL - CHAPEL							ON REACHING UNDERSERVED
HILL, NC 27514	56-6001393	501(C)(3)	52,572.	0.			VICTIMS
ALLIANCE FOR A JUST SOCIETY							IN OUR BACKYARDS (SEE
3518 SOUTH EDUMBS STREET	04 4605554	504 (5) (0)	10.000				SCHEDULE I, PART IV FOR
SEATTLE, WA 98118	91-1635554	501(C)(3)	10,000.	0.			PURPOSE OF GRANT)
AMERICAN CIVIL LIBERTIES UNION OF							IN OUR BACKYARDS (SEE
TENNESSEE - PO BOX 120160 -							SCHEDULE I, PART IV FOR
NASHVILLE, TN 37212	62-0988329	501(C)(3)	15,000.	0.			PURPOSE OF GRANT)
,							NATIONAL TTA CENTER FOR
AMERICAN COLLEGE OF EMERGENCY							IMPROVING POLICE
PHYSICIANS - 4950 W. ROYAL LANE -							RESPONSES TO MHD/IDD
IRVING, TX 75063-2524	38-1888798	501(C)(3)	9,659.	0.			(SERVING SAFELY)
CENTER ON BUDGET AND POLICY							MISSING PUZZLE PIECE
PRIORITIES - 1275 FIRST STREET NE,							PROJECT - RESEARCH ON
SUITE 1200 - WASHINGTON, DC 20002	52-1234565	501(C)(3)	90,000.	0.			FINES AND FEES
COLUMBIA UNIVERSITY							DEVELOPMENT OF FIRST
SPONSORED PROJECTS FINANCE P.O.							EPISODE PSYCHOSIS EARLY
BOX 29789-GENERAL POST OFFICE -							DETECTION PROGRAM IN NYC
NEW YORK, N	13-5598093	501(C)(3)	20,112.	0.			JAIL SYSTEM
							TECHNICAL ASSISTANCE IN
COMMUNITY CATALYST							THE ESTABLISHMENT OF A
ONE FEDERAL STREET, 5TH FL							PER-ARREST DIVERSION
BOSTON, MA 02110	04-3355127	501(C)(3)	22,016.	0.			PROJECT IN NEW ORLEANS
DEAF UNITY INC.							NATIONAL RESOURCE CENTER
555 D'ONOFRIO DRIVE, SUITE 25							ON REACHING UNDERSERVED
MADISON, WI 53719	26-3630314	501(C)(3)	31,887.	0.			VICTIMS

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)				

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Scho	edule I (Form 990), Pa	rt II.)	Tago
(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)

Part II Continuation of Grants and Other	Assistance to Gov	ernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	ırt II.)	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 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 L (Form 990

Part II Continuation of Grants and Other A	Assistance to Gov	ernments and Organ	izations in the Un	ited States (Scho	edule I (Form 990), Pa	rt II.)	T
(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)

(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 red	uquired in Part I, lin	ı ıe 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
THE FILING ORGANIZATION MAINTAINS	THE BOOK	AND RECORI	OS FOR EACH	GRANTEE,	
SEPARATED BY GRANT AND CONTRACT. T	HE EXPENS	SES ARE EXA	AMINED BEFO	RE	
DISBURSEMENT FOR COMPLIANCE AND CO.	MPLETENES	SS.			
SCHEDULE I, PART II(H)					
IN OUR BACKYARDS (PROJECT, WHICH A	IMS TO PR	ROTECT AND	FURTHER NA	TIONAL	
GAINS MADE TOWARD UNWINDING MASS I					
DEEPENING PROBLEMS IN OVERLOOKED C					
	<u> </u>				0-1

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

VERA INSTITUTE OF JUSTICE, INC.

 $Employer\ identification\ number \\ 13-1941627$

Pa	art I Questions Regarding Compensation			
			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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.			
	X Compensation committee			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			l
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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Out to a 11 or 504(-)(0) 504(-)(4) and 504(-)(00) are related to a second at 11 or 504			
_	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:	Eo.		Х
	The organization?	5a 5b		X
b	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	30		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ü	contingent on the net earnings of:			l
а	The organization?	6a		х
	Any related organization?	6b		X
~	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		Х
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		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	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.

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

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

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

FORM 990, PART 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, AND THOSE HARMED BY CRIME AND VIOLENCE. MARGINALIZED, 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

932211 09-06-19

COLLABORATIVELY WITH LOCAL GOVERNMENTS AND COMMUNITIES

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

TO STUDY JAIL

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

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

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

Name of the organization

VERA INSTITUTE OF JUSTICE, INC.

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 (5,512,885.				6,512,885.1	,267,371.		420,271.	L,687,642.
	* 990 PAGE 10 TOTAL OTHER					6	5,512,885.				6,512,885.1	,267,371.		420,271.	L,687,642.
	* GRAND TOTAL 990 PAGE 10 DEPR					8	3,158,324.				8,158,324.2	,002,481.		713,772.	2,716,253.

928111 04-01-19

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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 07/01/2019 and Ending (mm/dd/yyyy) 06/30/2020For Fiscal Year Beginning (mm/dd/yyyy) Name of Organization: Employer Identification Number (EIN): Check if Applicable: VERA INSTITUTE OF JUSTICE, INC. 13-1941627 Address Change NY Registration Number: Mailing Address: Name Change 34 35TH STREET, NO. 4-2A00 - 35 - 79Initial Filing Telephone: Final Filing City / State / ZIP: BROOKLYN, NY 11232 212 334-1300 Amended Filing Reg ID Pending Email: Website: WWW.VERA.ORG CONTACTVERA@VERA.OR Check your organization's Confirm your Registration Category in the EPTL only X DUAL (7A & EPTL) EXEMPT* registration category: ____ 7A only 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 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. NICHOLAS TURNER President or Authorized Officer: PRESIDENT & DIRECTOR Signature Print Name and Title Date GREGORY KLEMM COO/CFO Chief Financial Officer or Treasurer: Print Name and Title Date Signature 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 X Yes for a checklist of ☐ 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. schedules and attachments to No 4b. Did the organization receive government grants? If yes, complete Schedule 4b. complete your filing. 5. Fee

CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)

25.

7A filing fee:

EPTL filing fee:

1,500.

The Exempt Gategory releas to all organizations who registration status. It does not refer to its mo tax designation.

Make a single check or money order

payable to:

"Department of Law"

are submitting here:

See the checklist on the

next page to calculate your

fee(s). Indicate fee(s) you

Total fee:

\$ 1,525.

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

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: X If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers	s (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
X If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	
Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Codisclosure and will not be available for public review. Our organization was eligible for and filed an IRS 990-N e-postcard. Our reven	
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 Review Report if you received total revenue and support greater than \$250,00 X 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 We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	00 and up to \$750,000. Doort is less than \$250,000
Calculate Your Fee	
For 7A and DUAL filers, calculate the 7A fee: \$0, if you checked the 7A exemption in Part 3a	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:
X \$25, if you did not check the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee: \$0, if you checked the EPTL exemption in Part 3b	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
\$25, if the NET WORTH is less than \$50,000	DUAL filers are registered under both 7A and EPTL.
\$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 \$\overline{X}\$\$ \$1500, if the NET WORTH is \$50,000,000 or more	EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u> . 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 .
Send Your Filing Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:
NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005	 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)).

Need Assistance?

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

968461 01-08-20 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)

2019

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

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	00-35-79						
2. Professional Fund Raiser, Fund Raising Counsel, Commercial Co-Venturer Information							
Fund Raising Professional type: N	lame of FRP:	NY Registration Number:					
X Professional Fund Raiser	CATHY MCNAMARA, INC. (CMI)	32-68-01					
	Mailing Address:	Telephone:					
Fund Raising Counsel	1325 SIXTH AVE, FLOOR 27						
Commercial Co-Venturer	Sity / State / ZIP:						
	NEW YORK, NY 10019						
3. Contract Information							
Contract Start Date: 10/01/2019	Contract End Date: 05/31/2020						
4. Description of Services							
Services provided by FRP: FUNDRAISING SERVIO	CES FOR VERA'S ANNUAL FUNDRAISING GA	LA.					
5. Description of Compensa	ation						
Compensation arrangement with FF	RP:	Amount Paid to FRP:					
		70,000.					
6. Commercial Co-Venture	r (CCV) Report						
l e	ere provided by a CCV, did the CCV provide the charitable organization Section 173(a) part 3 of the Executive Law Article 7A?	with the interim or closing report(s)					

968471 01-08-20

1019 CHAR500 Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers (Updated January 2020)

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

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	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.
14NYS DIVISION OF CRIMINAL JUSTICE SERVICES	14. 138,208.
15.CITY OF NEW ORLEANS	15. 96,318.
Total Government Grants:	Total:

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

2. Government Grants

Name of Government Agency	Amo	ount 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.