VERA INSTITUTE OF JUSTICE, INC.

13-1941627

Brooklyn, NY 11232

NICHOLAS TURNER, PRESIDENT & DIRECTOR

VERA INSTITUTE OF JUSTICE, INC.

BBriefly describe the organization's mission or most significant activities: SEE SCHEDULE O

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 39

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25)

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Part II Signature Block

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

Signature of officer

Date

Paid

Preparer's signature

Date

Preparer

Print/Type preparer's name

Preparer's signature

Preparer's address

Phone no.

Firm's EIN

PTIN

Use Only
Part III | Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

SEE SCHEDULE O:

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ................................................................. Yes ☐ No ☑
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ................................................................. Yes ☐ No ☑
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

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

CENTERS AND PROGRAMS

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

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

CONTINUED ON SCHEDULE O.

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

DEMONSTRATION PROJECT

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

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

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

4d Other program services (Describe on Schedule O.)

(Expenses $ including grants of $ ) (Revenue $ )

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

SEE SCHEDULE O FOR CONTINUATION(S)
# Part IV Checklist of Required Schedules

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>1</td>
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<tr>
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<td>11d</td>
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### Part IV Checklist of Required Schedules (continued)

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### Part V Statements Regarding Other IRS Filings and Tax Compliance

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<th>No</th>
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<tr>
<td>1c</td>
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**Note:** All Form 990 filers are required to complete Schedule O.
### Part V  Statements Regarding Other IRS Filings and Tax Compliance  (continued)

<table>
<thead>
<tr>
<th>Line</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</td>
<td>334</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; has it filed a Form 990-T for this year? If &quot;No&quot; to line 3b, provide an explanation on Schedule O</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>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)?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td>Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5b</td>
<td>If any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5c</td>
<td>If &quot;Yes&quot; to line 5a or 5b, did the organization file Form 8886-T?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6b</td>
<td>If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>Organizations that may receive deductible contributions under section 170(c).</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7b</td>
<td>Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7c</td>
<td>Did the organization notify the donor of the value of the goods or services provided?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7d</td>
<td>If &quot;Yes,&quot; indicate the number of Forms 8282 filed during the year</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7e</td>
<td>Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7f</td>
<td>Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7g</td>
<td>If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7h</td>
<td>If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Sponsoring organizations maintaining donor advised funds.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Section 501(c)(7) organizations. Enter:</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Section 501(c)(12) organizations. Enter:</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>12a</td>
<td>Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>12b</td>
<td>If &quot;Yes,&quot; enter the amount of tax-exempt interest received or accrued during the year</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>13a</td>
<td>Section 501(c)(29) qualified nonprofit health insurance issuers.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>13b</td>
<td>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</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>14a</td>
<td>Did the organization receive any payments for indoor tanning services during the tax year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>14b</td>
<td>If &quot;Yes,&quot; has it filed a Form 720 to report these payments? If &quot;No,&quot; provide an explanation on Schedule O</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Is the organization an educational institution subject to the section 4968 excise tax on net investment income?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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**Form 990 (2019)**

VERA INSTITUTE OF JUSTICE, INC.  
13-1941627  
Page 5
## Part VI Governance, Management, and Disclosure

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

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

### Section A. Governing Body and Management

<table>
<thead>
<tr>
<th>1a</th>
<th>Enter the number of voting members of the governing body at the end of the tax year</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>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.</td>
<td>1a</td>
<td>20</td>
</tr>
<tr>
<td>1b</td>
<td>Enter the number of voting members included on line 1a, above, who are independent</td>
<td>1b</td>
<td>20</td>
</tr>
<tr>
<td>2</td>
<td>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?</td>
<td>2</td>
<td>X</td>
</tr>
<tr>
<td>3</td>
<td>Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?</td>
<td>3</td>
<td>X</td>
</tr>
<tr>
<td>4</td>
<td>Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</td>
<td>4</td>
<td>X</td>
</tr>
<tr>
<td>5</td>
<td>Did the organization become aware during the year of a significant diversion of the organization’s assets?</td>
<td>5</td>
<td>X</td>
</tr>
<tr>
<td>6</td>
<td>Did the organization have members or stockholders?</td>
<td>6</td>
<td>X</td>
</tr>
<tr>
<td>7a</td>
<td>Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?</td>
<td>7a</td>
<td>X</td>
</tr>
<tr>
<td>7b</td>
<td>Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</td>
<td>7b</td>
<td>X</td>
</tr>
<tr>
<td>8</td>
<td>Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</td>
<td>8</td>
<td>X</td>
</tr>
<tr>
<td>a</td>
<td>The governing body?</td>
<td>8a</td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td>Each committee with authority to act on behalf of the governing body?</td>
<td>8b</td>
<td>X</td>
</tr>
<tr>
<td>9</td>
<td>Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization’s mailing address? If &quot;Yes,&quot; provide the names and addresses on Schedule O.</td>
<td>9</td>
<td>X</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>10a</th>
<th>Did the organization have local chapters, branches, or affiliates?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If &quot;Yes,&quot; did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization’s exempt purposes?</td>
<td>10a</td>
<td>X</td>
</tr>
<tr>
<td>11a</td>
<td>Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</td>
<td>11a</td>
<td>X</td>
</tr>
<tr>
<td>12a</td>
<td>Did the organization have a written conflict of interest policy? If &quot;No,&quot; go to line 13</td>
<td>12a</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</td>
<td>12b</td>
<td>X</td>
</tr>
<tr>
<td>13</td>
<td>Did the organization have a written whistleblower policy?</td>
<td>13</td>
<td>X</td>
</tr>
<tr>
<td>14</td>
<td>Did the organization have a written document retention and destruction policy?</td>
<td>14</td>
<td>X</td>
</tr>
<tr>
<td>15</td>
<td>Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?</td>
<td>15</td>
<td>X</td>
</tr>
<tr>
<td>a</td>
<td>The organization’s CEO, Executive Director, or top management official</td>
<td>15a</td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td>Other officers or key employees of the organization</td>
<td>15b</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes&quot; to line 15a or 15b, describe the process in Schedule O (see instructions).</td>
<td>15</td>
<td>X</td>
</tr>
<tr>
<td>16a</td>
<td>Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</td>
<td>16a</td>
<td>X</td>
</tr>
<tr>
<td>16b</td>
<td>If &quot;Yes,&quot; did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization’s exempt status with respect to such arrangements?</td>
<td>16b</td>
<td>X</td>
</tr>
</tbody>
</table>

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed
NY

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

- [ ] Own website
- [ ] Another's website
- [X] Upon request
- [ ] Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization’s books and records
GREG KLEMM - (212) 376-3174
34 35TH STREET, SUITE 4-2A, BROOKLYN, NY 11232
### 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 all of the organization’s five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization’s former officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization’s former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) DAMIEN DWIN</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD CHAIR</td>
<td></td>
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<td>0.</td>
<td>0.</td>
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</tr>
<tr>
<td>(2) EVAN GUILLEMIN</td>
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<td>0.</td>
</tr>
<tr>
<td>TREASURER</td>
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<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(3) ROGER BLISSET</td>
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<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(4) CARON BUTLER</td>
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<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(5) DAWN DOVER</td>
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<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(6) DEBO P. ADEGBILE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(7) JOHN GLEESON</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(8) CLIFF HUDSON</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(9) SANDRA A. LAMB</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(10) JOHN MADSEN</td>
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<td>0.</td>
<td>0.</td>
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</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(11) CATIE MARSHALL</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(12) BARI MATTES</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(13) THEODORE A. MCKEE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(14) TIFFANY MOLLER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(15) KHALIL GIBRAN MUHAMMAD</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(16) DANYA PERRY</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(17) JOHN F. SAVARESE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Name and title</td>
<td>Average hours per week (list any hours for related organizations below line)</td>
<td>Position (do not check more than one box, unless person is both an officer and a director/trustee)</td>
<td>Reportable compensation from the organization (W-2/1099-MISC)</td>
<td>Reportable compensation from related organizations (W-2/1099-MISC)</td>
<td>Estimated amount of other compensation from the organization and related organizations</td>
</tr>
<tr>
<td>----------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------</td>
<td>---------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>(18) FRITZ SCHWARZ TRUSTEE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(19) JUSTIN TUCK TRUSTEE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(20) ANILU VAZQUEZ-UBARRI TRUSTEE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(21) NICHOLAS R. TURNER PRESIDENT AND DIRECTOR</td>
<td>40.00</td>
<td>X</td>
<td>396,246.</td>
<td>0.</td>
<td>56,916.</td>
</tr>
<tr>
<td>(22) GENIA WRIGHT CHEIF OPERATING &amp; FINANCE</td>
<td>40.00</td>
<td>X</td>
<td>202,711.</td>
<td>0.</td>
<td>18,742.</td>
</tr>
<tr>
<td>(23) ADAIR IACONO GENERAL COUNSEL &amp; SECRETARY</td>
<td>40.00</td>
<td>X</td>
<td>149,422.</td>
<td>0.</td>
<td>16,065.</td>
</tr>
<tr>
<td>(24) KEVIN KEENAN VICE PRESIDENT OF INNOVATION &amp; NEW INNOVATIONS</td>
<td>40.00</td>
<td>X</td>
<td>228,576.</td>
<td>0.</td>
<td>36,862.</td>
</tr>
<tr>
<td>(25) MARY C. CROWLEY VP OF COMMUNICATION, PUB RELATIONS</td>
<td>40.00</td>
<td>X</td>
<td>207,583.</td>
<td>0.</td>
<td>11,724.</td>
</tr>
<tr>
<td>(26) JAMES PARSONS VICE PRESIDENT / RESEARCH</td>
<td>40.00</td>
<td>X</td>
<td>197,489.</td>
<td>0.</td>
<td>33,229.</td>
</tr>
</tbody>
</table>

1 Total number of independent contractors that received more than $100,000 of compensation from the organization.

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

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.

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.

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

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

8 2019.05094 VERA INSTITUTE OF JUSTICE 00456101
### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) **Name and title**

(B) **Average hours per week**

(C) **Position**

(D) **Reportable compensation from the organization (W-2/1099-MISC)**

(E) **Reportable compensation from related organizations (W-2/1099-MISC)**

(F) **Estimated amount of other compensation from the organization and related organizations**

<table>
<thead>
<tr>
<th>(27) JORDAN KESSLER</th>
<th>40.00</th>
<th>X</th>
<th>183,514.</th>
<th>0.</th>
<th>28,271.</th>
</tr>
</thead>
<tbody>
<tr>
<td>VICE PRESIDENT, DEVELOPMENT</td>
<td>(28) NANCY A. SMITH</td>
<td>40.00</td>
<td>X</td>
<td>174,113.</td>
<td>0.</td>
</tr>
<tr>
<td>CENTER DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total to Part VII, Section A, line 1c: 357,627. 45,484.
### Part VIII Statement of Revenue

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td>1,660,153.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td>136,930,350.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and</td>
<td>35,700,365.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>similar amounts not included above</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a-1f</td>
<td>174,290,868.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total. Add lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2f All other program service revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Total. Add lines 2a-2f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Revenue</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Investment income (including dividends, interest, and</td>
<td>1,159,819,</td>
<td>1,159,819.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>similar other amounts)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Income from investment of tax-exempt bond proceeds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 a Gross rents</td>
<td>6a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6b Less: rental expenses</td>
<td>6b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6c Rental income or (loss)</td>
<td>6c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6d Net rental income or (loss)</td>
<td>6d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 a Gross amount sales of assets other than inventory</td>
<td>2,963,084.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b Less: cost or other basis</td>
<td>650,283.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c Gain or (loss)</td>
<td>2,312,801.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7d Net gain or (loss)</td>
<td>2,312,801.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11 a TECH ASSISTANCE FEES</td>
<td>517000</td>
<td>86,540.</td>
<td>86,540.</td>
<td></td>
</tr>
<tr>
<td>11 b PUBLICATION SALES</td>
<td>900099</td>
<td>35,582.</td>
<td>35,582.</td>
<td></td>
</tr>
<tr>
<td>11 c MISCELLANEOUS</td>
<td>900099</td>
<td>9,501.</td>
<td>9,501.</td>
<td></td>
</tr>
<tr>
<td>11 d All other revenue</td>
<td>900099</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 e Total. Add lines 11a-11d</td>
<td>131,623.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Total revenue. See instructions                         |                  | 177,865,111.                         | 131,623.                      | 0. 3,442,620.                                 |
### Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

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

---

**Add lines 1 through 24e**

**Total functional expenses**

**Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.**
### Balance Sheet

**A. Assets**

<table>
<thead>
<tr>
<th>Description</th>
<th>Beginning of year</th>
<th>End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Cash - non-interest-bearing</td>
<td>16,087,081.</td>
<td>20,419,022.</td>
</tr>
<tr>
<td>2  Savings and temporary cash investments</td>
<td>9,888,129.</td>
<td>11,880,197.</td>
</tr>
<tr>
<td>3  Pledges and grants receivable, net</td>
<td>39,746,480.</td>
<td>52,923,729.</td>
</tr>
<tr>
<td>4  Accounts receivable, net</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5  Loans and other receivables from any current or former officer, director,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>trustee, key employee, creator or founder, substantial contributor, or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35% controlled entity or family member of any of these persons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6  Loans and other receivables from other disqualified persons (as defined</td>
<td></td>
<td></td>
</tr>
<tr>
<td>under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7  Notes and loans receivable, net</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8  Inventories for sale or use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9  Prepaid expenses and deferred charges</td>
<td>79,608.</td>
<td>64,395.</td>
</tr>
<tr>
<td>10a Land, buildings, and equipment: cost or other basis. Complete Part VI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>of Schedule D</td>
<td>8,158,324.</td>
<td></td>
</tr>
<tr>
<td>10b Less: accumulated depreciation</td>
<td>2,716,253.</td>
<td></td>
</tr>
<tr>
<td>11 Investments - publicly traded securities</td>
<td>32,693,316.</td>
<td></td>
</tr>
<tr>
<td>12 Investments - other securities. See Part IV, line 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Investments - program-related. See Part IV, line 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Intangible assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Other assets. See Part IV, line 11</td>
<td>36,012,954.</td>
<td></td>
</tr>
<tr>
<td>16 Total assets. Add lines 1 through 15 (must equal line 33)</td>
<td>136,341,948.</td>
<td></td>
</tr>
<tr>
<td>17 Accounts payable and accrued expenses</td>
<td>22,264,795.</td>
<td>29,223,266.</td>
</tr>
<tr>
<td>18 Grants payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Deferred revenue</td>
<td>20,000.</td>
<td>10,000.</td>
</tr>
<tr>
<td>20 Tax-exempt bond liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>35,000,000.</td>
<td></td>
</tr>
<tr>
<td>22 Loans and other payables to any current or former officer, director,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>trustee, key employee, creator or founder, substantial contributor, or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35% controlled entity or family member of any of these persons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Secured mortgages and notes payable to unrelated third parties</td>
<td>2,000,000.</td>
<td></td>
</tr>
<tr>
<td>24 Unsecured notes and loans payable to unrelated third parties</td>
<td>5,493,100.</td>
<td></td>
</tr>
<tr>
<td>25 Other liabilities (including federal income tax, payables to related</td>
<td></td>
<td></td>
</tr>
<tr>
<td>third parties, and other liabilities not included on lines 17-24).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete Part X of Schedule D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Total liabilities. Add lines 17 through 25</td>
<td>805,969.</td>
<td>911,781.</td>
</tr>
<tr>
<td>27 Net assets without donor restrictions</td>
<td>48,560,245.</td>
<td>61,431,335.</td>
</tr>
<tr>
<td>28 Net assets with donor restrictions</td>
<td>29,690,939.</td>
<td>35,856,211.</td>
</tr>
</tbody>
</table>

**B. Liabilities**

<table>
<thead>
<tr>
<th>Description</th>
<th>Beginning of year</th>
<th>End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>27 Net assets without donor restrictions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 Net assets with donor restrictions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29 Capital stock or trust principal, or current funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32 Total net assets or fund balances</td>
<td>78,251,184.</td>
<td>97,287,546.</td>
</tr>
<tr>
<td>33 Total liabilities and net assets/fund balances</td>
<td>136,341,948.</td>
<td>170,625,693.</td>
</tr>
</tbody>
</table>

---

**Notes**

- **Assets**
  - Total assets: 136,341,948.
  - Total liabilities: 911,781.
  - Net assets without donor restrictions: 48,560,245.
  - Net assets with donor restrictions: 29,690,939.

- **Liabilities**
  - Total liabilities: 911,781.
  - Total net assets or fund balances: 78,251,184.
  - Total assets: 136,341,948.

---

**Form 990 (2019)**
### Part XI | Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI: [ ] Yes  [x] No

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

### Part XII | Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII: [x] Yes  [ ] No

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

Form 990 (2019)
**SCHEDULE A**
(Form 990 or 990-EZ)

**Department of the Treasury**
**Internal Revenue Service**

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

---

**Name of the organization**
VERA INSTITUTE OF JUSTICE, INC.

**Employer identification number**
13-1941627

---

**Part I**

**Reason for Public Charity Status**
(All organizations must complete this part.) See instructions.

- The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)
  - [X] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

- Enter the hospital's name, city, and state: VERA INSTITUTE OF JUSTICE, INC.

- 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.)

- 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.)


- 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).

- An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

- An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

- A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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.

- 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.

- 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.

- 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.

- 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.

- Enter the number of supported organizations: ____________________________

---

**Provide the following information about the supported organization(s).**

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total**

---

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

932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

---

09350607 792240 004561000 2019.05094 VERA INSTITUTE OF JUSTICE 00456101
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gifts, grants, contributions, and membership fees received</td>
<td>68574966</td>
<td>108258955</td>
<td>136843755</td>
<td>136204400</td>
<td>174290868</td>
<td>624172944</td>
</tr>
<tr>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total. Add lines 1 through 3</td>
<td>68574966</td>
<td>108258955</td>
<td>136843755</td>
<td>136204400</td>
<td>174290868</td>
<td>624172944</td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public support. Subtract line 5 from line 4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>624172944</td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amounts from line 4</td>
<td>68574966</td>
<td>108258955</td>
<td>136843755</td>
<td>136204400</td>
<td>174290868</td>
<td>624172944</td>
</tr>
<tr>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>182,145</td>
<td>155,906</td>
<td>362,543</td>
<td>1003196</td>
<td>1159819</td>
<td>2863609</td>
</tr>
<tr>
<td>Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td>674,596</td>
<td>636,496</td>
<td>543,816</td>
<td>488,527</td>
<td>131,623</td>
<td>2475058</td>
</tr>
<tr>
<td>Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>629511611</td>
</tr>
<tr>
<td>Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
</tbody>
</table>

#### First five years.

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

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>99.15 %</td>
</tr>
<tr>
<td>Public support percentage from 2018 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>99.05 %</td>
</tr>
<tr>
<td><strong>16a 33 1/3% support test - 2019.</strong> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>b 33 1/3% support test - 2018.</strong> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>17a 10% -facts-and-circumstances test - 2019.</strong> 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 &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part VI how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>b 10% -facts-and-circumstances test - 2018.</strong> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part VI how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>18 Private foundation.</strong> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any “unusual grants.”)</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization’s tax-exempt purpose</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>7b 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</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>7c Add lines 7a and 7b</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>8 Public support. (Subtract line 7c from line 6)</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>10c Add lines 10a and 10b</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11, and 12)</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>14 First five years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
</tbody>
</table>

### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>19b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
</tbody>
</table>
## 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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Are all of the organization’s supported organizations listed by name in the organization’s governing documents?</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a</td>
<td>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)?</td>
</tr>
<tr>
<td></td>
<td>b</td>
<td>Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?</td>
</tr>
<tr>
<td>4a</td>
<td>Was any supported organization not organized in the United States (“foreign supported organization”)?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b</td>
<td>Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?</td>
</tr>
<tr>
<td></td>
<td>c</td>
<td>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)?</td>
</tr>
<tr>
<td>5a</td>
<td>Did the organization add, substitute, or remove any supported organizations during the tax year?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b</td>
<td>Did the organization add, substitute, or remove any supported organizations during the tax year?</td>
</tr>
<tr>
<td></td>
<td>The group (Type I or Type II only).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Substitutions only.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>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?</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>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?</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?</td>
<td></td>
</tr>
<tr>
<td>9a</td>
<td>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))?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b</td>
<td>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?</td>
</tr>
<tr>
<td></td>
<td>c</td>
<td>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?</td>
</tr>
<tr>
<td>10a</td>
<td>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)?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b</td>
<td>Did the organization have any excess business holdings in the tax year?</td>
</tr>
</tbody>
</table>
### Part IV: Supporting Organizations (continued)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Has the organization accepted a gift or contribution from any of the following persons?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b A family member of a person described in (a) above?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c A 35% controlled entity of a person described in (a) or (b) above? If “Yes” to a, b, or c, provide details in Part VI.</td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Type I Supporting Organizations

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization’s directors or trustees at all times during the tax year? If “No,” describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization’s activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</td>
</tr>
<tr>
<td>2</td>
<td>Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If “Yes,” explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</td>
</tr>
</tbody>
</table>

#### Section C. Type II Supporting Organizations

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Were a majority of the organization’s directors or trustees during the tax year also a majority of the directors or trustees of each of the organization’s supported organization(s)? If “No,” describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</td>
</tr>
</tbody>
</table>

#### Section D. All Type III Supporting Organizations

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

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</td>
</tr>
<tr>
<td></td>
<td>a The organization satisfied the Activities Test. Complete line 2 below.</td>
</tr>
<tr>
<td></td>
<td>b The organization is the parent of each of its supported organizations. Complete line 3 below.</td>
</tr>
<tr>
<td></td>
<td>c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</td>
</tr>
<tr>
<td>2</td>
<td>Activities Test. Answer (a) and (b) below.</td>
</tr>
<tr>
<td></td>
<td>a Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If “Yes,” then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</td>
</tr>
<tr>
<td></td>
<td>b Did the activities described in (a) constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have been engaged in? If “Yes,” explain in Part VI the reasons for the organization’s position that its supported organization(s) would have engaged in these activities but for the organization’s involvement.</td>
</tr>
<tr>
<td>3</td>
<td>Parent of Supported Organizations. Answer (a) and (b) below.</td>
</tr>
<tr>
<td></td>
<td>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.</td>
</tr>
<tr>
<td></td>
<td>b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If “Yes,” describe in Part VI the role played by the organization in this regard.</td>
</tr>
</tbody>
</table>
### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3.</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Adjusted Net Income</strong> (subtract lines 5, 6, and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section B - Minimum Asset Amount

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

### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1.</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3.</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td><strong>Distributable Amount.</strong> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</td>
</tr>
<tr>
<td>7</td>
<td>Check here if the current year is the organization’s first as a non-functionally integrated Type III supporting organization (see instructions).</td>
</tr>
</tbody>
</table>
### Section D - Distributions

<table>
<thead>
<tr>
<th>1</th>
<th>Amounts paid to supported organizations to accomplish exempt purposes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
</tr>
<tr>
<td>7</td>
<td>Total annual distributions. Add lines 1 through 6.</td>
</tr>
</tbody>
</table>

### Part VI

- **Excess Distributions**
- **Underdistributions**
- **Distributable Amount for 2019**

### Section E - Distribution Allocations (see instructions)

| 1 | Distributable amount for 2019 from Section C, line 6 |
| 2 | Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions. |
| 3 | Excess distributions carryover, if any, to 2019 |
|   a | From 2014 |
|   b | From 2015 |
|   c | From 2016 |
|   d | From 2017 |
|   e | From 2018 |
| f | Total of lines 3a through e |
| g | Applied to underdistributions of prior years |
| h | Applied to 2019 distributable amount |
| i | Carryover from 2014 not applied (see instructions) |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. |
| 4 | Distributions for 2019 from Section D, line 7: |
|   a | Applied to underdistributions of prior years |
|   b | Applied to 2019 distributable amount |
| c | Remainder. Subtract lines 4a and 4b from 4. |
| 5 | Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. |
| 7 | Excess distributions carryover to 2020. Add lines 3j and 4c. |
|   a | Excess from 2015 |
|   b | Excess from 2016 |
| c | Excess from 2017 |
| d | Excess from 2018 |
| e | Excess from 2019 |
**Schedule A (Form 990 or 990-EZ) 2019**

**VERA INSTITUTE OF JUSTICE, INC.**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 1, 2, and 3; Part IV, Section E, lines 1, 2, 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:**

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>$581,096</td>
</tr>
<tr>
<td>2016</td>
<td>$581,782</td>
</tr>
<tr>
<td>2017</td>
<td>$359,000</td>
</tr>
<tr>
<td>2018</td>
<td>$309,027</td>
</tr>
<tr>
<td>2019</td>
<td>$131,623</td>
</tr>
</tbody>
</table>

---

**FUNDRAISING EVENTS**

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>$93,500</td>
</tr>
<tr>
<td>2016</td>
<td>$54,714</td>
</tr>
<tr>
<td>2017</td>
<td>$184,816</td>
</tr>
<tr>
<td>2018</td>
<td>$179,500</td>
</tr>
<tr>
<td>Organization type (check one):</td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td></td>
</tr>
<tr>
<td>Filers of: Form 990 or 990-EZ</td>
<td>X 501(c)(3) (enter number) organization</td>
</tr>
<tr>
<td></td>
<td>4947(a)(1) nonexempt charitable trust not treated as a private foundation</td>
</tr>
<tr>
<td></td>
<td>527 political organization</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>501(c)(3) exempt private foundation</td>
</tr>
<tr>
<td></td>
<td>4947(a)(1) nonexempt charitable trust treated as a private foundation</td>
</tr>
<tr>
<td></td>
<td>501(c)(3) taxable private foundation</td>
</tr>
</tbody>
</table>

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.
## Part I  Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$95,546,834</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$33,189,526</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$7,000,000</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>$4,390,000</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>$4,351,414</td>
<td>Person X Payroll</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)
### Part II: Noncash Property

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

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
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<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

**VERA INSTITUTE OF JUSTICE, INC.**

13-1941627
**VERA INSTITUTE OF JUSTICE, INC.**

**Employer identification number**

<table>
<thead>
<tr>
<th>Name of organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>VERA INSTITUTE OF JUSTICE, INC.</td>
<td>13-1941627</td>
</tr>
</tbody>
</table>

**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 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.)

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

<table>
<thead>
<tr>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

<table>
<thead>
<tr>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

<table>
<thead>
<tr>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

<table>
<thead>
<tr>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Use duplicate copies of Part III if additional space is needed.
### Part I-A
Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

1. Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $
2. Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $
3. If the organization incurred a section 4955 tax, did it file Form 4720 for this year? □ Yes □ No
4a. **Was a correction made?**

4b. If "Yes," describe in Part IV.

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

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

<table>
<thead>
<tr>
<th>(a) Name</th>
<th>(b) Address</th>
<th>(c) EIN</th>
<th>(d) Amount paid from filing organization’s funds. If none, enter -0-</th>
<th>(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A  Check □ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member’s name, address, EIN, expenses, and share of excess lobbying expenditures).

B  Check □ X if the filing organization checked box A and “limited control” provisions apply.

### Limits on Lobbying Expenditures
(The term “expenditures” means amounts paid or incurred.)

<table>
<thead>
<tr>
<th></th>
<th>(a) Filing organization’s totals</th>
<th>(b) Affiliated group totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Total lobbying expenditures to influence public opinion (grassroots lobbying)</td>
<td>902,754.</td>
</tr>
<tr>
<td>1b</td>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td>902,754.</td>
</tr>
<tr>
<td>1c</td>
<td>Total lobbying expenditures (add lines 1a and 1b)</td>
<td>155489980.</td>
</tr>
<tr>
<td>1d</td>
<td>Other exempt purpose expenditures</td>
<td>156392734.</td>
</tr>
<tr>
<td>1e</td>
<td>Total exempt purpose expenditures (add lines 1c and 1d)</td>
<td>1,000,000.</td>
</tr>
</tbody>
</table>

#### If the amount on line 1e, column (a) or (b) is:

<table>
<thead>
<tr>
<th>The lobbying nontaxable amount is:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Not over $500,000</td>
<td>20% of the amount on line 1e.</td>
</tr>
<tr>
<td>Over $500,000 but not over $1,000,000</td>
<td>$100,000 plus 15% of the excess over $500,000.</td>
</tr>
<tr>
<td>Over $1,000,000 but not over $1,500,000</td>
<td>$175,000 plus 10% of the excess over $1,000,000.</td>
</tr>
<tr>
<td>Over $1,500,000 but not over $17,000,000</td>
<td>$225,000 plus 5% of the excess over $1,500,000.</td>
</tr>
<tr>
<td>Over $17,000,000</td>
<td>$1,000,000.</td>
</tr>
</tbody>
</table>

#### Grassroots nontaxable amount (enter 25% of line 1f)

- Subtract line 1g from line 1a. If zero or less, enter 0. 0.
- Subtract line 1f from line 1c. If zero or less, enter 0. 0.

#### If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

<table>
<thead>
<tr>
<th></th>
<th>Yes □</th>
<th>No □</th>
</tr>
</thead>
</table>

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

#### Lobbying Expenditures During 4-Year Averaging Period

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2016</th>
<th>(b) 2017</th>
<th>(c) 2018</th>
<th>(d) 2019</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Lobbying nontaxable amount</td>
<td>1,000,000.</td>
<td>1,000,000.</td>
<td>1,000,000.</td>
<td>1,000,000.</td>
</tr>
<tr>
<td>b</td>
<td>Lobbying ceiling amount (150% of line 2a, column(e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Total lobbying expenditures</td>
<td>110,937.</td>
<td>266,843.</td>
<td>924,271.</td>
<td>902,754.</td>
</tr>
<tr>
<td>d</td>
<td>Grassroots nontaxable amount</td>
<td>250,000.</td>
<td>250,000.</td>
<td>250,000.</td>
<td>250,000.</td>
</tr>
<tr>
<td>e</td>
<td>Grassroots ceiling amount (150% of line 2d, column (e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Grassroots lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule C (Form 990 or 990-EZ) 2019

VERA INSTITUTE OF JUSTICE, INC. 13-1941627

Page 2
**Part II-B**

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>1</td>
<td>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:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Volunteers?</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Media advertisements?</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Mailings to members, legislators, or the public?</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Publications, or published or broadcast statements?</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Grants to other organizations for lobbying purposes?</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Direct contact with legislators, their staffs, government officials, or a legislative body?</td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Other activities?</td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Total. Add lines 1c through 1i</td>
<td></td>
</tr>
</tbody>
</table>

**Part III-A**

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

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

**Part III-B**

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

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

**Part IV**

Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.
SCHEDULE D (Form 990) 2019

Supplemental Financial Statements

VERA INSTITUTE OF JUSTICE, INC.
13-1941627

1. Total number at end of year .......................................................
   (a) Donor advised funds ......................................................
   (b) Funds and other accounts .............................................

2. Aggregate value of contributions to (during year) .........................
   (a) Donor advised funds ......................................................
   (b) Funds and other accounts .............................................

3. Aggregate value of grants from (during year) ..............................
   (a) Donor advised funds ......................................................
   (b) Funds and other accounts .............................................

4. Aggregate value at end of year .................................................
   (a) Donor advised funds ......................................................
   (b) Funds and other accounts .............................................

5. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization’s property, subject to the organization’s exclusive legal control? ☐ Yes ☐ No

6. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered “Yes” on Form 990, Part IV, line 7.

1. Purpose(s) of conservation easements held by the organization (check all that apply).
   ☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
   ☐ Preservation of natural habitat ☐ Preservation of a certified historic structure
   ☐ Preservation of open space

2. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
   (a) Total number of conservation easements .................................. 2a
   (b) Total acreage restricted by conservation easements ................... 2b
   (c) Number of conservation easements on a certified historic structure included in (a) ............................................................. 2c
   (d) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .................................. 2d

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

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

5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered “Yes” on Form 990, Part IV, line 8.

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

1b. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
   (i) Revenue included on Form 990, Part VIII, line 1 ......................... $
   (ii) Assets included on Form 990, Part X ................................... $

2. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
   (a) Revenue included on Form 990, Part VIII, line 1 ......................... $
   (b) Assets included on Form 990, Part X ................................... $
### Part III
**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization’s acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- [ ] Public exhibition
- [ ] Scholarly research
- [ ] Preservation for future generations
- d [ ] Loan or exchange program
- e [ ] Other

4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection?  
   - [ ] Yes  
   - [ ] No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  
   - [ ] Yes  
   - [ ] No

b If “Yes,” explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td></td>
</tr>
</tbody>
</table>

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  
   - [ ] Yes  
   - [ ] No

b If “Yes,” explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  
   - [ ]

### Part V
**Endowment Funds.** Complete if the organization answered “Yes” on Form 990, Part IV, line 10.

1a Beginning of year balance  
   - 27,678,719.

b Contributions  
   - 5,633,000.

Net investment earnings, gains, and losses  
   - 562,700.

Net investment earnings, gains, and losses  
   - 3,334,000.

Drants or scholarships  
   - 1,908,849.

Endowments  
   - 505,130.

Endowments  
   - 540,806.

Net investment earnings, gains, and losses  
   - 3,334,000.

Net investment earnings, gains, and losses  
   - 540,806.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  
  - 96.30 %

- b Permanent endowment  
  - 3.70 %

- c Term endowment

   The percentages on lines 2a, 2b, and 2c should equal 100%.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Current year</td>
<td>(b) Prior year</td>
<td>(c) Two years back</td>
</tr>
<tr>
<td>27,678,719.</td>
<td>9,675,609.</td>
<td>5,888,048.</td>
</tr>
<tr>
<td>5,633,000.</td>
<td>16,100,174.</td>
<td>3,334,000.</td>
</tr>
<tr>
<td>562,700.</td>
<td>1,908,849.</td>
<td>505,130.</td>
</tr>
<tr>
<td>1,908,849.</td>
<td>505,130.</td>
<td>540,806.</td>
</tr>
<tr>
<td>3,334,000.</td>
<td>500,000.</td>
<td></td>
</tr>
<tr>
<td>5,442,071.</td>
<td>27,678,719.</td>
<td>9,675,609.</td>
</tr>
</tbody>
</table>

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations  
  - [ ] Yes  
  - [ ] No

- (ii) Related organizations  
  - [ ] Yes  
  - [ ] No

b If “Yes” on line 3a(ii), are the related organizations listed as required on Schedule R?  
   - [ ] Yes  
   - [ ] No

4 Describe in Part XIII the intended uses of the organization’s endowment funds.

### Part VI
**Land, Buildings, and Equipment.**

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

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td>6,512,885.</td>
<td>1,687,642.</td>
<td>4,825,243.</td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td>1,002,221.</td>
<td>780,135.</td>
<td>222,086.</td>
<td></td>
</tr>
<tr>
<td>e Other</td>
<td>643,218.</td>
<td>248,476.</td>
<td>394,742.</td>
<td></td>
</tr>
</tbody>
</table>

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  
   - 5,442,071.
### Part VII Investments - Other Securities.

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

<table>
<thead>
<tr>
<th>Description of security or category</th>
<th>Book value</th>
<th>Method of valuation</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Description of investment</th>
<th>Book value</th>
<th>Method of valuation</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Description</th>
<th>Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) OTHER ASSETS</td>
<td>71,233.</td>
</tr>
<tr>
<td>(2) ESCROW ASSETS FOR GUARDIANSHIP PROJECT</td>
<td>35,700,000.</td>
</tr>
<tr>
<td>(3) SECURITY DEPOSIT</td>
<td>776,954.</td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 15.) 36,548,187.

### Part X Other Liabilities.

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

1. **Description of liability** | **Book value**
--- | ---
(1) Federal income taxes | 
(2) DEFERRED RENT | 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.

---

Schedule D (Form 990) 2019
### Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

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

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

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

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

### Part XIII | Supplemental Information.

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

---

**PART IV, LINE 2B:**


---

**PART V, LINE 4:**

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

---

**PART X, LINE 2:**

932054 10-02-19 Schedule D (Form 990) 2019

09350607 792240 004561000 2019.05094 VERA INSTITUTE OF JUSTICE 00456101
VERA APPLIES THE PROVISIONS PERTAINING TO UNCERTAIN TAX PROVISIONS OF FASB ASC TOPIC 740, INCOME TAXES, AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. VERA IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. VERA BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS PRIOR TO 2017.

PART XI, LINE 2D - OTHER ADJUSTMENTS:
DIRECT EXPENSES 30,000.

PART XII, LINE 2D - OTHER ADJUSTMENTS:
DIRECT EXPENSES 30,000.
### Part I  Fundraising Activities

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

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

- [X] Mail solicitations
- [X] Internet and email solicitations
- [X] Phone solicitations
- [X] In-person solicitations
- [ ] Solicitation of non-government grants
- [X] Solicitation of government grants
- [ ] Special fundraising events

#### 2. Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

- [X] Yes
- [ ] No

#### (i) Name and address of individual or entity (fundraiser)

<table>
<thead>
<tr>
<th>Activity</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>CATHY MCNAMARA, INC. (CMI) -</td>
<td>FUNDRAISING SERVICES</td>
<td>Yes</td>
<td>1,979,236.</td>
<td>70,000.</td>
<td>1,909,236.</td>
</tr>
<tr>
<td>1325 SIXTH AVE, FLOOR 27, NEW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 3. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

- **NY**
  - 
  - 
  - 
  - 
  - 

### LHA

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

**Schedule G (Form 990 or 990-EZ) 2019**

**SEE PART IV FOR CONTINUATIONS**
### Part II Fundraising Events

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

<table>
<thead>
<tr>
<th>Revenue</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Event #1</td>
<td>Event #2</td>
<td>Other events</td>
<td>Total events</td>
</tr>
<tr>
<td><strong>VIRTUAL GALA</strong></td>
<td><strong>NONE</strong></td>
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<tr>
<td>Gross receipts</td>
<td>1,660,153.</td>
<td></td>
<td>1,660,153.</td>
</tr>
<tr>
<td>Less: Contributions</td>
<td>1,660,153.</td>
<td></td>
<td>1,660,153.</td>
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<tr>
<td>Gross income (line 1 minus line 2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noncash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food and beverages</td>
<td></td>
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<tr>
<td>Entertainment</td>
<td>30,000.</td>
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<td>30,000.</td>
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<tr>
<td>Other direct expenses</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Direct expense summary. Add lines 4 through 9 in column (d)</td>
<td></td>
<td></td>
<td>30,000.</td>
</tr>
<tr>
<td>Net income summary. Subtract line 10 from line 3, column (d)</td>
<td></td>
<td></td>
<td>-30,000.</td>
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</tbody>
</table>

### Part III Gaming

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Bingo</th>
<th>Pull tabs/instant bingo/progressive bingo</th>
<th>Other gaming</th>
<th>Total gaming (add col. (a) through col. (c))</th>
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</thead>
<tbody>
<tr>
<td>Gross revenue</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Cash prizes</td>
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<tr>
<td>Noncash prizes</td>
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<td></td>
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<tr>
<td>Rent/facility costs</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direct expense summary. Add lines 2 through 5 in column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net gaming income summary. Subtract line 7 from line 1, column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

10a Were any of the organization’s gaming licenses revoked, suspended, or terminated during the tax year?  

- Yes  
- No
11 Does the organization conduct gaming activities with nonmembers? ......................................................... ☐ Yes ☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ......................................................... ☐ Yes ☐ No
13 Indicate the percentage of gaming activity conducted in:
   a The organization's facility ......................................................... 13a %
   b An outside facility ......................................................... 13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

   Name ▶
   Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? .......... ☐ Yes ☐ No

   b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ______________ and the amount of gaming revenue retained by the third party ▶ $ ______________
   c If "Yes," enter name and address of the third party:

   Name ▶
   Address ▶

16 Gaming manager information:

   Name ▶
   Gaming manager compensation ▶ $ ______________
   Description of services provided ▶

   ☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

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

(I) ADDRESS OF FUNDRAISER: 1325 SIXTH AVE, FLOOR 27, NEW YORK, NY 10019
# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

**Part I: General Information on Grants and Assistance**

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
   - Yes [X]  
   - No [ ]

2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  
   - [ ] Yes  
   - [X] No

**Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAMINAR LATINO</td>
<td>83-0378198</td>
<td>501(C)(3)</td>
<td>315,785.00</td>
<td>0.00</td>
<td>book, appraisal</td>
<td>NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS</td>
<td></td>
</tr>
<tr>
<td>NATIONAL LATIN@ NETWORK - CASA DE ESPERANZA - 1821 UNIVERSITY AVENUE SUITE S1555 - SAINT PAUL, MN 55104</td>
<td>41-1414710</td>
<td>501(C)(3)</td>
<td>103,944.00</td>
<td>0.00</td>
<td>book</td>
<td>NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS</td>
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<tr>
<td>COMMON JUSTICE</td>
<td>82-0993366</td>
<td>501(C)(3)</td>
<td>47,563.00</td>
<td>0.00</td>
<td>book</td>
<td>NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS</td>
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<tr>
<td>FORGE</td>
<td>20-1795062</td>
<td>501(C)(3)</td>
<td>128,577.00</td>
<td>0.00</td>
<td>book</td>
<td>NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS</td>
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<tr>
<td>NATIONAL CHILDREN’S ADVOCACY CENTER – 210 PRATT AVENUE NE - HUNTSVILLE, AL 35801</td>
<td>63-0891512</td>
<td>501(C)(3)</td>
<td>82,930.00</td>
<td>0.00</td>
<td>book</td>
<td>NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS</td>
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<tr>
<td>NATIONAL CENTER FOR VICTIMS OF CRIME – 2000 M STREET NW SUITE 480 – WASHINGTON, DC 20036</td>
<td>30-0022798</td>
<td>501(C)(3)</td>
<td>222,301.00</td>
<td>0.00</td>
<td>book</td>
<td>NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS</td>
<td></td>
</tr>
</tbody>
</table>

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

3. Enter total number of other organizations listed in the line 1 table  
   -  | 

LHA

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

Schedule I (Form 990) (2019)
<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>WOMEN OF COLOR NETWORK 922 N 3RD STREET HARRISBURG, PA 17102</td>
<td>26-4391187</td>
<td>501(C)(3)</td>
<td>58,484</td>
<td>0</td>
<td>NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS</td>
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<tr>
<td>DEAFHOPE 470 27TH STREET OAKLAND, CA 94612</td>
<td>20-0015196</td>
<td>501(C)(3)</td>
<td>101,542</td>
<td>0</td>
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<tr>
<td>ALMA CENTER 2821 N VEL R PHILLIPS AVE MILWAUKEE, WI 53212</td>
<td>36-4530524</td>
<td>501(C)(3)</td>
<td>16,727</td>
<td>0</td>
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<td>IGNITE PO BOX 20023 ROCHESTER, NY 14602</td>
<td>22-3627749</td>
<td>501(C)(3)</td>
<td>29,221</td>
<td>0</td>
<td>NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS</td>
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<td>GIRLS FOR GENDER EQUITY, INC. 25 CHAPEL ST BROOKLYN, NY 11201</td>
<td>04-3697166</td>
<td>501(C)(3)</td>
<td>36,088</td>
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<td>NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS</td>
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<tr>
<td>IMPACT 420 PEARL ST MALDEN, MA 02148</td>
<td>04-2486905</td>
<td>501(C)(3)</td>
<td>7,466</td>
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<td>NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS</td>
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<td>INNOVATIONS HUMAN TRAFFICKING COLLABORATIVE - 4999 LIBBY ROAD NE OLYMPIA, WA 98506</td>
<td>81-4680515</td>
<td>501(C)(3)</td>
<td>30,235</td>
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<tr>
<td>INTERNATIONAL ASSOCIATION FOR INDIGENOUS AGING - 11101 GEORGIA AVE - SILVER SPRING, MD 20902</td>
<td>52-1704037</td>
<td>501(C)(3)</td>
<td>23,564</td>
<td>0</td>
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<tr>
<td>MONARCH SERVICES 1509 SEABRIGHT AVE SANTA CRUZ, CA 95062</td>
<td>94-2462783</td>
<td>501(C)(3)</td>
<td>34,484</td>
<td>0</td>
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<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
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<tr>
<td>NATIONAL CLEARINGHOUSE ON ABUSE IN LATER LIFE - 1245 E WASHINGTON AVE - MADISON, WI 53703</td>
<td>39-1380437</td>
<td>501(C)(3)</td>
<td>287,173</td>
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<td>NATIONAL DISABILITY RIGHTS NETWORK 820 1ST ST NE WASHINGTON, DC 20002</td>
<td>59-2333653</td>
<td>501(C)(3)</td>
<td>57,986</td>
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<td>NATIONAL SHERIFFS’ ASSOCIATION 1450 DUKE STREET ALEXANDRIA, VA 22314</td>
<td>53-0116293</td>
<td>501(C)(3)</td>
<td>22,889</td>
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<td>OREGON HEALTH AND SCIENCE UNIVERSITY - 3181 SW SAM JACKSON PARK RD - PORTLAND, OR 97239</td>
<td>93-1176109</td>
<td>501(C)(3)</td>
<td>58,698</td>
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<td>POLICE EXECUTIVE RESEARCH FORM 1120 CONNECTICUT AVE NW WASHINGTON, DC 20036</td>
<td>52-1101422</td>
<td>501(C)(3)</td>
<td>53,063</td>
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<td>PROSECUTORS’ CENTER FOR EXCELLENCE PO BOX 1558 NEW YORK, NY 10154</td>
<td>47-2483436</td>
<td>501(C)(3)</td>
<td>5,058</td>
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<td>PROYECTO MARIA 31 CALLE JIMENEZ SICARDO PUERTO RICO 00725</td>
<td>66-0664157</td>
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<td>THE ARC 1825 K STREET NW WASHINGTON, DC 20006</td>
<td>13-5642032</td>
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<td>82-0871966</td>
<td>501(C)(3)</td>
<td>16,604</td>
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<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
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<td>UNIVERSITY OF ILLINOIS 1737 WEST POLK ST</td>
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<td>501(C)(3)</td>
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<td>CHICAGO, IL 60612</td>
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<tr>
<td>UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - CHAPEL HILL - CHAPEL HILL, NC 27514</td>
<td>56-6001393</td>
<td>501(C)(3)</td>
<td>52,572.</td>
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<tr>
<td>ALLIANCE FOR A JUST SOCIETY 3518 SOUTH EDUMBS STREET SEATTLE, WA 98118</td>
<td>91-1635554</td>
<td>501(C)(3)</td>
<td>10,000.</td>
<td></td>
<td>IN OUR BACKYARDS (SEE SCHEDULE I, PART IV FOR PURPOSE OF GRANT)</td>
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<tr>
<td>AMERICAN CIVIL LIBERTIES UNION OF TENNESSEE - PO BOX 120160 - NASHVILLE, TN 37212</td>
<td>62-0988329</td>
<td>501(C)(3)</td>
<td>15,000.</td>
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<td>IN OUR BACKYARDS (SEE SCHEDULE I, PART IV FOR PURPOSE OF GRANT)</td>
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<td>AMERICAN COLLEGE OF EMERGENCY PHYSICIANS - 4950 W. ROYAL LANE - IRVING, TX 75063-2524</td>
<td>38-1888798</td>
<td>501(C)(3)</td>
<td>9,659.</td>
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<td>NATIONAL TTA CENTER FOR IMPROVING POLICE RESPONSES TO MHD/IDD (SERVING SAFELY)</td>
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<tr>
<td>CENTER ON BUDGET AND POLICY PRIORITIES - 1275 FIRST STREET NR, SUITE 1200 - WASHINGTON, DC 20002</td>
<td>52-1234565</td>
<td>501(C)(3)</td>
<td>90,000.</td>
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<tr>
<td>COLUMBIA UNIVERSITY SPONSORED PROJECTS FINANCE P.O. BOX 29789-GENERAL POST OFFICE - NEW YORK, N</td>
<td>13-5598093</td>
<td>501(C)(3)</td>
<td>20,112.</td>
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<td>DEVELOPMENT OF FIRST EPISODE PSYCHOIS EARLY DETECTION PROGRAM IN NYC JAIL SYSTEM</td>
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<td>COMMUNITY CATALYST ONE FEDERAL STREET, 5TH FL BOSTON, MA 02110</td>
<td>04-3355127</td>
<td>501(C)(3)</td>
<td>22,016.</td>
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<td>TECHNICAL ASSISTANCE IN THE ESTABLISHMENT OF A PER-ARREST DIVERSION PROJECT IN NEW ORLEANS</td>
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<td>26-3630314</td>
<td>501(C)(3)</td>
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<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
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</tr>
<tr>
<td>DEEP CENTER INC., 2002 BULL STREET SAVANNAH, GA 31401</td>
<td>26-1706426 501(C)(3)</td>
<td>7,500.</td>
<td>0.</td>
<td>IN OUR BACKYARDS (SEE SCHEDULE I, PART IV FOR PURPOSE OF GRANT)</td>
<td></td>
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<tr>
<td>FISCAL POLICY INSTITUTE 1 LEAR JET LANE, SUITE 1A LATHAM, NY 12110</td>
<td>14-1737256 501(C)(3)</td>
<td>172,500.</td>
<td>0.</td>
<td>MISSING PUZZLE PIECE PROJECT - RESEARCH ON FINES AND FEES</td>
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<tr>
<td>FLORIDA POLICY INSTITUTE 1001 NORTH ORANGE AVENUE ORLANDO, FL 32801</td>
<td>47-2759708 501(C)(3)</td>
<td>150,000.</td>
<td>0.</td>
<td>MISSING PUZZLE PIECE PROJECT - RESEARCH ON FINES AND FEES</td>
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<tr>
<td>FOUNDATION FOR APPALACHIAN KENTUCKY - 420 MAIN STREET - HAZARD, KY 41701</td>
<td>61-1329396 501(C)(3)</td>
<td>7,500.</td>
<td>0.</td>
<td>IN OUR BACKYARDS (SEE SCHEDULE I, PART IV FOR PURPOSE OF GRANT)</td>
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<tr>
<td>GRASSROOTS LEADERSHIP PO BOX 6310 AUSTIN, TX 78762</td>
<td>58-1581743 501(C)(3)</td>
<td>7,500.</td>
<td>0.</td>
<td>IN OUR BACKYARDS (SEE SCHEDULE I, PART IV FOR PURPOSE OF GRANT)</td>
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<tr>
<td>INTERNATIONAL ORGANIZATION FOR ADOLESCENTS - 53 W JACKSON BOULEVARD, SUITE 1357 - CHICAGO, IL 60604</td>
<td>13-4093883 501(C)(3)</td>
<td>26,762.</td>
<td>0.</td>
<td>NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS</td>
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<tr>
<td>JAIL PROJECT OF TEXAS 2712 E. RIVERSIDE DRIVE BOX 190 AUSTIN, TX 78741</td>
<td>45-2666807 501(C)(3)</td>
<td>7,500.</td>
<td>0.</td>
<td>IN OUR BACKYARDS (SEE SCHEDULE I, PART IV FOR PURPOSE OF GRANT)</td>
<td></td>
<td></td>
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<tr>
<td>JUSTICE MATTERS, INC. PO BOX 44221 LAWRENCE, KS 66044</td>
<td>46-4354980 501(C)(3)</td>
<td>15,000.</td>
<td>0.</td>
<td>IN OUR BACKYARDS (SEE SCHEDULE I, PART IV FOR PURPOSE OF GRANT)</td>
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<tr>
<td>KENTUCKY YOUTH ADVOCATES 10200 LINN STATION ROAD #310 LOUISVILLE, KY 40223</td>
<td>61-0929390 501(C)(3)</td>
<td>7,500.</td>
<td>0.</td>
<td>IN OUR BACKYARDS (SEE SCHEDULE I, PART IV FOR PURPOSE OF GRANT)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<tr>
<td>KOREAN AMERICAN FAMILY SERVICE CENTER - P.O. BOX 541429 - PLUSHING, NY 11354</td>
<td>13-3609811</td>
<td>501(C)(3)</td>
<td>49,649.</td>
<td>0.</td>
<td>NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS</td>
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<tr>
<td>MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVENUE - CAMBRIDGE, MA 02139</td>
<td>04-2103594</td>
<td>501(C)(3)</td>
<td>149,300.</td>
<td>0.</td>
<td>EXPANDING ACCESS TO POSTSECONDARY EDUCATION</td>
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<td>MICHIGAN UNITED 4405 WESSON DETROIT, MI 48210</td>
<td>38-3058190</td>
<td>501(C)(3)</td>
<td>7,500.</td>
<td>0.</td>
<td>IN OUR BACKYARDS (SEE SCHEDULE I, PART IV FOR PURPOSE OF GRANT)</td>
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<tr>
<td>MOUNTAIN ASSOCIATION FOR COMMUNITY ECONOMIC DEVELOPMENT - 433 CHESTNUT STREET - BERRA, KY 40403</td>
<td>31-0900246</td>
<td>501(C)(3)</td>
<td>10,000.</td>
<td>0.</td>
<td>IN OUR BACKYARDS (SEE SCHEDULE I, PART IV FOR PURPOSE OF GRANT)</td>
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<tr>
<td>NAACP OF WILSON COUNTY PO BOX 4714 WILSON, NC 27894</td>
<td>56-6086666</td>
<td>501(C)(3)</td>
<td>10,000.</td>
<td>0.</td>
<td>IN OUR BACKYARDS (SEE SCHEDULE I, PART IV FOR PURPOSE OF GRANT)</td>
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<tr>
<td>NATIONAL CRITTENTON 921 SW WASHINGTON STREET PORTLAND, OR 97205</td>
<td>54-0505932</td>
<td>501(C)(3)</td>
<td>35,731.</td>
<td>0.</td>
<td>INITIATIVE TO END GIRL’S INCARCERATION ADVISORY BOARD</td>
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<tr>
<td>NATIONAL RESOURCE CENTER ON DOMESTIC VIOLENCE - 6041 LINGLESTOWN ROAD - HARRISBURG, PA 17112</td>
<td>30-0681646</td>
<td>501(C)(3)</td>
<td>31,370.</td>
<td>0.</td>
<td>UNITING TO END VIOLENCE AGAINST PEOPLE WITH DISABILITIES NATIONAL COALITION</td>
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<tr>
<td>NEW MEXICO VOICES FOR CHILDREN 625 SILVER AVENUE SW SUITE 195 ALBUQUERQUE, MN 87102</td>
<td>85-0348301</td>
<td>501(C)(3)</td>
<td>66,706.</td>
<td>0.</td>
<td>MISSING PUZZLE PIECE PROJECT - RESEARCH ON FINES AND FEES</td>
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<tr>
<td>ONE VOICE 1072 J.R. LYNCH STREET, SUITE 7 JACKSON, MI 39203</td>
<td>02-0787550</td>
<td>501(C)(3)</td>
<td>7,500.</td>
<td>0.</td>
<td>IN OUR BACKYARDS (SEE SCHEDULE I, PART IV FOR PURPOSE OF GRANT)</td>
<td></td>
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</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>PENNSYLVANIA PRISON SOCIETY</td>
<td>13-1941627</td>
<td>501(C)(3)</td>
<td>15,000.00</td>
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<td>book</td>
<td>IN OUR BACKYARDS (SEE SCHEDULE I, PART IV FOR PURPOSE OF GRANT)</td>
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<td>PUBLIC POLICY AND EDUCATION FUND</td>
<td>13-3364209</td>
<td>501(C)(3)</td>
<td>15,000.00</td>
<td>0.00</td>
<td>book</td>
<td>IN OUR BACKYARDS (SEE SCHEDULE I, PART IV FOR PURPOSE OF GRANT)</td>
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<td>RAPE CRISIS INTERVENTION</td>
<td>51-0159463</td>
<td>501(C)(3)</td>
<td>22,241.00</td>
<td>0.00</td>
<td>book</td>
<td>NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS</td>
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<tr>
<td>SOUTHERN CENTER FOR HUMAN RIGHTS</td>
<td>62-1025326</td>
<td>501(C)(3)</td>
<td>7,500.00</td>
<td>0.00</td>
<td>book</td>
<td>IN OUR BACKYARDS (SEE SCHEDULE I, PART IV FOR PURPOSE OF GRANT)</td>
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<td>SOUTHERN VISION ALLIANCE</td>
<td>61-1639641</td>
<td>501(C)(3)</td>
<td>10,000.00</td>
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<td>book</td>
<td>IN OUR BACKYARDS (SEE SCHEDULE I, PART IV FOR PURPOSE OF GRANT)</td>
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<tr>
<td>THE COMMONWEALTH INSTITUTE FOR FISCAL ANALYSIS</td>
<td>27-1598303</td>
<td>501(C)(3)</td>
<td>66,500.00</td>
<td>0.00</td>
<td>book</td>
<td>MISSING PUZZLE PIECE PROJECT - RESEARCH ON FINES AND FEES</td>
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<td>THE PRAXIS PROJECT</td>
<td>30-0044814</td>
<td>501(C)(3)</td>
<td>10,000.00</td>
<td>0.00</td>
<td>book</td>
<td>IN OUR BACKYARDS (SEE SCHEDULE I, PART IV FOR PURPOSE OF GRANT)</td>
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<td>TRUTH PHARM</td>
<td>81-0718278</td>
<td>501(C)(3)</td>
<td>7,500.00</td>
<td>0.00</td>
<td>book</td>
<td>IN OUR BACKYARDS (SEE SCHEDULE I, PART IV FOR PURPOSE OF GRANT)</td>
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<tr>
<td>UNIVERSITY OF GEORGIA-UGA RESEARCH FOUNDATION</td>
<td>58-1353149</td>
<td>501(C)(3)</td>
<td>164,500.00</td>
<td>0.00</td>
<td>book</td>
<td>RURAL JAILS RESEARCH AND POLICY NETWORK</td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>VICTIM RIGHTS LAW CENTER, INC.</td>
<td>02-0588944</td>
<td>501(C)(3)</td>
<td>20,140.</td>
<td>0.</td>
<td>book</td>
<td>NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS</td>
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<tr>
<td>BOSTON, MA 02110</td>
<td></td>
<td></td>
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<tr>
<td>VOLUNTEERS OF MID-STATES OF AMERICA - 570 SOUTH 4TH STREET - LOUISVILLE, KY 40202</td>
<td>61-0480950</td>
<td>501(C)(3)</td>
<td>7,500.</td>
<td>0.</td>
<td>appraisal</td>
<td>IN OUR BACKYARDS (SEE SCHEDULE I, PART IV FOR PURPOSE OF GRANT)</td>
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<tr>
<td>WASHINGTON STATE BUDGET &amp; POLICY CENTER - 1402 3RD AVENUE, SUITE 1215 - SEATTLE, WA 98101</td>
<td>72-1612982</td>
<td>501(C)(3)</td>
<td>66,600.</td>
<td>0.</td>
<td></td>
<td>MISSING PUZZLE PIECE PROJECT - RESEARCH ON FINES AND FEES</td>
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<tr>
<td>WASHINGTON STATE UNIVERSITY LIGHTY 280 P.O. BOX 641060 PULLMAN, WA 99164</td>
<td>91-6001108</td>
<td>501(C)(3)</td>
<td>140,000.</td>
<td>0.</td>
<td></td>
<td>RURAL JAILS RESEARCH AND POLICY NETWORK</td>
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<tr>
<td>BOSTON AREA RAPE CRISIS CENTER 99 BISHOP RICHARD ALLEN DRIVE, SUITE 203 CAMBRIDGE, MA 02139</td>
<td>04-2974983</td>
<td>501(C)(3)</td>
<td>33,792.</td>
<td>0.</td>
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<td>NATIONAL RESOURCE CENTER ON REACHING UNDERSERVED VICTIMS</td>
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<tr>
<td>WEST VIRGINIA CENTER ON BUDGET &amp; POLICY - 8 CAPITOL STREET - CHARLESTON, WV 25301</td>
<td>56-2653132</td>
<td>501(C)(3)</td>
<td>7,500.</td>
<td>0.</td>
<td></td>
<td>IN OUR BACKYARDS (SEE SCHEDULE I, PART IV FOR PURPOSE OF GRANT)</td>
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<tr>
<td>WORKERS CENTER FOR RACIAL JUSTICE 2929 SOUTH WABASH AVENUE, SUITE 203 CHICAGO, IL 60616</td>
<td>45-4461270</td>
<td>501(C)(3)</td>
<td>10,000.</td>
<td>0.</td>
<td></td>
<td>IN OUR BACKYARDS (SEE SCHEDULE I, PART IV FOR PURPOSE OF GRANT)</td>
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</table>
### Part III
**Grants and Other Assistance to Domestic Individuals.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of noncash assistance</th>
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</tbody>
</table>

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

**PART I, LINE 2:**

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

**SCHEDULE I, PART II(H)**

IN OUR BACKYARDS (PROJECT, WHICH AIMS TO PROTECT AND FURTHER NATIONAL GAINS MADE TOWARD UNWINDING MASS INCARCERATION BY RESPONDING TO DEEPENING PROBLEMS IN OVERLOOKED COMMUNITIES ACROSS THE COUNTRY.)
 Compensation Information  
For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
► Attach to Form 990.  
► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization 
VERA INSTITUTE OF JUSTICE, INC.

Part I Questions Regarding Compensation

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

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

1b 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

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?

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.

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

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

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

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

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.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) NICHOLAS R. TURNER</td>
<td>(i) 396,246.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>(iv) 32,692.</td>
<td>(v) 24,224.</td>
</tr>
<tr>
<td>PRESIDENT AND DIRECTOR</td>
<td>(i) 0.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>(iv) 0.</td>
<td>(v) 0.</td>
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<tr>
<td>(2) GENIA WRIGHT</td>
<td>(i) 202,711.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>(iv) 10,344.</td>
<td>(v) 8,398.</td>
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<tr>
<td>CHEIF OPERATING &amp; FINANCE</td>
<td>(i) 0.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>(iv) 0.</td>
<td>(v) 0.</td>
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<tr>
<td>(3) ADAIR IACONO</td>
<td>(i) 149,422.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>(iv) 7,738.</td>
<td>(v) 8,327.</td>
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<td>GENERAL COUSEL &amp; SECRETARY</td>
<td>(i) 0.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>(iv) 0.</td>
<td>(v) 0.</td>
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<tr>
<td>(4) KEVIN KEENAN</td>
<td>(i) 228,576.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>(iv) 11,696.</td>
<td>(v) 25,166.</td>
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<tr>
<td>VICE PRESIDENT OF INNOVATION &amp; NEW</td>
<td>(i) 0.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>(iv) 0.</td>
<td>(v) 0.</td>
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<tr>
<td>I</td>
<td>VP OF COMMUNICATION, / PUB</td>
<td>(i) 207,583.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>(iv) 10,499.</td>
</tr>
<tr>
<td>VICE PRESIDENT / RESEARCH</td>
<td>(i) 0.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>(iv) 0.</td>
<td>(v) 0.</td>
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<tr>
<td>(7) JORDAN KESSLER</td>
<td>(i) 183,514.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>(iv) 9,625.</td>
<td>(v) 18,646.</td>
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<td>VICE PRESIDENT, DEVELOPMENT</td>
<td>(i) 0.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>(iv) 0.</td>
<td>(v) 0.</td>
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<td>(8) NANCY A. SMITH</td>
<td>(i) 174,113.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>(iv) 8,849.</td>
<td>(v) 8,364.</td>
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<td>CENTER DIRECTOR</td>
<td>(i) 0.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>(iv) 0.</td>
<td>(v) 0.</td>
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</tbody>
</table>
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.
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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

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

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

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

SENTENCING AND CORRECTIONS DEVELOPING AND SUPPORTING BALANCED, FAIR AND HUMANE SENTENCING AND CORRECTIONS POLICIES TO REDUCE USE OF INCARCERATION; TRANSFORM INCARCERATION TO BE REHABILITATIVE, RATHER THAN PUNITIVE; AND ENSURE THE SAFETY OF PRISONS. MAJOR INITIATIVES INCLUDE IN OUR BACKYARDS (REDUCING USE OF JAILS IN RURAL COMMUNITIES) AND UNLOCKING POTENTIAL (EXPANDING ACCESS TO POST-SECONDARY EDUCATION TO THOSE IN PRISON). IN ADDITION, VERA IS HELPING CITIES AND COUNTIES AROUND THE COUNTRY END THEIR OVERRELIANCE ON JAILS AND CREATE NEW PATHWAYS TO COMMUNITY SAFETY AND HEALTH THAT PRIORITIZE RACIAL EQUITY AND REPAIRING HARM CAUSED BY MASS INCARCERATION. VERA WORKS COLLABORATIVELY WITH LOCAL GOVERNMENTS AND COMMUNITIES TO STUDY JAIL
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
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.
FORM 990, PART XII, LINE 23

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR
<table>
<thead>
<tr>
<th>Asset No.</th>
<th>Description</th>
<th>Date Acquired</th>
<th>Method</th>
<th>Life</th>
<th>C of V Line No.</th>
<th>Unadjusted Cost Or Basis</th>
<th>Bus % Excl</th>
<th>Section 179 Expense</th>
<th>Reduction In Basis</th>
<th>Basis For Depreciation</th>
<th>Beginning Accumulated Depreciation</th>
<th>Current Sec 179 Expense</th>
<th>Current Year Deduction</th>
<th>Ending Accumulated Depreciation</th>
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<tbody>
<tr>
<td></td>
<td>FURNITURE &amp; FIXTURES</td>
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<td></td>
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</tr>
<tr>
<td>2</td>
<td>FURNITURE</td>
<td>VARIOUS SL</td>
<td>7.00</td>
<td>16</td>
<td></td>
<td>643,218.</td>
<td></td>
<td></td>
<td>643,218.</td>
<td>71,778.</td>
<td>176,698.</td>
<td>248,476.</td>
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<tr>
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<td>MACHINERY &amp; EQUIPMENT</td>
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<td>3</td>
<td>COMPUTER EQUIPMENT</td>
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<td>830,762.</td>
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<td>830,762.</td>
<td>493,289.</td>
<td>101,795.</td>
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<td>4</td>
<td>OFFICE EQUIPMENT</td>
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<td>5.00</td>
<td>16</td>
<td></td>
<td>171,459.</td>
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<td></td>
<td>171,459.</td>
<td>170,043.</td>
<td>15,008.</td>
<td>185,051.</td>
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<td>1,002,221.</td>
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<td>663,332.</td>
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<td></td>
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<td></td>
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<tr>
<td></td>
<td>OTHER</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>1</td>
<td>LEASEHOLD IMPROVEMENTS</td>
<td>VARIOUS SL</td>
<td>15.00</td>
<td>16</td>
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<td>6,512,885.</td>
<td></td>
<td></td>
<td>6,512,885.</td>
<td>1,267,371.</td>
<td>420,271.</td>
<td>1,687,642.</td>
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<tr>
<td></td>
<td>* 990 PAGE 10 TOTAL OTHER</td>
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<td></td>
<td></td>
<td></td>
<td>6,512,885.</td>
<td></td>
<td></td>
<td>6,512,885.</td>
<td>1,267,371.</td>
<td>420,271.</td>
<td>1,687,642.</td>
<td></td>
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<tr>
<td></td>
<td>* GRAND TOTAL 990 PAGE 10 DEPR</td>
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<td></td>
<td>8,158,324.</td>
<td></td>
<td></td>
<td>8,158,324.</td>
<td>2,002,481.</td>
<td>713,772.</td>
<td>2,716,253.</td>
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</table>

(D) · Asset disposed  
* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone
**1. General Information**

For Fiscal Year Beginning (mm/dd/yyyy) 07/01/2019 and Ending (mm/dd/yyyy) 06/30/2020

<table>
<thead>
<tr>
<th>Check if Applicable:</th>
<th>Name of Organization:</th>
<th>Employer Identification Number (EIN):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address Change</td>
<td>VERA INSTITUTE OF JUSTICE, INC.</td>
<td>13-1941627</td>
</tr>
<tr>
<td>Name Change</td>
<td>Mailing Address:</td>
<td>NY Registration Number: NY00-35-79</td>
</tr>
<tr>
<td>Initial Filing</td>
<td>34 35TH STREET, NO. 4–2A</td>
<td>212 334-1300</td>
</tr>
<tr>
<td>Final Filing</td>
<td>City / State / ZIP:</td>
<td>Email: <a href="mailto:CONTACTVERA@VERA.ORG">CONTACTVERA@VERA.ORG</a></td>
</tr>
<tr>
<td>Amended Filing</td>
<td>BROOKLYN, NY 11232</td>
<td></td>
</tr>
<tr>
<td>Reg ID Pending</td>
<td>Website:</td>
<td></td>
</tr>
<tr>
<td></td>
<td><a href="http://WWW.VERA.ORG">WWW.VERA.ORG</a></td>
<td></td>
</tr>
</tbody>
</table>

Check your organization’s registration category:  
☐ 7A only ☐ EPTL only ☒ DUAL (7A & EPTL) ☐ EXEMPT

Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.

**2. Certification**

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

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

President or Authorized Officer: NICHOLAS TURNER  
PRESIDENT & DIRECTOR  
Signature  
Print Name and Title  
Date

Chief Financial Officer or Treasurer: GREGORY KLEMM  
COO/CFO  
Signature  
Print Name and Title  
Date

**3. Annual Reporting Exemption**

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

☐ 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed $25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.

☐ 3b. EPTL filing exemption: Gross receipts did not exceed $25,000 and the market value of assets did not exceed $25,000 at any time during the fiscal year.

**4. Schedules and Attachments**

See the following page for a checklist of schedules and attachments to complete your filing. 

☐ Yes ☐ 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.

☐ Yes ☐ No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.

**5. Fee**

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:

<table>
<thead>
<tr>
<th>7A filing fee:</th>
<th>EPTL filing fee:</th>
<th>Total fee:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 25.</td>
<td>$ 1,500.</td>
<td>$ 1,525.</td>
</tr>
</tbody>
</table>

Make a single check or money order payable to: "Department of Law"

CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)  
*The "Exempt" category refers to an organization’s NYS registration status. It does not refer to its IRS tax designation.*
Need Assistance?
Visit: www.CharitiesNYS.com
Call: (212) 416-8401
Email: Charities.Bureau@ag.ny.gov

VERA INSTITUTE OF JUSTICE, INC.

CHAR500
Annual Filing Checklist

Checklist of Schedules and Attachments

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

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

Check the financial attachments you must submit with your CHAR500:

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

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

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

Calculate Your Fee

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

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

For EPTL and DUAL filers, calculate the EPTL fee:

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

Send Your Filing

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

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

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?
Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

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

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

☐ DUAL filers are registered under both 7A and EPTL.

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

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

Where do I find my organization’s NET WORTH?
NET WORTH for fee purposes is calculated on:

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

<table>
<thead>
<tr>
<th>Name of Organization:</th>
<th>NY Registration Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>VERA INSTITUTE OF JUSTICE, INC.</td>
<td>00-35-79</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Fund Raising Professional type:</th>
<th>Name of FRP:</th>
<th>NY Registration Number:</th>
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<tbody>
<tr>
<td>Professional Fund Raiser</td>
<td>CATHY MCNAMARA, INC. (CMI)</td>
<td>32-68-01</td>
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<table>
<thead>
<tr>
<th>Mailing Address:</th>
<th>Telephone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1325 SIXTH AVE, FLOOR 27</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City / State / ZIP:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW YORK, NY 10019</td>
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</tbody>
</table>

### 3. Contract Information

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<tr>
<th>Contract Start Date:</th>
<th>Contract End Date:</th>
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<tbody>
<tr>
<td>10/01/2019</td>
<td>05/31/2020</td>
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### 4. Description of Services

Services provided by FRP:

FUNDRAISING SERVICES FOR VERA'S ANNUAL FUNDRAISING GALA.

### 5. Description of Compensation

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<tr>
<th>Compensation arrangement with FRP:</th>
<th>Amount Paid to FRP:</th>
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<tbody>
<tr>
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<td>70,000.</td>
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### 6. Commercial Co-Venturer (CCV) Report

- Yes
- No

If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s) required by Section 173(a) part 3 of the Executive Law Article 7A?
### 1. Organization Information

<table>
<thead>
<tr>
<th>Name of Organization:</th>
<th>NY Registration Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>VERA INSTITUTE OF JUSTICE, INC.</td>
<td>00–35–79</td>
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</tbody>
</table>

### 2. Government Grants

<table>
<thead>
<tr>
<th>Name of Government Agency</th>
<th>Amount of Grant</th>
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</thead>
<tbody>
<tr>
<td>3. NYS OFFICE FOR NEW AMERICANS</td>
<td>4,390,000.</td>
</tr>
<tr>
<td>5. NYS UNIFIED COURT SYSTEM</td>
<td>2,331,636.</td>
</tr>
<tr>
<td>10. NYC MAYOR’S OFFICE OF CRIMINAL JUSTICE</td>
<td>281,804.</td>
</tr>
<tr>
<td>11. CALIFORNIA DEPARTMENT OF SOCIAL SERVICES</td>
<td>268,500.</td>
</tr>
<tr>
<td>12. NYC DEPT FOR THE AGING</td>
<td>241,060.</td>
</tr>
<tr>
<td>13. COUNTY OF LOS ANGELES–DEPARTMENT OF HEALTH SERVICES</td>
<td>196,000.</td>
</tr>
<tr>
<td>15. CITY OF NEW ORLEANS</td>
<td>96,318.</td>
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Total Government Grants: Total:
1. Organization Information

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<tr>
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<tbody>
<tr>
<td>VERA INSTITUTE OF JUSTICE, INC.</td>
<td>00-35-79</td>
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2. Government Grants

<table>
<thead>
<tr>
<th>Name of Government Agency</th>
<th>Amount of Grant</th>
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</thead>
<tbody>
<tr>
<td>1. NATIONAL INSTITUTE OF MENTAL HEALTH—EARLY DETECTION AT</td>
<td>68,468.</td>
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<tr>
<td>2. SEATTLE MUNICIPAL COURT</td>
<td>61,500.</td>
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<tr>
<td>4. NEW YORK CITY DEPARTMENT OF CORRECTION</td>
<td>30,596.</td>
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<tr>
<td>5. NATIONAL SCIENCE FOUNDATION</td>
<td>21,250.</td>
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<td>6. CITY OF NEW ORLEANS—HEALTH DEPARTMENT</td>
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