

EXTENDED TO MAY 15, 2023

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**Open to Public  
Inspection**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

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

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**34 35TH STREET**

Room/suite

**4-2A**

City or town, state or province, country, and ZIP or foreign postal code

**BROOKLYN, NY 11232****F** Name and address of principal officer: **NICHOLAS R. TURNER****SAME AS C ABOVE****D** Employer identification number**13-1941627****E** Telephone number**212-334-1300****G** Gross receipts \$ **296,561,309.****H(a)** Is this a group returnfor subordinates? ..... ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.VERA.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1961** **M** State of legal domicile: **NY****Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO END THE OVERCRIMINALIZATION AND MASS INCARCERATION OF PEOPLE OF COLOR, IMMIGRANTS, AND PEOPLE</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>17</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>17</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>417</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>24</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>180,654,643.</b>	<b>264,388,225.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>2,537,659.</b>	<b>1,219,371.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>98,206.</b>	<b>-488,174.</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>183,290,508.</b>	<b>265,119,422.</b>
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>3,309,363.</b>	<b>37,706,565.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>34,220,278.</b>	<b>40,373,819.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,716,115.</b>	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>136,135,859.</b>	<b>167,356,288.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>173,665,500.</b>	<b>245,436,672.</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>9,625,008.</b>	<b>19,682,750.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>152,864,033.</b>	<b>247,197,850.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>40,124,683.</b>	<b>124,009,176.</b>
		<b>112,739,350.</b>	<b>123,188,674.</b>

**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.

<b>Sign Here</b>	Signature of officer		Date		
	<b>NICHOLAS R. TURNER, PRESIDENT &amp; DIRECTOR</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>EVA MRUK</b>	<b>EVA MRUK</b>	<b>05/15/23</b>		<b>P00543254</b>
<b>Preparer Use Only</b>	Firm's name ▶	Firm's EIN ▶			
	<b>PKF O'CONNOR DAVIES ADVISORY, LLC</b>	<b>87-3231666</b>			
	Firm's address ▶	Phone no. <b>212-286-2600</b>			
	<b>245 PARK AVENUE, 12TH FLOOR</b>				
	<b>NEW YORK, NY 10167</b>				

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments**

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

☒**1** Briefly describe the organization's mission:

VERA IS A NATIONAL ORGANIZATION THAT PARTNERS WITH IMPACTED COMMUNITIES AND GOVERNMENT LEADERS FOR CHANGE. WITH OFFICES IN FOUR MAJOR CITIES, AND A TEAM OF HUNDREDS OF ADVOCATES, RESEARCHERS, AND POLICY EXPERTS, WE WORK TO TRANSFORM THE CRIMINAL LEGAL AND

**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 \$ 4,694,232. including grants of \$ ) (Revenue \$ )  
RESTORING PROMISE:

RESTORING PROMISE IS AN INITIATIVE THAT CREATES HOUSING UNITS GROUNDED IN DIGNITY FOR YOUNG ADULTS IN PRISON, DISRUPTING HARMFUL PRISON PRACTICES AND POLICIES THROUGH COLLABORATIVE RESEARCH AND TECHNICAL ASSISTANCE. THE TEAM WORKS IN COLORADO, CONNECTICUT, IDAHO, MASSACHUSETTS, NORTH DAKOTA, AND SOUTH CAROLINA.

**4b** (Code: ) (Expenses \$ 3,248,050. including grants of \$ ) (Revenue \$ )  
RESHAPING PROSECUTION:

RESHAPING PROSECUTION IS AN INITIATIVE THAT GUIDES ELECTED PROSECUTORS IN REFORM USING A RACE EQUITY LENS. THIS INVOLVES SUPPORTING PROSECUTORS IN PUTTING THEIR CAMPAIGN PROMISES INTO ACTION AS CONCRETE, DATA-INFORMED POLICIES AND PRACTICES, DEVELOPMENT STRATEGIES TO REDUCE INCARCERATION, PROMOTE RACIAL EQUITY AND INCREASE THE PUBLIC'S CONFIDENCE IN THEIR OFFICE. RESHAPING PROSECUTION'S WORK IS GUIDED BY THREE PRINCIPLES, WITH A FOCUS ON SUPPORTING SAFER COMMUNITIES: SHRINKING THE NUMBER OF PEOPLE WHO ENTER THE CRIMINAL LEGAL SYSTEM; ADDRESSING SYSTEMIC RACIAL DISPARITIES; AND INCREASING ACCOUNTABILITY TO DIRECTLY IMPACTED COMMUNITIES.

**4c** (Code: ) (Expenses \$ 2,950,205. including grants of \$ ) (Revenue \$ )  
ADVANCING UNIVERSAL REPRESENTATION:

THE ADVANCING UNIVERSAL REPRESENTATION INITIATIVE IS DRIVING A NATIONAL MOVEMENT FOR UNIVERSAL REPRESENTATION. OUR GOAL IS TO ESTABLISH A FEDERAL RIGHT TO REPRESENTATION FOR ALL IMMIGRANTS FACING DEPORTATION. BY FIGHTING FOR UNIVERSAL REPRESENTATION, THE INITIATIVE AND ITS PARTNERS ARE KEEPING FAMILIES TOGETHER; DISRUPTING THE CRIMINALIZATION AND DEPORTATION OF IMMIGRANTS AND THEIR FAMILIES; AND PROTECTING PEOPLE FROM THE DEPLORABLE CONDITIONS OF IMMIGRATION DETENTION.

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

(Expenses \$ 218,401,957. including grants of \$ 37,706,565.) (Revenue \$ )

**4e** Total program service expenses **229,294,444.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b> X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b> X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b> X	

**Part IV Checklist of Required Schedules** (continued)

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

Note: All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	234
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	

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

	Yes	No
<b>2a</b> 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		
<b>2a</b> 417		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b> X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	
<b>4a</b> 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)?	<b>4a</b>	X
<b>b</b> If "Yes," enter the name of the foreign country		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b> 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?	<b>6a</b>	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> 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?	<b>7a</b> X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b> X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders	<b>11a</b>	
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>	
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b> 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?	<b>15</b>	X
If "Yes," see the instructions and file Form 4720, Schedule N.		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<b>16</b>	X
If "Yes," complete Form 4720, Schedule O.		
<b>17 Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	<b>17</b>	
If "Yes," complete Form 6069.		

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

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

**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	17			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....		17		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....			2	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....			3	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....			4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....			5	X
<b>6</b> Did the organization have members or stockholders? .....			6	X
<b>7a</b> 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? .....			7a	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....			7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? .....			8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body? .....			8b	X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....			9	X

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

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

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records **►**  
**GREGORY M. KLEMM - 212-376-3174**  
**34 35TH STREET, 4-2A, BROOKLYN, NY 11232**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NICHOLAS R. TURNER PRESIDENT AND DIRECTOR	40.00 3.00			X				549,663.	0.	55,469.
(2) ANGELICA MATOS VP, INITIATIVES	40.00 0.00			X				245,122.	0.	51,253.
(3) KEVIN M. KEENAN, VP, OF INNOV. & NEW INIT., THRU 2/15/22	40.00 0.00			X				243,703.	0.	50,854.
(4) GREGORY M. KLEMM, CFO, COO, ASSISTANT TREASURER	40.00 3.00			X				233,005.	0.	50,625.
(5) JAMES PARSONS, VP, RESEARCH & MONITORING EVAL & LRN	40.00 0.00			X				226,842.	0.	49,232.
(6) JORDAN KESSLER, VP, DEVELOPMENT, THRU 4/11/2022	40.00 0.00			X				228,630.	0.	42,352.
(7) INSHA RAHMAN VP, ADVOCACY & PARTNERSHIP	40.00 3.00			X				252,762.	0.	16,313.
(8) THERESA RAFFAELE JEFFERSON VP, COMMS & EXTERNAL AFFAIRS	40.00 0.00			X				239,705.	0.	26,149.
(9) STACEY STRONGARONE VP, CHIEF OF STAFF	40.00 0.00			X				226,425.	0.	28,255.
(10) ADAIR H. IACONO GENERAL COUNSEL & SECRETARY	40.00 3.00			X				225,126.	0.	25,896.
(11) TRACEY THOMAS-WILMOT CHIEF PEOPLE OFFICER	40.00 0.00					X		198,556.	0.	51,247.
(12) LIDIA SHELLEY DIRECTOR, WORKPLACE SERVICES	40.00 0.00					X		185,543.	0.	52,059.
(13) NANCY A. SMITH CENTER DIRECTOR	40.00 0.00					X		199,092.	0.	23,693.
(14) VICTOR OSAMUDIAME OBASEKI DIRECTOR, RACE, EQUITY, AND INCLUSIO	40.00 0.00					X		197,730.	0.	19,392.
(15) RYAN K. SHANAHAN CENTER DIRECTOR OF RESEARCH	40.00 0.00					X		176,243.	0.	36,686.
(16) EDWARD KWANGYOON CHUNG VP, INITIATIVES, EFF. 10/2021	40.00 0.00			X				60,094.	0.	129.
(17) DAMIEN DWIN CHAIR	1.00 0.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DEBO P. ADEGBILE VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(19) EVAN C. GUILLEMIN TREASURER	1.00 0.00	X		X				0.	0.	0.
(20) ROGER BLISSETT TRUSTEE, THRU 12/31/21	1.00 0.00	X						0.	0.	0.
(21) CARON BUTLER TRUSTEE	1.00 0.00	X						0.	0.	0.
(22) DAWN DOVER TRUSTEE, THRU 12/31/21	1.00 0.00	X						0.	0.	0.
(23) NELSON O. FITTS TRUSTEE	1.00 0.00	X						0.	0.	0.
(24) HELAM GEBREMARIAM TRUSTEE	1.00 0.00	X						0.	0.	0.
(25) JOHN GLEESON TRUSTEE	1.00 0.00	X						0.	0.	0.
(26) CLIFF HUDSON TRUSTEE, THRU 04/05/22	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								3,688,241.	0.	579,604.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								3,688,241.	0.	579,604.

**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

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- 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

	Yes	No
3		X
4	X	
5		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
BLUE STATE, 41 FLATBUSH AVENUE, 8TH FLOOR, BROOKLYN, NY 11217	MARKETING SERVICES	1,327,906.
LUCAS & BARBA LLP, 353 S. BROADWAY, SUITE 400, LOS ANGELES, CA 90013	LEGAL SERVICES	734,255.
M&R STRATEGIC SERVICES, 1101 CONNECTICUT AVE. NW, 7TH FLOOR, WASHINGTON, DC 20036	PUBLIC RELATIONS AND COMMUNICATIONS SERV	667,650.
MAYA INTERPRETERS, LLC POST OFFICE BOX 2858, LABELLE, FL 33975	INTERPRETATION AND TRANSLATION SERVICES	542,245.
MARIE HIGUERA, 705 SECOND AVENUE, SUITE 610, SEATTLE, WA 98104	LEGAL SERVICES	518,503.

**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

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SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2021)



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DAVID KLAFTER TRUSTEE	1.00 0.00	X						0.	0.	0.
(28) LILI LYNTON TRUSTEE	1.00 0.00	X						0.	0.	0.
(29) JOHN MADSEN TRUSTEE	1.00 0.00	X						0.	0.	0.
(30) CATIE MARSHALL TRUSTEE, THRU 12/31/21	1.00 0.00	X						0.	0.	0.
(31) KHALIL GIBRAN MUHAMMAD TRUSTEE	1.00 0.00	X						0.	0.	0.
(32) BARI MATTES TRUSTEE	1.00 1.00	X						0.	0.	0.
(33) THEODORE MCKEE TRUSTEE, THRU 12/31/21	1.00 0.00	X						0.	0.	0.
(34) TIFFANY MOLLER TRUSTEE, THRU 12/31/21	1.00 0.00	X						0.	0.	0.
(35) DANYA PERRY TRUSTEE	1.00 0.00	X						0.	0.	0.
(36) FRITZ SCHWARZ TRUSTEE, THRU 12/31/21	1.00 0.00	X						0.	0.	0.
(37) JUSTIN TUCK TRUSTEE	1.00 1.00	X						0.	0.	0.
(38) LOLA VALEZQUEZ-AGUILU TRUSTEE	1.00 0.00	X						0.	0.	0.
(39) ANILU VAZQUEZ-UBARRI TRUSTEE	1.00 0.00	X						0.	0.	0.
(40) TALİ FARHADIAN WEINSTEIN TRUSTEE	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	1,033,300.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	218,216,249.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	45,138,676.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 150,768.				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>	<b>2 a</b> .....			<b>Business Code</b>			
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			1,748,508.		
<b>4</b> Income from investment of tax-exempt bond proceeds .....							
<b>5</b> Royalties .....							
<b>6 a</b> Gross rents .....		<b>6a</b>	(i) Real (ii) Personal				
<b>b</b> Less: rental expenses ...		<b>6b</b>					
<b>c</b> Rental income or (loss) .....		<b>6c</b>					
<b>d</b> Net rental income or (loss) .....							
<b>7 a</b> Gross amount from sales of assets other than inventory .....		<b>7a</b>	(i) Securities (ii) Other				
<b>b</b> Less: cost or other basis and sales expenses .....		<b>7b</b>	29,895,966. 30,425,103.				
<b>c</b> Gain or (loss) .....		<b>7c</b>	-529,137.				
<b>d</b> Net gain or (loss) .....					-529,137.		-529,137.
<b>8 a</b> Gross income from fundraising events (not including \$ 1,033,300. of contributions reported on line 1c). See Part IV, line 18 .....		<b>8a</b>	246,092.				
<b>b</b> Less: direct expenses .....		<b>8b</b>	1,016,784.				
<b>c</b> Net income or (loss) from fundraising events .....					-770,692.		-770,692.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>9a</b>					
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> SHARED SERVICES			<b>Business Code</b>			
	<b>b</b> MISCELLANEOUS INCOME			900099	244,715.		244,715.
	<b>c</b> .....			900099	37,803.		37,803.
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....				282,518.		
	<b>12 Total revenue.</b> See instructions .....				265119422.	0.	0.

**Part IX Statement of Functional Expenses**

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

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	37,706,565.	37,706,565.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	3,306,352.	1,456,712.	1,546,219.	303,421.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	29,684,300.	24,351,530.	4,700,914.	631,856.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,068,883.	818,796.	234,644.	15,443.
<b>9</b> Other employee benefits	3,675,502.	2,779,144.	830,009.	66,349.
<b>10</b> Payroll taxes	2,638,782.	1,944,628.	635,849.	58,305.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	133,032.	13,216.	118,602.	1,214.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	301,266.		301,266.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	160,281,856.	157,088,051.	1,828,658.	1,365,147.
<b>12</b> Advertising and promotion	20,998.	2,086.	18,720.	192.
<b>13</b> Office expenses	1,699,350.	451,462.	1,154,140.	93,748.
<b>14</b> Information technology	404,224.	33,626.	367,917.	2,681.
<b>15</b> Royalties				
<b>16</b> Occupancy	1,620,345.	950,064.	627,180.	43,101.
<b>17</b> Travel	1,268,738.	780,934.	387,691.	100,113.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	210,020.	154,281.	44,300.	11,439.
<b>20</b> Interest	2,167.		2,167.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	693,913.	527,269.	145,814.	20,830.
<b>23</b> Insurance	154,973.	170.	154,803.	
<b>24</b> 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.)				
<b>a</b> <b>TRAINING</b>	229,890.	88,732.	139,107.	2,051.
<b>b</b> <b>MISCELLANEOUS EXPENSES</b>	199,147.	16,917.	182,005.	225.
<b>c</b> <b>REPAIRS &amp; MAINTENANCE</b>	136,369.	130,261.	6,108.	0.
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	245,436,672.	229,294,444.	13,426,113.	2,716,115.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	6,190,891.	<b>1</b>	33,095,448.
	<b>2</b> Savings and temporary cash investments .....	606,162.	<b>2</b>	14,520,544.
	<b>3</b> Pledges and grants receivable, net .....	66,052,898.	<b>3</b>	61,325,316.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	911,179.	<b>9</b>	100,226.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 9,077,327.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 4,049,704.	<b>10c</b>	5,027,623.
	<b>11</b> Investments - publicly traded securities .....	72,559,500.	<b>11</b>	81,298,296.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	918,329.	<b>12</b>	2,571,466.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	432,623.	<b>15</b>	49,258,931.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	152,864,033.	<b>16</b>	247,197,850.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	38,818,767.	<b>17</b>	74,964,899.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,305,916.	<b>25</b>	49,044,277.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	40,124,683.	<b>26</b>	124,009,176.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	83,502,414.	<b>27</b>	103,947,006.
	<b>28</b> Net assets with donor restrictions .....	29,236,936.	<b>28</b>	19,241,668.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	112,739,350.	<b>32</b>	123,188,674.
	<b>33</b> Total liabilities and net assets/fund balances .....	152,864,033.	<b>33</b>	247,197,850.

Form 990 (2021)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	265,119,422.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	245,436,672.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	19,682,750.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	112,739,350.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-9,233,426.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	123,188,674.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

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

Form 990 (2021)

**SCHEDULE A**  
**(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

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.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ 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.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** 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.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	136843755	136204400	174290868	180654643	264388225	892381891
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	136843755	136204400	174290868	180654643	264388225	892381891
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						892381891

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	136843755	136204400	174290868	180654643	264388225	892381891
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	362,543.	1003196.	115,819.	1383995.	1748508.	4614061.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	359,300.	309,027.	131,623.	98,206.	282,518.	1180674.
<b>11 Total support.</b> Add lines 7 through 10						898176626
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	99.35	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	99.20	%
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

Schedule A (Form 990) 2021

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV** Supporting Organizations (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

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

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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 <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>2a</b>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021

**Part VI****Supplemental Information.**

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

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

2017 AMOUNT: \$ 359,300.

2018 AMOUNT: \$ 309,027.

2019 AMOUNT: \$ 131,623.

2020 AMOUNT: \$ 98,206.

2021 AMOUNT: \$ 282,518.

**SCHEDULE C**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

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

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

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

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

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

Name of organization

VERA INSTITUTE OF JUSTICE, INC.

Employer identification number

13-1941627

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ..... ▶ \$

3 Volunteer hours for political campaign activities .....

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No

4a Was a correction made? ..... ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527  
exempt function activities ..... ▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,  
line 17b ..... ▶ \$

4 Did the filing organization file **Form 1120-POL** for this year? ..... ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

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

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

**B** Check ☒ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)		0.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		81,655.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		81,655.													
<b>d</b> Other exempt purpose expenditures		242337636.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		242419291.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	924,271.	902,754.	529,340.	81,655.	2,438,020.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	0.	0.	0.		

Schedule C (Form 990) 2021





**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**▶ **Attach to Form 990.**▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021****Open to Public  
Inspection****Name of the organization**

VERA INSTITUTE OF JUSTICE, INC.

**Employer identification number**

13-1941627

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

☐ 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.

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

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

(ii) Assets included in Form 990, Part X .....

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

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

b Assets included in Form 990, Part X .....

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Schedule D (Form 990) 2021

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	42,445,804.	33,750,560.	27,678,719.	9,675,609.	5,888,048.
b Contributions	10,000,000.		5,633,000.	16,100,174.	3,334,000.
c Net investment earnings, gains, and losses	-6,168,720.	8,872,375.	562,700.	1,988,849.	505,130.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses		177,131.	123,859.	85,913.	51,569.
g End of year balance	46,277,084.	42,445,804.	33,750,560.	27,678,719.	9,675,609.

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

a Board designated or quasi-endowment ☒ 96.8990 %

b Permanent endowment ☒ 2.7010 %

c Term endowment ☒ .4000 %

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

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

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		6,809,263.	2,390,885.	4,418,378.
d Equipment		2,048,973.	1,658,819.	390,154.
e Other		219,091.		219,091.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,027,623.

Schedule D (Form 990) 2021

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) INVESTMENTS HELD FOR RETIREMENT PLAN	304,825.
(2) GUARDIANSHIP ASSETS HELD IN TRUST	29,615,808.
(3) SECURITY DEPOSITS	35,139.
(4) OTHER RECEIVABLES	33,234.
(5) DUE FROM AFFILIATES	1,262,733.
(6) RIGHT OF USE ASSETS - OPERATING LEASE	18,007,192.
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	49,258,931.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASES PAYABLE	19,123,644.
(3) GUARDIANSHIP ASSETS HELD IN TRUST	29,615,808.
(4) DEFERRED COMPENSATION PLAN	304,825.
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	49,044,277.

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) 2021

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	259,695,581.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-9,233,426.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	4,110,851.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-5,122,575.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	264,818,156.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	301,266.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	301,266.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	265,119,422.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	248,522,442.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	3,387,036.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	3,387,036.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	245,135,406.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	301,266.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	301,266.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	245,436,672.

**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 V, LINE 4:**

THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUND IS FOR LONG TERM SUPPORT OF THE ORGANIZATION. THE SPENDING POLICY ON FUND IS A MAXIMUM OF 4% OF THE AVERAGE UNRESTRICTED FUND BALANCE OVER THE LAST 12 QUARTERS; HOWEVER, THERE HAVE BEEN NO APPROPRIATIONS FROM THE FUND SINCE 2014.

**PART X, LINE 2:**

THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATION BY THE APPLICABLE TAXING

**Part XIII** Supplemental Information (continued)

JURISDICTIONS FOR PERIODS PRIOR TO THE YEAR ENDING JUNE 30, 2019.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUE ATTRIBUTABLE TO AFFILIATES 3,412,618.

ADDITIONAL SPECIAL EVENT EXPENSES 698,233.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 4,110,851.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES ATTRIBUTABLE TO AFFILIATES 2,688,803.

ADDITIONAL SPECIAL EVENT EXPENSES 698,233.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 3,387,036.

Department of the Treasury  
Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

# 2021

**Open to Public Inspection**

Name of the organization

VERA INSTITUTE OF JUSTICE, INC.

Employer identification number	
--------------------------------	--

13-1941627

## 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.

- a** ☐ Mail solicitations  
**b** ☐ Internet and email solicitations  
**c** ☐ Phone solicitations  
**d** ☐ In-person solicitations  
**e** ☐ Solicitation of non-government grants  
**f** ☐ Solicitation of government grants  
**g** ☐ Special fundraising events

**2 a** 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?

☐ Yes☐ No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

**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.

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

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		GALA			
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts .....	1,279,392.			1,279,392.
	2 Less: Contributions .....	1,033,300.			1,033,300.
	3 Gross income (line 1 minus line 2) .....	246,092.			246,092.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....	277,587.			277,587.
	7 Food and beverages .....	217,049.			217,049.
	8 Entertainment .....	200,971.			200,971.
	9 Other direct expenses .....	321,177.			321,177.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				1,016,784.
11 Net income summary. Subtract line 10 from line 3, column (d) .....				-770,692.	

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

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

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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.



<b>Part IV</b>	<b>Supplemental Information</b> <i>(continued)</i>
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[illegible]

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

**VERA INSTITUTE OF JUSTICE, INC.**

**Employer identification number**

**13-1941627**

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

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....

☒ **Yes** ☐ **No**

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
A LA DEFENSA 1014 TORNEY AVE. SAN FRANCISCO, CA 94129	51-0198509	501(C)(3)	35,000.	0.			PROMOTIONAL BOOSTS ON SOCIAL MEDIA AND GENERAL OPERATING SUPPORT
ABA FUND FOR JUSTICE & EDUCATION 321 NORTH CLARK STREET CHICAGO, IL 60654	36-6110299	501(C)(3)	1,538,371.	0.			GENERAL OPERATING SUPPORT
ACACIA CENTER FOR JUSTICE 1025 CONNECTICUT AVENUE, SUITE 701 WASHINGTON, DC 20036	87-4099467	501(C)(3)	1,600,000.	0.			START-UP/GENERAL SUPPORT GRANT
ACTIVATING CHANGE 919 NORTH NARKT STREET, SUITE 950 WILMINGTON, DE 19801	88-0922290	501(C)(3)	800,000.	0.			START-UP/GENERAL SUPPORT GRANT
ADVOCATES FOR BASIC LEGAL EQUALITY, INC. - 525 JEFFERSON AVE., STE. 300 - TOLEDO, OH 43604	23-7376131	501(C)(3)	210,967.	0.			GENERAL OPERATING SUPPORT
AMERICANS FOR IMMIGRANT JUSTICE 6355 NW 36 STREET, SUITE 2201 MIAMI, FL 33166	65-0610872	501(C)(3)	398,709.	0.			GENERAL OPERATING SUPPORT

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

**114.**

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

**12.**

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

**Schedule I (Form 990) 2021**

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMISTAD LAW PROJECT 100 S. JUNIPER ST., 3D FLOOR PHILADELPHIA, PA 19107	47-2112376	501(C)(3)	160,000.	0.			GENERAL OPERATING SUPPORT
ASCENTRIA COMMUNITY SERVICES 11 SHATTUCK STREET WORCESTER, MA 01605	04-3566243	501(C)(3)	52,742.	0.			GENERAL OPERATING SUPPORT
ASSOCIATED CATHOLIC CHARITIES BALTIMORE - 2300B DULANEY VALLEY ROAD - TIMONIUM, MD 21093	52-0591538	501(C)(3)	263,709.	0.			GENERAL OPERATING SUPPORT
AYUDA 1990 K STREET NW, SUITE 500 WASHINGTON, DC 20006	52-0971440	501(C)(3)	188,226.	0.			GENERAL OPERATING SUPPORT
BLACK ALLIANCE FOR JUST IMMIGRATION - 1368 FULTON STREET 311 - BROOKLYN, NY 11216	27-1911378	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
BROOKLYN DEFENDER SERVICES 177 LIVINGSTON STREET BROOKLYN, NY 11201	11-3305406	501(C)(3)	58,649.	0.			TECNHICAL ASSISTANCE SAFE NETWORK AND NYIFUP
C/O NEW LIFE WORSHIP CENTER" 127 MATHER STREET HARTFORD, CT 06120	80-0903381	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
CAPITAL AREA IMMIGRANTS' RIGHTS COALITION - 1025 CONNECTICUT AVENUE NW SUITE 701 - WASHINGTON, DC 20036	52-2141497	501(C)(3)	1,572,167.	0.			GENERAL OPERATING SUPPORT
CAROLINA JUSTICE POLICY CENTER, INC. - P.O BOX 309 - DURHAM, NC 27702	59-1755809	501(C)(3)	15,000.	0.			IN OUR BACKYARDS PROJECT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA CORNELIA LAW CENTER 2760 FIFTH AVENUE, SUITE 200 SAN DIEGO, CA 92103	33-0719221	501(C)(3)	178,984.	0.			GENERAL OPERATING SUPPORT
CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEANS - 1000 HOWARD AVENUE, SUITE 200 - NEW ORLEANS, LA 70113	72-0408911	501(C)(3)	105,484.	0.			GENERAL OPERATING SUPPORT
CATHOLIC CHARITIES COMMUNITY SERVICES ARCHDIOCESE OF NEW YORK - 1011 FIRST AVENUE - NEW YORK, NY 10022	13-5562185	501(C)(3)	608,226.	0.			GENERAL OPERATING SUPPORT
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF GALVESTON HOUSTON - 2900 LOUISIANA STREET - HOUSTON, TX 77006	74-1109733	501(C)(3)	304,113.	0.			GENERAL OPERATING SUPPORT
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF WASHINGTON - 924 G STREET, NW - WASHINGTON, DC 20001	53-0196524	501(C)(3)	52,742.	0.			GENERAL OPERATING SUPPORT
CATHOLIC COMMUNITY SERVICES OF UTAH - 224 N 2200 WEST - SALT LAKE CITY, UT 84116	87-0212450	501(C)(3)	105,484.	0.			GENERAL OPERATING SUPPORT
CATHOLIC LEGAL IMMIGRATION NETWORK 8757 GEORGIA AVE NO 850 SILVER SPRING, MD 20910	52-1584951	501(C)(3)	32,500.	0.			PRACTICE ADVISORY ON SIJS ADJUSTMENT OF STATUS
CATHOLIC LEGAL SERVICES, ARCHDIOCESE OF MIAMI, INC. - 28 WEST FLAGLER STREET, SUITE 1000 - MIAMI, FL 33130	65-0804650	501(C)(3)	342,822.	0.			GENERAL OPERATING SUPPORT
CENTER FOR GENDER & REFUGEE STUDIES - 200 MCALLISTER STREET - SAN FRANCISCO, CA 94102	23-7135898	501(C)(3)	16,000.	0.			TECHNICAL ASSISTANCE FOR THE UNACCOMPANIED CHILDREN LEGAL SERVICES PROJECT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER ON BUDGET AND POLICY PRIORITIES - 1275 FIRST STREET NE, SUITE 1200 - WASHINGTON, DC 20002	52-1234565	501(C)(3)	36,000.	0.			MISSING PUZZLE PIECE PROJECT - RESEARCH ON FINES AND FEES
CENTRAL AMERICAN RESOURCE CENTER (CARECEN) OF CALIFORNIA - 2845 W. 7TH STREET - LOS ANGELES, CA 90005	95-3867724	501(C)(3)	263,709.	0.			GENERAL OPERATING SUPPORT
CHATTANOOGANS IN ACTION FOR LOVE, EQUALITY, AND BENEVOLENCE - 3300 BRANNON AVE - CHATTANOOGA, TN 37407	81-4124279	501(C)(3)	15,255.	0.			IN OUR BACKYARDS
CHILDREN'S LEGAL CENTER INC. 1100 W CERMAK ROAD, SUITE 422 CHICAGO, IL 60608	83-0994270	501(C)(3)	75,242.	0.			GENERAL OPERATING SUPPORT
CHURCH OF GOD 431 GRANT STREET EAST LIVERPOOL, OH 43920	34-1426137	501(C)(3)	20,000.	0.			IN OUR BACKYARDS
CHURCH WORLD SERVICE, INC. 475 RIVERSIDE DR. SUITE 700 NEW YORK, NY 10115	13-4080201	501(C)(3)	374,177.	0.			GENERAL OPERATING SUPPORT
CIVIL SURVIVAL PROJECT P.O. BOX 634 PORT ORCHAD, WA 99366	81-4267776	501(C)(3)	75,000.	0.			GENERAL OPERATING SUPPORT
COMMUNITY LEGAL SERVICES EAST PALO ALTO - 1861 BAY RD. - EAST PALO ALTO, CA 94303	22-3866910	501(C)(3)	116,032.	0.			GENERAL OPERATING SUPPORT
CONNECTICUT INSTITUTE FOR REFUGEES AND IMMIGRANTS INC. - 670 CLINTON AVENUE - BRIDGEPORT, CT 06605	06-0669118	501(C)(3)	134,032.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAUGHTERS BEYOND INCARCERATION 8000 CROWDER BLVD NEW ORLEANS, LA 70127	83-0565514	501(C)(3)	75,000.	0.			GENERAL OPERATING SUPPORT
DBA JEWISH FAMILY COMMUNITY SERVICES - 5743 BARTLETT STREET - PITTSBURGH, PA 15217	25-0965407	501(C)(3)	183,242.	0.			GENERAL OPERATING SUPPORT
DEAF ABUSED WOMEN NETWORK (DAWN) 1140 3RD ST NE FL 2 WASHINGTON, DC 20002	52-2192100	501(C)(3)	8,953.	0.			BUILDING THE CAPACITY OF DEAF ORGANIZATIONS: DEAF ACTION
DEEP CENTER INC. 2002 BULL STREET SAVANNAH, GA 31401	26-1706426	501(C)(3)	10,000.	0.			IN OUR BACKYARDS
DIGNITY AND POWER NOW 3655 SOUTH GRAND AVENUE, SITE 260 LOS ANGELES, CA 90007	46-3064675	501(C)(3)	250,000.	0.			GENERAL OPERATING SUPPORT
DIOCESAN MIGRANT & REFUGEE SERVICES, INC. - 2400 E. YANDELL DR. - EL PASO, TX 79903	74-2723627	501(C)(3)	698,467.	0.			GENERAL OPERATING SUPPORT
EDUCATION STRATEGY GROUP, LLC 2 WISCONSIN CIRCLE, SUITE 1000 CHEVY CHASE, MD 20815	46-0907884		150,756.	0.			UNLOCKING POTENTIAL REI INITIATIVE
ERIE COUNTY BAR ASSOCIATION 429 WEST 6TH STREET ERIE, PA 16507	25-0918054	501(C)(3)	1,191,750.	0.			TECNHICAL ASSISTANCE NYIFUP
FEED THE HUNGRY'S EMPOWERMENT CENTER - 4704 AUGUSTA RD. - GARDEN CITY, GA 31408	80-0812957	501(C)(3)	10,000.	0.			MOTION FOR JUSTICE CAMPAIGN PARTNERSHIP

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA LEGAL SERVICES P.O. BOX 533986 ORLANDO, FL 32853	59-1436126	501(C)(3)	139,742.	0.			GENERAL OPERATING SUPPORT
FORMERLY INCARCERATED COLLEGE GRADUATES NETWORK - 600 PARK OFFICES DR STE. 300 #54 - DURHAM, NC 27709	83-2018348	501(C)(3)	200,000.	0.			POSTSECONDARY EDUCATION CONSORTIA BUILDING AND GENERAL OPERATING SUPPORT
FREEDOM AGENDA/URBAN JUSTICE CENTER - 40 RECTOR STREET, 9TH FLOOR - NEW YORK, NY 10006	13-3442022		180,000.	0.			GENERAL OPERATING SUPPORT
FREEDOM COMMUNITY CENTER 3450 OHIO AVENUE SAINT LOUIS, MO 63118	85-3332122	501(C)(3)	18,750.	0.			MOTION FOR JUSTICE CAMPAIGN PARTNERSHIP
GALVESTON-HOUSTON IMMIGRANT REPRESENTATION PROJECT - P.O. BOX 36329 - HOUSTON, TX 77236	85-2664277	501(C)(3)	1,154,901.	0.			GENERAL OPERATING SUPPORT
GIRLS FOR GENDER EQUITY, INC. 25 CHAPEL STREET, SUITE 1006 BROOKLYN, NY 11201	04-3697166	501(C)(3)	19,000.	0.			FELLOWSHIP
HALE 'OPIO KAUAI INC. 2959 UMI ST LIHUE, HI 96766	99-0155279	501(C)(3)	36,000.	0.			MOTION FOR JUSTICE CAMPAIGN PARTNERSHIP
HCM STRATEGISTS, LLC 501 CONGRESS AVENUE AUSTIN, TX 78701	26-2120999		152,668.	0.			UNLOCKING POTENTIAL REI PROJECT
HIAS PENNSYLVANIA 600 CHESTNUT STREET, SUITE 500B PHILADELPHIA, PA 19106	23-1405597	501(C)(3)	161,419.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HISTORY ASSOCIATES INC. 300 NORTH STONESTREET AVENUE ROCKVILLE, MD 20850	03-0277643	501(C)(3)	31,515.	0.			VERA'S 60TH ANNIVERSARY HISTORY PROJECT
HOGAR IMMIGRANT SERVICES 200 N GLEBE RD., SUITE 250 ARLINGTON, VA 22203	54-0967542	501(C)(3)	52,742.	0.			GENERAL OPERATING SUPPORT
HUMAN RIGHTS INITIATIVE OF NORTH TEXAS - 2801 SWISS AVENUE - DALLAS, TX 75204	75-2842602	501(C)(3)	52,742.	0.			GENERAL OPERATING SUPPORT
HUNTSVILLE BAIL FUND 2018 EAST ARBOR DRIVE NW HUNTSVILLE, AL 35811	85-3933521	501(C)(3)	37,000.	0.			IN OUR BACKYARDS
IMMIGRANT DEFENDERS LAW CENTER 634 SOUTH SPRING ST., 10TH FLOOR LOS ANGELES, CA 90014	47-4473312	501(C)(3)	845,959.	0.			GENERAL OPERATING SUPPORT
IMMIGRANT LAW CENTER OF MINNESOTA 450 NORTH SYNDICATE STREET NO 200 ST PAUL, MN 55104	41-0909036	501(C)(3)	28,333.	0.			SAFE NETWORK
IMMIGRANT LEGAL CENTER 4223 CENTER STREET OMAHA, NE 68105	74-3195841	501(C)(3)	210,967.	0.			GENERAL OPERATING SUPPORT
IMMIGRATION COUNSELING SERVICE 519 SW PARK AVENUE, SUITE 610 PORTLAND, OR 97205	93-0696480	501(C)(3)	219,242.	0.			GENERAL OPERATING SUPPORT
IMMIGRATION JUSTICE CORPS INC. 17 BATTERY PLACE, SUITE 1234 NEW YORK, NY 10004	46-4879076	501(C)(3)	3,685,700.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL ORGANIZATION FOR ADOLESCENTS - 53 WEST JACKSON BLVD, SUITE 1515 - CHICAGO, IL 60604	13-4093883	501(C)(3)	7,500.	0.			TRAINING AND TECHNICAL ASSISTANCE FOR LAW ENFORCEMENT FOR RESPONDING TO HUMAN
INTERNATIONAL RESCUE COMMITTEE, INC. - 122 EAST 42ND STREET - NEW YORK, NY 10709	13-5660870	501(C)(3)	1,374,876.	0.			SAFE NETWORK AND GENERAL OPERATING SUPPORT
JAIL PROJECT OF TEXAS 1712 E RIVERSIDE DRIVE BOX 190 AUSTIN, TX 78741	45-2666807	501(C)(3)	20,000.	0.			IN OUR BACKYARDS
KENTUCKY YOUTH ADVOCATES 10200 LINN STATION RD LOUISVILLE, KY 40223	61-0929390	501(C)(3)	20,000.	0.			IN OUR BACKYARDS
KIDS IN NEED OF DEFENSE (KIND) 1201 L STREET, NW, FLOOR 2 WASHINGTON, DC 20005	26-2763038	501(C)(3)	1,977,628.	0.			GENERAL OPERATING SUPPORT
LATINO MEMPHIS, INC. 6041 MT. MORIAH RD. EXT. SUITE 16 MEMPHIS, TN 38115	31-1694878	501(C)(3)	237,338.	0.			GENERAL OPERATING SUPPORT
LEGAL SERVICES FOR CHILDREN 1254 MARKET STREET, 3RD FLOOR SAN FRANCISCO, CA 94102	51-0169463	501(C)(3)	200,226.	0.			GENERAL OPERATING SUPPORT
LEGAL SERVICES OF NEW JERSEY INC. 100 METROPLEX DRIVE, SUITE 101 EDISON, NJ 08817	22-2059939	501(C)(3)	214,355.	0.			GENERAL OPERATING SUPPORT
LEGAL SERVICES OF SOUTHERN PIEDMONT - 5535 ALBEMARLE ROAD - CHARLOTTE, NC 28212	56-1202940	501(C)(3)	283,209.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIVELY LAW FIRM 2221 EDGE LAKE DRIVE, SUITE 175 CHARLOTTE, NC 28217	22-8535734		154,355.	0.			GENERAL OPERATING SUPPORT
MANO AMIGA 174 SOUTH GUADALUPE STREET, SUITE 1 SAN MARCOS, TX 78666	83-2030465	501(C)(3)	20,000.	0.			IN OUR BACKYARDS
MCCRUMMEN IMMIGRATION LAW GROUP 2005 SWIFT STREET NORTH KANSAS CITY, MO 64116	20-1184587		169,355.	0.			GENERAL OPERATING SUPPORT
MICHIGAN IMMIGRANT RIGHTS CENTER 15 S. WASHINGTON STREET YPSILANTI, MI 48197	38-1845444	501(C)(3)	730,693.	0.			GENERAL OPERATING SUPPORT
MID-MINNESOTA LEGAL AID 111 N. 5TH STREET #100 MINNEAPOLIS, MN 55403	41-1412710	501(C)(3)	40,000.	0.			GENERAL OPERATING SUPPORT
MID-SOUTH IMMIGRATION ADVOCATES INC. - PO BOX 11185 - MEMPHIS, TN 38111	46-3717325	501(C)(3)	1,121,901.	0.			GENERAL OPERATING SUPPORT
MILPA 339 MELODY LANE SALINAS, CA 93901	83-2137871	501(C)(3)	665,489.	0.			SUBGRANT FOR RESTORING PROMISE INITIATIVE
NAACP OF WILSON COUNTY PO BOX 4714 WILSON, NC 27894	56-6086666	501(C)(4)	15,000.	0.			IN OUR BACKYARDS
NATIONAL CRITTENTON 12 METROTECH CENTER, 26TH FLOOR BROOKLYN, NY 11201	54-0505932	501(C)(3)	250,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL IMMIGRANT JUSTICE CENTER 208 S LASALLE ST STE 1300 CHICAGO, IL 60604	36-1877640	501(C)(3)	1,296,409.	0.			GENERAL OPERATING SUPPORT
NATIONAL PARTNERSHIP FOR NEW AMERICANS - 1805 S ASHLAND AVE - CHICAGO, IL 60608	45-3419142	501(C)(3)	250,000.	0.			UNIVERSAL REPRESENTATION CAMPAIGN
NATIONALITIES SERVICE CENTER 1216 ARCH STREET 4TH FLOOR PHILADELPHIA, PA 19107	23-1352336	501(C)(3)	110,267.	0.			SAFE NETWORK
NEW MEXICO IMMIGRANT LAW CENTER PO BOX 7040 ALBUQUERQUE, NM 87194	27-3303237	501(C)(3)	79,113.	0.			GENERAL OPERATING SUPPORT
NEW MEXICO VOICES FOR CHILDREN 625 SILVER AVE SW SUITE 195 ALBUQUERQUE, NM 87102	85-0348301	501(C)(3)	46,100.	0.			MISSING PUZZLE PIECE PROJECT - RESEARCH ON FINES AND FEES
NEW YORK LEGAL ASSISTANCE GROUP 7 HANOVER SQUARE 18TH FLOOR NEW YORK, NY 10004	13-3505428	501(C)(3)	99,000.	0.			NEW YORK IMMIGRANT FAMILY UNITY PROJECT
NEW YORK UNIVERSITY 4 CHASE METROTECH CENTER FLOOR 14 BROOKLYN, NY 11245	13-5562308	501(C)(3)	59,223.	0.			TECHNICAL ASSISTANCE FOR ENDING GIRLS' INCARCERATION INITIATIVE
NOAH'S HOUSE 2138 LINCOLN WAY E CHAMBERSBURG, PA 17202	81-2810826	501(C)(3)	17,500.	0.			MOTION FOR JUSTICE CAMPAIGN PARTNERSHIP
NORTHWEST IMMIGRANT RIGHTS PROJECT 615 2ND AVENUE, SUITE 400 SEATTLE, WA 98104	91-1393082	501(C)(3)	79,113.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OFFENDER AID AND RESTORATION OF ARLINGTON COUNTY OARA, INC. - 1400 NORTH UHLE STREET, SUITE 704 - ARLINGTON, VA 22201	54-1024562	501(C)(3)	18,750.	0.			MOTION FOR JUSTICE CAMPAIGN PARTNERSHIP
OPERATION RESTORATION 2321 THALIA STREET NEW ORLEANS, LA 70113	61-1791941	501(C)(3)	10,500.	0.			SUBGRANT FOR COMMUNITY SUPPORTED RELEASE PROGRAM (NOLA)
OPPORTUNITIES, ALTERNATIVES, AND RESOURCES (OAR) - 10700 PAGE AVENUE, SUITE 200 - FAIRFAX, VA 22030	54-0952630	501(C)(3)	26,000.	0.			MOTION FOR JUSTICE CAMPAIGN PARTNERSHIP
ORLANDO CENTER FOR JUSTICE INC. 1300 N SEMORAN BLVD SUITE 120 ORLANDO, FL 32807	81-2421015	501(C)(3)	158,734.	0.			GENERAL OPERATING SUPPORT
PENNSYLVANIA IMMIGRATION RESOURCE CENTER - 294 PLEASANT ACRES ROAD NO 202 - YORK, PA 17402	23-2851213	501(C)(3)	241,999.	0.			SAFE NETWORK
PEOPLE LIVING IN RECOVERY 240 NORTH AVENUE ATHENS, GA 30601	58-2591685	501(C)(3)	18,750.	0.			MOTION FOR JUSTICE CAMPAIGN PARTNERSHIP
PLAYERS PHILANTHROPY FUND 1122 KENILWORTH DRIVE NO 201 TOWSON, MD 21204	27-6601178	501(C)(3)	20,000.	0.			IN OUR BACKYARDS PROJECT
PRISONERS' LEGAL SERVICES OF NEW YORK INC. - 41 STATE STREET, M112 - ALBANY, NY 12207	13-2851858	501(C)(3)	1,244,355.	0.			TECHNICAL ASSISTANCE NYIFUP AND GENERAL OPERATING SUPPORT
PROJECT GUARDIANSHIP, INC. PO BOX 25106 BROOKLYN, NY 11202	84-5004265	501(C)(3)	51,000.	0.			GUARDIANSHIP SERVICES FOR ELDERLY AND DISABLED PEOPLE IN NEW YORK CITY AND GENERAL OPERATING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUBLIC COUNSEL 610 S ARDMORE AVE. LOS ANGELES, CA 90005	23-7105149		1,147,642.	0.			GENERAL OPERATING SUPPORT
REFUGEE & IMMIGRANT CENTER FOR EDUCATION & LEGAL SERVICES (RAICES) - 5121 CRESTWAY DRIVE, SUITE 105 - SAN ANTONIO, TX 78239	74-2436920	501(C)(3)	750,484.	0.			GENERAL OPERATING SUPPORT
ROCKY MOUNTAIN IMMIGRANT ADVOCACY NETWORK - 7301 FEDERAL BLVD., SUITE 300 - WESTMINSTER, CO 80030	84-1565542		277,984.	0.			GENERAL OPERATING SUPPORT
RTI INTERNATIONAL INC. 3040 E. CORNWALLIS ROAD PO BOX 12194 - RESEARCH TRIANGLE PARK, NC 27709	56-0686338	501(C)(3)	67,904.	0.			SECOND CHANCE ACT TRAINING AND TECHNICAL ASSISTANCE PROGRAM: EDUCATION, EMPLOYMENT,
SAFE AND JUST MICHIGAN 521 SEYMOUR AVENUE LANSING, MI 48933	38-3520445	501(C)(3)	142,520.	0.			SUPPORT OPENING DOORS TO HOUSING FOR PEOPLE IN MICHIGAN WITH CONVICTION
SOUTHERN CENTER FOR HUMAN RIGHTS 60 WALTON STREET NW ATLANTA, GA 30303	62-1025326	501(C)(3)	10,000.	0.			IN OUR BACKYARDS PROJECT
SOUTHERN VISION ALLIANCE PO BOX 51698 DURHAM, NC 27717	61-1639641	501(C)(3)	15,000.	0.			IN OUR BACKYARDS PROJECT
ST. PAULS EPISCOPAL CHURCH 224 N EAST AVE FAYETTEVILLE, AR 72701	71-0314117	501(C)(3)	19,974.	0.			IN OUR BACKYARDS PROJECT
THE ADVOCATES FOR HUMAN RIGHTS 330 SECOND AVENUE SOUTH, STE 800 MINNEAPOLIS, MN 55401	36-3292374	501(C)(3)	181,559.	0.			SAFE NETWORK AND GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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THE COMMONWEALTH INSTITUTE 1329 E CARY ST #200 RICHMOND, VA 23219	27-1598303	501(C)(3)	92,200.	0.			MISSING PUZZLE PIECE PROJECT - RESEARCH ON FINES AND FEES
THE DOOR-A CENTER OF ALTERNATIVES, INC. - 121 AVENUE OF THE AMERICAS - NEW YORK, NY 10013	13-6127348	501(C)(3)	643,959.	0.			GENERAL OPERATING SUPPORT
THE FIRST 72 2915 PERDIDO ST NEW ORLEANS, LA 70119	47-1833909	501(C)(3)	8,500.	0.			SUBGRANT TO SUPPORT THE EMERGENCY HOUSING ASSISTANCE PROJECT (NOLA) AND GENERAL OPERATING
THE FLORENCE IMMIGRANT & REFUGEE RIGHTS PROJECT - P.O. BOX 86299 - TUCSON, AZ 85754	86-0658103		1,701,193.	0.			GENERAL OPERATING SUPPORT
THE IMMIGRATION PROJECT, INC. 211 LANDMARK DRIVE, SUITE B3A NORMAL, IL 61761	43-1700482		150,605.	0.			GENERAL OPERATING SUPPORT
THE LEADERSHIP CONFERENCE EDUCATIONAL FUND, INC. - 1620 L ST, NW STE. 1100 - WASHINGTON, DC 20036	23-7026895	501(C)(4)	21,000.	0.			SUPPORT GRANT - FEDERAL FENTANYL SCHEDULING POLICY
THE MAURITANIAN NETWORK FOR HUMAN RIGHTS - P.O. BOX 18033 - CINCINNATI, OH 45218	83-2281205	501(C)(3)	82,500.	0.			SAFE NETWORK COMMUNITY-BASED GRANTS AND GENERAL OPERATING SUPPORT
THE MONTGOMERY BAILOUT 1705 TAYLOR RD MONTGOMERY, AL 36117	63-0351562	501(C)(3)	16,320.	0.			IN OUR BACKYARDS PROJECT
THE PRAXIS PROJECT/FREE HEARTS OF TENNESSEE - PO BOX 7259 - OAKLAND, CA 94601	30-0044814	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE WHITNEY PLANTATION 5099 HIGHWAY 18 WALLACE, LA 70049	83-2558430	501(C)(3)	5,010.	0.			GENERAL OPERATING SUPPORT
TIDES CENTER PO BOX 29907 SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	17,000.	0.			REI WORKING GROUP GRANT
TRANSGENDER LAW CENTER PO BOX 70976 OKLAND, CA 94612	05-0544006	501(C)(3)	17,000.	0.			REI WORKING GROUP GRANT
UFW FOUNDATION 903 H STREET BAKERSFIELD, CA 93304	95-2703575		263,709.	0.			GENERAL OPERATING SUPPORT
UNIVERSITY OF GEORGIA-UGA RESEARCH FOUNDATION - POST AWARD ACCOUNTING-31 EAST CAMPUS ROAD TUCKER HALL, ROOM 411 - ATHENS, GA	58-1353149	501(C)(3)	23,500.	0.			RURAL JAILS RESEARCH AND POLICY NETWORK
WASHINGTON STATE BUDGET & POLICY CENTER - 1402 3RD AVENUE, SUITE 1215 - SEATTLE, WA 98101	72-1612982	501(C)(3)	92,200.	0.			MISSING PUZZLE PIECE PROJECT - RESEARCH ON FINES AND FEES
WASHINGTON STATE UNIVERSITY LIGHTY 280 P.O BOX 641060 PULLMAN, WA 99164	91-6001108	501(C)(3)	25,000.	0.			RURAL JAILS RESEARCH AND POLICY NETWORK
WASHTENAW INTERMEDIATE SCHOOL DISTRICT - 1819 SOUTH WAGNER ROAD - ANN ARBOR, MI 48106	38-1717462	501(C)(3)	12,500.	0.			MOTION FOR JUSTICE CAMPAIGN PARTNERSHIP
WASHTENAW INTERMEDIATE SCHOOL DISTRICT/WASHTENAW MY BROTHER'S KEEPER - 1819 SOUTH WAGNER ROAD - ANN ARBOR, MI 48106	38-1717462	501(C)(3)	32,500.	0.			MOTION FOR JUSTICE CAMPAIGN PARTNERSHIP

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF GREATER HOUSTON 6300 WESTPARK, STE. 600 HOUSTON, TX 77057	74-1109737	501(C)(3)	495,484.	0.			GENERAL OPERATING SUPPORT
YOUNG WOMEN'S FREEDOM CENTER 832 FOLSOM STREET, SUITE 700 SAN FRANCISCO, CA 94107	94-3227681	501(C)(3)	9,500.	0.			YOUTH FELLOWSHIP (THE INITIATIVE TO END GIRLS' INCARCERATION)
YOUTH CENTER OF WESTCHESTER 220 E. 8TH ST MT. VERNON, NY 10550	13-2883065	501(C)(3)	260,000.	0.			MOTION FOR JUSTICE CAMPAIGN PARTNERSHIP AND GENERAL OPERATING SUPPORT



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

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

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

**PART I, LINE 2:**

FOR FEDERAL AWARDS, THE SUBRECIPIENT MUST ADHERE TO ALL APPLICABLE UNIFORM  
GUIDANCE ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT  
REQUIREMENTS SET FORTH IN 2 C.F.R. PART 200.

FOR NON-FEDERAL AWARDS, ALL COSTS MUST BE REASONABLE AND COMPLY WITH LAWS  
APPLICABLE TO THEIR JURISDICTION.

SUBRECIPIENTS MUST HAVE A RECORDKEEPING SYSTEM THAT MAINTAINS THE REVENUE

**Part IV** Supplemental Information

AND EXPENSES SEPARATED FROM EACH OF THEIR FUNDING SOURCES.

SUBRECIPIENTS MUST MAINTAIN COMPLETE AND ACCURATE DOCUMENTATION TO SUPPORT REVENUE AND EXPENSES (I.E. CANCELED CHECKS, BANK STATEMENTS, VENDOR INVOICES, PAYROLL RECORDS, TIMESHEETS, ETC.) FOR THREE YEARS AFTER THE EXPIRATION OF THEIR AGREEMENT WITH VERA.

SUBRECIPIENTS MUST MAINTAIN TIME RECORDS FOR ALL EMPLOYEES PAID UNDER THE SUBRECIPIENTS CONTRACT. TIME RECORDS MUST INCLUDE PAY PERIOD START AND END DATES AND BE SIGNED BY BOTH THE EMPLOYEE AND SUPERVISOR. TIMESHEETS FOR EMPLOYEES WHO CHARGE MORE THAN ONE PROJECT MUST REFLECT THE DISTRIBUTION OF THE ACTIVITIES OF THE EMPLOYEE AND MUST BILL THEIR TIME DIRECTLY. BUDGET ALLOCATION CODES ON FEDERAL AWARDS IS NOT ALLOWED.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

INTERNATIONAL ORGANIZATION FOR ADOLESCENTS

(H) PURPOSE OF GRANT OR ASSISTANCE: TRAINING AND TECHNICAL ASSISTANCE FOR LAW ENFORCEMENT FOR RESPONDING TO HUMAN TRAFFICKING OF PEOPLE WITH DISABILITIES

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT GUARDIANSHIP, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GUARDIANSHIP SERVICES FOR ELDERLY AND DISABLED PEOPLE IN NEW YORK CITY AND GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: RTI INTERNATIONAL INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SECOND CHANCE ACT TRAINING AND TECHNICAL ASSISTANCE PROGRAM: EDUCATION, EMPLOYMENT, AND COMMUNITY

**Part IV** Supplemental Information

ENGAGEMENT TTA PROVIDER

NAME OF ORGANIZATION OR GOVERNMENT: THE FIRST 72

(H) PURPOSE OF GRANT OR ASSISTANCE: SUBGRANT TO SUPPORT THE EMERGENCY

HOUSING ASSISTANCE PROJECT (NOLA) AND GENERAL OPERATING SUPPORT

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

VERA INSTITUTE OF JUSTICE, INC.

Employer identification number

13-1941627

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>	
<b>2</b> 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?	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	X
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan?	<b>4b</b>	X
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement?	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization?	<b>5a</b>	X
<b>b</b> Any related organization?	<b>5b</b>	X
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization?	<b>6a</b>	X
<b>b</b> Any related organization?	<b>6b</b>	X
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> 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	<b>7</b>	X
<b>8</b> 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	<b>8</b>	X
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) NICHOLAS R. TURNER PRESIDENT AND DIRECTOR	(i)	527,841.	0.	21,822.	14,480.	40,989.	605,132.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANGELICA MATOS VP, INITIATIVES	(i)	223,965.	0.	21,157.	12,583.	38,670.	296,375.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KEVIN M. KEENAN, VP, OF INNOV. & NEW INIT., THRU 2/15/22	(i)	199,219.	0.	44,484.	12,617.	38,237.	294,557.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) GREGORY M. KLEMM, CFO, COO, ASSISTANT TREASURER	(i)	213,131.	0.	19,874.	12,136.	38,489.	283,630.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JAMES PARSONS, VP, RESEARCH & MONITORING EVAL & LRN	(i)	206,511.	0.	20,331.	11,778.	37,454.	276,074.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JORDAN KESSLER, VP, DEVELOPMENT, THRU 4/11/2022	(i)	208,585.	0.	20,045.	11,766.	30,586.	270,982.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) INSHA RAHMAN VP, ADVOCACY & PARTNERSHIP	(i)	232,869.	0.	19,893.	3,708.	12,605.	269,075.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) THERESA RAFFAELE JEFFERSON VP, COMMS & EXTERNAL AFFAIRS	(i)	219,645.	0.	20,060.	12,157.	13,992.	265,854.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) STACEY STRONGARONE VP, CHIEF OF STAFF	(i)	206,570.	0.	19,855.	11,517.	16,738.	254,680.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ADAIR H. IACONO GENERAL COUNSEL & SECRETARY	(i)	205,345.	0.	19,781.	10,527.	15,369.	251,022.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) TRACEY THOMAS-WILMOT CHIEF PEOPLE OFFICER	(i)	196,983.	0.	1,573.	9,830.	41,417.	249,803.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) LIDIA SHELLEY DIRECTOR, WORKPLACE SERVICES	(i)	170,306.	15,000.	237.	9,852.	42,207.	237,602.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) NANCY A. SMITH CENTER DIRECTOR	(i)	198,792.	0.	300.	9,701.	13,992.	222,785.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) VICTOR OSAMUDIAME OBASEKI DIRECTOR, RACE, EQUITY, AND INCLUSIO	(i)	197,473.	0.	257.	5,407.	13,985.	217,122.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) RYAN K. SHANAHAN CENTER DIRECTOR OF RESEARCH	(i)	175,980.	0.	263.	9,047.	27,639.	212,929.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							

**Part III** Supplemental Information

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

**PART I, LINE 4A:**

KEVIN KEENAN RECEIVED SEVERANCE COMPENSATION OF \$24,754, WHICH WAS INCLUDED  
IN HIS 2021 REPORTABLE COMPENSATION.

**PART I, LINE 7:**

THE ORGANIZATION PAID DISCRETIONARY BONUSES TO CERTAIN INDIVIDUALS REPORTED  
ON THE FORM 990, PART VII, BASED ON INDIVIDUAL PERFORMANCE AND WITHIN THE  
APPROVED BUDGET OF THE ORGANIZATION. THE BONUS AMOUNTS WERE APPROVED BY THE  
BOARD OF DIRECTORS AND WERE INCLUDED IN THE INDIVIDUALS' TAXABLE  
COMPENSATION.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://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 Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	15	150,768.	AVG. SELLING PRICE
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( ) .....				
26 Other ▶ ( ) .....				
27 Other ▶ ( ) .....				
28 Other ▶ ( ) .....				

29 Number of Forms 8283 received by the organization during the tax year for contributions  
for which the organization completed Form 8283, Part V, Donee Acknowledgement .....

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it  
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2021

### Supplemental Information.

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER REPORTED IN PART I, COLUMN (B) REPRESENTS THE NUMBER OF  
CONTRIBUTORS.



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

VERA INSTITUTE OF JUSTICE, INC.

Employer identification number

13-1941627

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

EXPERIENCING POVERTY.

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

IMMIGRATION SYSTEM SO THAT MONEY DOESN'T DETERMINE FREEDOM; FEW PEOPLE  
ARE INCARCERATED; AND EVERYONE BEHIND BARS IS TREATED WITH DIGNITY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAMS:

UNACCOMPANIED CHILDREN PROGRAM, EOIR PROGRAMS - LOP, LOPC, NQRP, ICH,  
CENTER ON VICTIMIZATION AND SAFETY, UNLOCKING POTENTIAL, NY IMMIGRANT  
FAMILY UNITY PROJECT, IN OUR BACKYARDS, JAILS WORK, END GIRLS'  
INCARCERATION, GREATER JUSTICE NEW YORK, CIJ - OTHER RELATED PROJECTS,  
VERA LOUISIANA, REDEFINING PUBLIC SAFETY, VERA CALIFORNIA, FINES AND  
FEES, OPENING DOORS, AND CSC - OTHER RELATED PROJECTS.

EXPENSES \$ 218,401,957. INCLUDING GRANTS OF \$ 37,706,565. REVENUE \$ 0.

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

VERA INSTITUTE OF JUSTICE, INC. HAS ITS FORM 990 PREPARED BY AN OUTSIDE  
ACCOUNTING FIRM. THE DRAFT IS REVIEWED BY MANAGEMENT AND A COMPLETE COPY OF  
THE FORM 990 IS PROVIDED TO ALL MEMBERS OF THE ORGANIZATION'S GOVERNING  
BODY PRIOR TO FILING WITH THE IRS.

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

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY REQUIRES ITS OFFICERS AND

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

Schedule O (Form 990) 2021

Name of the organization

VERA INSTITUTE OF JUSTICE, INC.

Employer identification number

13-1941627

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 AND APPROVING THE COMPENSATION OF THE PRESIDENT AND DIRECTOR ON AN ANNUAL BASIS. AS PART OF THIS PROCESS, THE COMMITTEE REVIEWS COMPARABILITY DATA INCLUDING COMPENSATION SURVEYS/STUDIES, FORM 990S OF OTHER ORGANIZATIONS, AND INFORMATION PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTANT. THE EXECUTIVE COMMITTEE IS COMPOSED ENTIRELY OF INDEPENDENT PERSONS WITH RESPECT TO THE MATTER. THE PROCESS WAS LAST CONDUCTED IN 2021.

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

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. IN ADDITION, THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, FORM 990, ARTICLES OF INCORPORATION, AND BY-LAWS ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST OR BY CALLING THE ORGANIZATION DIRECTLY.

Name of the organization	VERA INSTITUTE OF JUSTICE, INC.	Employer identification number	13-1941627
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## FORM 990, PART IX, LINE 11G, OTHER FEES:

## PAYROLL PROCESSING:

PROGRAM SERVICE EXPENSES	25,302.
MANAGEMENT AND GENERAL EXPENSES	139,811.
FUNDRAISING EXPENSES	12,450.
TOTAL EXPENSES	177,563.

## CONSULTANT FEES AND REIMBURSEMENTS:

PROGRAM SERVICE EXPENSES	6,709,297.
MANAGEMENT AND GENERAL EXPENSES	656,528.
FUNDRAISING EXPENSES	1,342,469.
TOTAL EXPENSES	8,708,294.

## STIPENDS:

PROGRAM SERVICE EXPENSES	145,024.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	145,024.

## OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	3,874.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,874.

## SUBCONTRACTOR FEES:

PROGRAM SERVICE EXPENSES	150,097,086.
MANAGEMENT AND GENERAL EXPENSES	33,084.

Name of the organization	VERA INSTITUTE OF JUSTICE, INC.	Employer identification number	13-1941627
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	150,130,170.
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RECRUITMENT/PLACEMENT AGENCY FEES:

PROGRAM SERVICE EXPENSES	17,355.
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MANAGEMENT AND GENERAL EXPENSES	995,810.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	1,013,165.
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HONORARIUM:

PROGRAM SERVICE EXPENSES	53,939.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	53,939.
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DESIGN FEES:

PROGRAM SERVICE EXPENSES	36,174.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	10,228.
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TOTAL EXPENSES	46,402.
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PENSION SERVICE FEES:

PROGRAM SERVICE EXPENSES	0.
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MANAGEMENT AND GENERAL EXPENSES	3,425.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	3,425.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	160,281,856.
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Name of the organization

VERA INSTITUTE OF JUSTICE, INC.

Employer identification number

13-1941627

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR  
THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF  
AN INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR  
YEAR.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

**VERA INSTITUTE OF JUSTICE, INC.**

Employer identification number

**13-1941627**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
VERA ACTION, INC. - 85-3897516 34 35TH STREET, 4-2A BROOKLYN, NY 11232	ADVOCACY FOR LEGAL AND IMMIGRATION REFORM	NEW YORK	501(C)(4)		VERA INSTITUTE OF JUSTICE, INC.	X	
PROJECT GUARDIANSHIP, INC. - 84-5004265 320 JAY STREET, 4-110 BROOKLYN, NY 11201	PROVIDES CARE FOR INDIVIDUALS WITH DISABILITIES AND MENTAL	NEW YORK	501(C)(3)	LINE 7	VERA INSTITUTE OF JUSTICE, INC.	X	
ACTIVATING CHANGE, INC. - 88-0922290 34 35TH STREET, 4-2A BROOKLYN, NY 11232	ADDRESSES VIOLENCE AND OTHER INJUSTICES FOR PEOPLE WITH DISABILITIES	NEW YORK	501(C)(3)	LINE 7	VERA INSTITUTE OF JUSTICE, INC.	X	

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

Schedule R (Form 990) 2021

**SEE PART VII FOR CONTINUATIONS**

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) VERA ACTION, INC.	O	166,374.	COST
(2) VERA ACTION, INC.	Q	990,815.	COST
(3) ACTIVATING CHANGE, INC.	B	800,000.	COST
(4) PROJECT GAURDIANSHIP, INC.	B	51,000.	COST
(5) PROJECT GAURDIANSHIP, INC.	Q	71,902.	COST
(6) VERA ACTION INC.	L	244,715.	COST



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

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

[illegible]

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

NAME OF RELATED ORGANIZATION:

PROJECT GUARDIANSHIP, INC.

PRIMARY ACTIVITY: PROVIDES CARE FOR INDIVIDUALS WITH DISABILITIES AND  
MENTAL ILLNESSES