

**CHAR500  
Online**For new annual filings,  
and amendments**Annual Filing for Charitable Organizations**New York State Office of the Attorney General  
Charities Bureau - Registration Section  
28 Liberty Street  
New York, NY 10005  
[charitiesnys.com](http://charitiesnys.com)**Open to Public  
Inspection**

Filing Type:

 New Filing AmendmentFiling Year: 2024**General Information**

|                            |  |                          |                     |
|----------------------------|--|--------------------------|---------------------|
| Current Organization Name: | <u>Vera Institute of Justice, Inc.</u> | Updated Name:            | <u>N/A</u>          |
| NY Registration Number:    | <u>00-35-79</u>                        | Registration Category:   | <u>DUAL</u>         |
| Organization Type:         | <u>Corporation</u>                     | EIN:                     | <u>131941627</u>    |
| Current Fiscal Year End:   | <u>06/30</u>                           | Updated Fiscal Year End: | <u>N/A</u>          |
| Organization Email:        | <u>ryoung@vera.org</u>                 | Organization's Phone:    | <u>212-334-1300</u> |
| Tax Exempt Status:         | <u>501(c)(3)</u>                       | Website:                 | <u>WWW.VERA.ORG</u> |

**Organization Address**

| Mailing Address  | Principal Address  | NY State Address |
|--|--|------------------|
| 34 35th Street, 4-2a<br>Brooklyn<br>NY<br>11232<br>United States | 34 35th Street, 4-2a<br>Brooklyn<br>NY<br>11232<br>United States | NA               |

**Primary Contact Information**

First Name: Rob Last Name: Young Title: CFO & COO  
 Phone: 212-334-1300 Email: ryoung@vera.org

**Organization Type**

Type of IRS document filed with IRS: IRS990 Organization Type: Public

**Third Party Preparer Information**

First Name: EVA Last Name: MRUK Title: CPA  
 Firm Name: PKF O'CONNOR DAVIES ADVISORY, LLC Phone: 914-341-7042 Email: EMRUK@PKFOD.COM

**Third Party Address**

Street: 500 MAMARONECK AVENUE, SUITE 301  
 City: HARRISON State: NY  
 Zip: 10528 Country: United States

## Registration Category

1. Does the organization conduct activity in New York State other than soliciting? This may include, but is **not limited to**, maintaining an office, having employees or staff, or running a program.  
 Yes  No
2. Does the organization have assets in New York State?  
 Yes  No
3. Is the organization incorporated or formed in New York State?  
 Yes  No
4. Has the organization received more than \$25,000 in total contributions from New York State residents, foundations, corporations or government agencies or other entities in the period covered by this filing?  
 Yes  No
5. Does the organization plan to receive more than \$25,000 annually in total contributions from New York State residents, foundations, corporations, government agencies or other entities?  
 Yes  No
6. Does the organization use a professional fundraiser or fundraising counsel?  
 Yes  No

Based on your responses to the above questions, this organization's registration category remains as DUAL

## Contribution Information

1. Did the organization solicit or receive contributions during the fiscal year in New York State?  
 Yes  No
3. Choose the total contributions in New York State this fiscal year: \$10,000,000-\$50,000,00

## Annual Exemptions

1. Were the total contributions from New York State, including residents, foundations, government agencies, etc. under \$25,000 during the fiscal year?  
 Yes  No  N/A
2. Did the organization use a professional fundraiser or fundraising counsel during the fiscal year?  
 Yes  No  N/A
3. Were the organization's gross receipts under \$25,000 and the market value of its assets under \$25,000 during the fiscal year?  
 Yes  No

Based on your responses to annual exemption questions, this organization is required to file under DUAL during this fiscal year.

## Financial Information

Type of IRS document filed with IRS IRS990 Organization's total revenue: 40,162,188  
 Organization's total contributions: 28,698,319 Organization's total assets: N/A  
 Organization's net assets: 112,721,923 Organization's total revenue and contributions: N/A  
 Organization's total liabilities: N/A Organization's total assets/worth: N/A  
 Organization's total income: N/A

For this filing year, does your organization plan to complete any of the following with the New York State Charities Bureau?

Closing  Withdrawing  Dissolving  None

Is this your final filing with New York State?  Yes  No  N/A

## Filing Information

Did your organization use a professional fundraiser or fundraising counsel for fundraising activity in New York State?

Yes  No

| General Information  | Description of Services | Description of Compensation |
|--|-------------------------|-----------------------------|
| Name of Firm: <u>N/A</u><br>Type: <u>N/A</u> Reg Number: <u>N/A</u><br>Contract Start: <u>N/A</u> Contract End: <u>N/A</u><br>Amount Paid: <u>N/A</u> Phone : <u>N/A</u><br>Mailing Address: <u>N/A</u>      | <u>N/A</u>              | <u>N/A</u>                  |
| Name of Firm: <u>N/A</u><br>Type: <u>N/A</u> Registration ID: <u>N/A</u><br>Contract Start: <u>N/A</u> Contract End: <u>N/A</u><br>Amount Paid: <u>N/A</u> Phone : <u>N/A</u><br>Mailing Address: <u>N/A</u> | <u>N/A</u>              | <u>N/A</u>                  |
| Name of Firm: <u>N/A</u><br>Type: <u>N/A</u> Registration ID: <u>N/A</u><br>Contract Start: <u>N/A</u> Contract End: <u>N/A</u><br>Amount Paid: <u>N/A</u> Phone : <u>N/A</u><br>Mailing Address: <u>N/A</u> | <u>N/A</u>              | <u>N/A</u>                  |

Did the organization receive government grants during this fiscal year?

Yes  No

| Government Grant Agency                   | Grant Amount   |
|---|----------------|
| U.S. Department of Justice                | \$1,036,648.00 |
| NYS Division of Criminal Justice Services | \$138,208.00   |
| NYC District Attorney                     | \$40,000.00    |
| N/A                                       | N/A            |
| N/A                                       | N/A            |

### Documents

Attached organization's required documents:

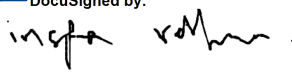
- IRS document
- Certified Public Accountant's Audit Report
- Certified Public Accountant's Review Report
- Complete Certificate of Amendment or other document amending the name
- Other documents

### Signatures

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

| Role                    | First Name | Last Name | Email            |
|-------------------------|------------|-----------|------------------|
| President               | Insha      | Rahman    | irahman@vera.org |
| Chief Financial Officer | Robert     | Young     | ryoung@vera.org  |

Signature of  
President

DocuSigned by:  
  
4AEF00A002C14D9...

Date: 5/15/2026

Signature of  
Chief Financial Officer

Signed by:  
  
212036D2761642E...

Date: 5/15/2026