

Form **8879-TE**

# IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning JUL 1, 2024, and ending JUN 30, 2025

# 2024

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**

**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer

**VERA INSTITUTE OF JUSTICE, INC.**

EIN or SSN

**13-1941627**

Name and title of officer or person subject to tax

**ROB YOUNG  
CHIEF FINANCIAL & OPERATING OFFICER**

### Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1140,162,188.</b>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b>
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b>
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5)	<b>4b</b>
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c)	<b>5b</b>
<b>6a</b> Form 990-T check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4)	<b>6b</b>
<b>7a</b> Form 4720 check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1)	<b>7b</b>
<b>8a</b> Form 5227 check here	<input type="checkbox"/>	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D)	<b>8b</b>
<b>9a</b> Form 5330 check here	<input type="checkbox"/>	<b>b Tax due</b> (Form 5330, Part II, line 19)	<b>9b</b>
<b>10a</b> Form 8038-CP check here	<input type="checkbox"/>	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22)	<b>10b</b>

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

#### PIN: check one box only

I authorize **PKF O'CONNOR DAVIES ADVISORY, LLC** to enter my PIN **41627**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

*Rob Young*

Date **May 15, 2026**

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**13043654711**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **EVA MRUK**

Date **05/15/26**

**ERO Must Retain This Form - See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2024)

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**ROB YOUNG  
CHIEF FINANCIAL & OPERATING OFFICER**

### Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

<b>1a</b> Form 990 check here	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b> _____
<b>7a</b> Form 4720 check here	<input checked="" type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b> <u>181,282.</u>
<b>8a</b> Form 5227 check here	<input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here	<input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here	<input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

#### PIN: check one box only

I authorize **PKF O'CONNOR DAVIES ADVISORY, LLC** to enter my PIN **41627**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

*Rob Young*

Date **May 15, 2026**

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**13043654711**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **EVA MRUK**

Date **05/15/26**

**ERO Must Retain This Form - See Instructions**

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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2024)

Return of Organization Exempt From Income Tax

Form 990

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

2024

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable: C Name of organization: D Employer identification number: E Telephone number: F Name and address of principal officer: G Gross receipts \$: H(a) Is this a group return: H(b) Are all subordinates included?: H(c) Group exemption number: I Tax-exempt status: J Website: K Form of organization: L Year of formation: M State of legal domicile: NY

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Signature of officer: ROB YOUNG, CFO & COO. Preparer: EVA MRUK, PKF O'CONNOR DAVIES ADVISORY, LLC. Date: 05/15/26. PTIN: P00543254.

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
VERA IS A NATIONAL ORGANIZATION THAT PARTNERS WITH IMPACTED COMMUNITIES AND GOVERNMENT LEADERS TO TRANSFORM THE CRIMINAL, LEGAL, AND IMMIGRATION SYSTEMS. USING POLICY, RESEARCH, AND COMMUNICATION EXPERTISE, VERA WORKS TO END THE OVERCRIMINALIZATION AND MASS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
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 [X] 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 \$ 4,785,725. including grants of \$ 0. ) (Revenue \$ 0. )
COMMUNICATIONS & EXTERNAL AFFAIRS

COMMUNICATIONS & EXTERNAL AFFAIRS ADVANCES VERA'S MISSION AS A NATIONAL ORGANIZATION. THE FUNCTION PROVIDES STRATEGIC, ACCURATE, AND VALUES DRIVEN COMMUNICATION THAT REFLECTS VERA'S POLICY, RESEARCH, AND ADVOCACY EFFORTS TO END THE OVERCRIMINALIZATION AND MASS INCARCERATION OF PEOPLE OF COLOR, IMMIGRANTS, AND PEOPLE EXPERIENCING POVERTY. IT ENSURES THAT ALL INTERNAL AND EXTERNAL COMMUNICATIONS ARE TRANSPARENT, CONSISTENT, AND ALIGNED WITH VERA'S ORGANIZATIONAL PRIORITIES, WHILE STRENGTHENING ENGAGEMENT WITH STAKEHOLDERS AND SUPPORTING THE ORGANIZATION'S PUBLIC CREDIBILITY AND IMPACT.

4b (Code: ) (Expenses \$ 3,378,538. including grants of \$ 0. ) (Revenue \$ 0. )
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.

4c (Code: ) (Expenses \$ 3,326,994. including grants of \$ 0. ) (Revenue \$ 0. )
RESTORING PROMISE

RESTORING PROMISE IS AN INITIATIVE OF THE VERA INSTITUTE OF JUSTICE THAT SEEKS TO TRANSFORM PRISON CULTURES, CLIMATES, AND SPACES BY PARTNERING WITH CORRECTIONAL LEADERS TO REIMAGINE HOUSING UNITS FOR YOUNG ADULTS AND REALIGN CORRECTIONS POLICIES AND PRACTICES WITH A COMMITMENT TO HUMAN DIGNITY.

4d Other program services (Describe on Schedule O.)
(Expenses \$ 25,418,024. including grants of \$ 2,422,399. ) (Revenue \$ )

4e Total program service expenses 36,909,281.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Contains 21 main questions and sub-questions (a-f) regarding organizational reporting requirements.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 19; 1b Enter the number of voting members included... 19; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY, CA
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 [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
ROB YOUNG, CHIEF FINANCIAL & OPERATING OFFICER - 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, box 6 of 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 4.00			X			596,633.	0.	66,532.	
(2) EDWARD KWANGYOON CHUNG VP, INITIATIVES	40.00 0.00			X			352,475.	0.	61,206.	
(3) INSHA RAHMAN VP, ADVOCACY & PARTNERSHIP	40.00 9.00			X			355,153.	0.	31,594.	
(4) THERESA RAFFAELE JEFFERSON VP, COMMS. & EXTERNAL AFFAIRS	40.00 0.00			X			304,825.	0.	30,740.	
(5) STACEY STRONGARONE VP, CHIEF OF STAFF	40.00 0.00			X			299,190.	0.	33,827.	
(6) ADAIR H. IACONO CHIEF LEGAL OFFICER	40.00 3.00			X			302,356.	0.	30,025.	
(7) TRACEY THOMAS-WILMOT VP, CHIEF PEOPLE OFFICER	40.00 0.00			X			264,853.	0.	59,012.	
(8) GRETCHEN HASKINS PAGE VP, DEVELOPMENT	40.00 0.00			X			274,802.	0.	32,562.	
(9) JAMES PARSONS, PROGRAM DIRECTOR AND SPECIAL ADVISOR	40.00 0.00					X	239,387.	0.	38,906.	
(10) MARGARET R. DIZEREGA MANAGING DIR., INITIATIVES	40.00 0.00					X	235,551.	0.	37,969.	
(11) VIVIAN SIU MANAGING DIRECTOR	40.00 0.00					X	228,911.	0.	21,657.	
(12) VINA MORRIS, DIRECTOR, TECHNOLOGY INNOVATION AND STRATEGY	40.00 0.00					X	218,466.	0.	30,089.	
(13) KAREN SU YIN TAN DIRECTOR, INNOVATION AND STRATEGY	40.00 0.00					X	200,183.	0.	43,909.	
(14) ROB YOUNG CHIEF FINANCIAL & OPERATING OFFICER	40.00 5.00			X			66,088.	0.	8,803.	
(15) KHALIL GIBRAN MUHAMMAD CHAIR	1.00 0.00	X		X			0.	0.	0.	
(16) EVAN C. GUILLEMIN VICE CHAIR/TREASURER	1.00 0.00	X		X			0.	0.	0.	
(17) LILI LYNTON VICE 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 TRUSTEE	1.00 0.00	X						0.	0.	0.
(19) SANDRA BUCHANAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(20) CARON BUTLER TRUSTEE	1.00 0.00	X						0.	0.	0.
(21) DAMIEN DWIN TRUSTEE	1.00 0.00	X						0.	0.	0.
(22) NELSON O. FITTS TRUSTEE	1.00 0.00	X						0.	0.	0.
(23) JAMES FORMAN TRUSTEE, THRU 3/18/25	1.00 0.00	X						0.	0.	0.
(24) HELAM GEBREMARIAM TRUSTEE	1.00 0.00	X						0.	0.	0.
(25) SEAN HECKER TRUSTEE	1.00 0.00	X						0.	0.	0.
(26) DAVID KLAFTER TRUSTEE	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								3,938,873.	0.	526,831.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								3,938,873.	0.	526,831.

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 111

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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
HONOR CODE CREATIVE, LLC 84 CLIFFORD STREET, MEDFORD, MA 02176	MARKETING SERVICES	477,400.
BLUE STATE DIGITAL, LLC, 3 WORLD TRADE CENTER, 30TH FLOOR, NEW YORK, NY 10007	MARKETING SERVICES	417,738.
PERRY UNDEM, LLC, 4800 HAMPDEN LANE, SUITE 200 PMB 228, BETHESDA, MD 20814	RESEARCH & COMMUNICATION SERVIC	283,106.
LIVELY LAW FIRM, 2221 EDGE LAKE DRIVE, SUITE 175, CHARLOTTE, NC 28217	LEGAL SERVICES	272,040.
CAMINO PUBLIC RELATIONS, 10 E. 23RD STREET, SUITE 620, NEW YORK, NY 10010	PUBLIC RELATIONS SERVICES	268,642.

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 17

SEE PART VII, SECTION A CONTINUATION SHEETS

**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) JOHN MADSEN TRUSTEE	1.00 0.00	X						0.	0.	0.
(28) BARI MATTES TRUSTEE	1.00 1.00	X						0.	0.	0.
(29) DANYA PERRY TRUSTEE	1.00 0.00	X						0.	0.	0.
(30) MINDY TARLOW TRUSTEE	1.00 0.00	X						0.	0.	0.
(31) JUSTIN TUCK TRUSTEE	1.00 1.00	X						0.	0.	0.
(32) ANILU VAZQUEZ-UBARRI TRUSTEE	1.00 0.00	X						0.	0.	0.
(33) LOLA VELAZQUEZ-AGUILU TRUSTEE	1.00 0.00	X						0.	0.	0.
(34) DESIRE VINCENT LEVY TRUSTEE	1.00 0.00	X						0.	0.	0.
(35) TALII FARHADIAN WEINSTEIN TRUSTEE, THRU 6/24/25	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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<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>	1,729,314.			
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	1,214,856.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	25,754,149.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 273,782.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		28,698,319.			
	Program Service Revenue	<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</b>		<b>Total.</b> Add lines 2a-2f .....					
Other Revenue		<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		2,394,605.		2394605.
	<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>	53,554,060.			
	<b>c</b>	Gain or (loss) .....	<b>7c</b>	8,287,475.			
	<b>d</b>	Net gain or (loss) .....		8,287,475.		8287475.	
<b>8 a</b>	Gross income from fundraising events (not including \$ 1,729,314. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>					
			128,687.				
<b>b</b>	Less: direct expenses .....	<b>8b</b>	268,039.				
<b>c</b>	Net income or (loss) from fundraising events .....		-139,352.		-139,352.		
<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>					
			2,527.				
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>	2,201.				
<b>c</b>	Net income or (loss) from sales of inventory .....		326.		326.		
Miscellaneous Revenue	<b>11 a</b>	SHARED SERVICES	<b>Business Code</b>	900099	884,384.	884,384.	
	<b>b</b>	MISCELLANEOUS INCOME		900099	36,431.	36,431.	
	<b>c</b>	_____					
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....			920,815.		
<b>12</b>	<b>Total revenue.</b> See instructions .....			40,162,188.	0.	0.	
						11463869.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,422,399.	2,422,399.		
<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 .....	3,139,233.	1,001,267.	1,560,245.	577,721.
<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 .....	24,766,038.	19,953,814.	3,254,006.	1,558,218.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	1,037,349.	843,750.	134,668.	58,931.
<b>9</b> Other employee benefits .....	4,261,821.	3,276,588.	686,346.	298,887.
<b>10</b> Payroll taxes .....	2,194,751.	1,687,146.	353,705.	153,900.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	66,931.	48,073.	18,858.	
<b>c</b> Accounting .....	142,895.	102,633.	40,262.	
<b>d</b> Lobbying .....	939,627.	674,880.	264,747.	
<b>e</b> Professional fundraising services. See Part IV, line 17 .....				
<b>f</b> Investment management fees .....	318,981.		318,981.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) .....	3,136,218.	2,110,384.	645,608.	380,226.
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	510,637.	205,722.	238,694.	66,221.
<b>14</b> Information technology .....	7,652.	4,403.	2,887.	362.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	1,970,571.	1,453,844.	388,031.	128,696.
<b>17</b> Travel .....	1,113,706.	951,066.	133,512.	29,128.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	285,673.	243,955.	34,247.	7,471.
<b>20</b> Interest .....	324,220.	247,721.	54,571.	21,928.
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	447,562.	345,277.	71,721.	30,564.
<b>23</b> Insurance .....	192,343.		192,343.	
<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 DUES AND SUBSCRIPTIONS</b> .....	1,441,893.	191,270.	1,249,745.	878.
<b>b LEASE TERMINATION EXPEN</b> .....	727,505.	727,505.		
<b>c EMPLOYEE APPRECIATION/S</b> .....	240,813.	154,915.	83,274.	2,624.
<b>d REPAIRS &amp; MAINTENANCE</b> .....	185,163.	135,727.	37,440.	11,996.
<b>e</b> All other expenses .....	180,000.	126,942.	50,886.	2,172.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	50,053,981.	36,909,281.	9,814,777.	3,329,923.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,036,970.	<b>1</b>	963,359.
	<b>2</b> Savings and temporary cash investments .....	5,052,993.	<b>2</b>	15,676,094.
	<b>3</b> Pledges and grants receivable, net .....	31,559,820.	<b>3</b>	22,090,625.
	<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 .....	103,976.	<b>9</b>	243,205.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 9,714,485.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 5,785,029.	<b>10c</b>	3,929,456.
	<b>11</b> Investments - publicly traded securities .....	84,871,572.	<b>11</b>	40,748,503.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	5,692,421.	<b>12</b>	34,487,993.
	<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 .....	34,740,714.	<b>15</b>	26,507,411.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	167,541,428.	<b>16</b>	144,646,646.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	5,572,563.	<b>17</b>	5,202,981.
	<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 .....	36,167,788.	<b>25</b>	26,721,742.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	41,740,351.	<b>26</b>	31,924,723.
<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 .....	86,616,041.	<b>27</b>	83,453,411.
	<b>28</b> Net assets with donor restrictions .....	39,185,036.	<b>28</b>	29,268,512.
	<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 .....	125,801,077.	<b>32</b>	112,721,923.
<b>33</b> Total liabilities and net assets/fund balances .....	167,541,428.	<b>33</b>	144,646,646.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	40,162,188.
2	Total expenses (must equal Part IX, column (A), line 25)	2	50,053,981.
3	Revenue less expenses. Subtract line 2 from line 1	3	-9,891,793.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	125,801,077.
5	Net unrealized gains (losses) on investments	5	-3,187,361.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	112,721,923.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
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 _____	X	

Form 990 (2024)

**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

**2024**

Open to Public Inspection

<b>Name of the organization</b> VERA INSTITUTE OF JUSTICE, INC.	<b>Employer identification number</b> 13-1941627
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**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	180654643	264388225	260049645	139049389	28698319.	872840221
<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	180654643	264388225	260049645	139049389	28698319.	872840221
<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)						7277148.
<b>6 Public support.</b> Subtract line 5 from line 4.						865563073

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4	180654643	264388225	260049645	139049389	28698319.	872840221
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1383995.	1748508.	2050250.	2481149.	2394605.	10058507.
<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.)	98,206.	282,518.	994,108.	948,249.	920,815.	3243896.
<b>11 Total support.</b> Add lines 7 through 10						886142624
<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 2024 (line 6, column (f), divided by line 11, column (f))	<b>14</b>	97.68 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14	<b>15</b>	98.57 %
<b>16a 33 1/3% support test - 2024.</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 - 2023.</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 - 2024.</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 - 2023.</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"/>

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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. 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 - 2023. 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 on line 12 of 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 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 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: 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? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, 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).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<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 (describe in <b>Part VI</b> ). 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 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2024</b>	<b>(iii) Distributable Amount for 2024</b>
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019			
<b>b</b> From 2020			
<b>c</b> From 2021			
<b>d</b> From 2022			
<b>e</b> From 2023			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to under distributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, 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 2024. 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 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020			
<b>b</b> Excess from 2021			
<b>c</b> Excess from 2022			
<b>d</b> Excess from 2023			
<b>e</b> Excess from 2024			

Schedule A (Form 990) 2024



SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990) 2024

**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.

<b>Limits on Lobbying Expenditures</b> (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) .....	103,901.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	1,621,228.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	1,725,129.													
<b>d</b>	Other exempt purpose expenditures .....	45,465,450.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	47,190,579.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">IF the amount on line 1e, column (a) or (b), is:</th> <th style="text-align: left;">THEN 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:	THEN 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:	THEN 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- .....	725,129.													
<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 checked="" 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(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	81,655.	759,916.	741,046.	1,725,129.	3,307,746.
<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		5,821.	24,031.	103,901.	133,753.

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

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments, and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?; 5 Taxable amount of lobbying and political expenditures. See instructions

Part IV Supplemental Information

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

Blank lines for providing supplemental information as required by the instructions.

**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)

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

**Open to Public  
Inspection**

Name of the organization

VERA INSTITUTE OF JUSTICE, INC.

Employer identification number

13-1941627

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

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

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

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

Preservation of land for public use (for example, recreation or education)     Preservation of a historically important land area

Protection of natural habitat     Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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 .....

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

**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    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 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 in 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
<b>1a</b> Beginning of year balance .....	65,833,099.	56,735,233.	46,277,084.	42,445,804.	33,750,560.
<b>b</b> Contributions .....	142,386.	4,531,878.	5,493,718.	10,000,000.	
<b>c</b> Net investment earnings, gains, and losses .....	5,409,531.	6,895,988.	6,604,431.	-6,168,720.	8,872,375.
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....	6,160,000.	2,330,000.	1,640,000.		177,131.
<b>g</b> End of year balance .....	65,225,016.	65,833,099.	56,735,233.	46,277,084.	42,445,804.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 97.2446 %
- b** Permanent endowment 1.9164 %
- c** Term endowment .8390 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No       |
|---|-----|----------|
| <b>(i)</b> Unrelated organizations? .....   |     | <b>X</b> |
| <b>(ii)</b> Related organizations? .....  |     | <b>X</b> |
| <b>b</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
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....		7,333,411.	3,677,895.	3,655,516.
<b>d</b> Equipment .....		2,381,074.	2,107,134.	273,940.
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .....				3,929,456.

**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>ALTERNATIVE INVESTMENTS</b>	<b>34,487,993.</b>	<b>COST</b>
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	<b>34,487,993.</b>	

**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, line 13, col. (B))		

**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) <b>RIGHT OF USE ASSETS - OPERATING LEASE</b>	<b>13,050,791.</b>
(2) <b>GUARDIANSHIP ASSETS HELD IN TRUST</b>	<b>10,387,620.</b>
(3) <b>DUE FROM AFFILIATES</b>	<b>2,017,135.</b>
(4) <b>INVESTMENTS HELD FOR RETIREMENT PLAN</b>	<b>1,014,538.</b>
(5) <b>SECURITY DEPOSITS</b>	<b>33,766.</b>
(6) <b>OTHER RECEIVABLES</b>	<b>3,561.</b>
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	<b>26,507,411.</b>

**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) <b>LEASES PAYABLE</b>	<b>15,253,667.</b>
(3) <b>GUARDIANSHIP ASSETS HELD IN TRUST</b>	<b>10,387,620.</b>
(4) <b>DEFERRED COMPENSATION PLAN</b>	<b>1,014,538.</b>
(5) <b>DUE TO AFFILIATES</b>	<b>65,917.</b>
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>26,721,742.</b>

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	46,571,360.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-3,187,361.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	11,332,057.	
e	Add lines 2a through 2d	2e	8,144,696.	
3	Subtract line 2e from line 1	3	38,426,664.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	318,981.	
b	Other (Describe in Part XIII.)	4b	1,416,543.	
c	Add lines 4a and 4b	4c	1,735,524.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	40,162,188.	

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

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

1	Total expenses and losses per audited financial statements		1	61,156,317.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	12,837,860.	
e	Add lines 2a through 2d	2e	12,837,860.	
3	Subtract line 2e from line 1	3	48,318,457.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	318,981.	
b	Other (Describe in Part XIII.)	4b	1,416,543.	
c	Add lines 4a and 4b	4c	1,735,524.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	50,053,981.	

**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 BOARD DESIGNATED FUND (INCLUDING ITS ENDOWMENT) 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 OR A REQUESTED AMOUNT FROM MANAGEMENT THAT IS APPROVED BY THE BOARD. AN APPROPRIATION WAS TAKEN IN FISCAL YEAR 2025.

**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 JURISDICTIONS FOR PERIODS PRIOR TO THE YEAR ENDING JUNE 30, 2022.

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

REVENUE ATTRIBUTABLE TO AFFILIATES	11,329,856.
COST OF GOODS SOLD	2,201.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	11,332,057.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

ELIMINATIONS	1,395,945.
GRANTS INCLUDED NETTED AGAINST EXPENSES	20,598.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	1,416,543.





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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		<b>GALA</b> (event type)	(event type)	<b>NONE</b> (total number)	
Revenue	<b>1</b> Gross receipts .....	1,858,001.			1,858,001.
	<b>2</b> Less: Contributions .....	1,729,314.			1,729,314.
	<b>3</b> Gross income (line 1 minus line 2) .....	128,687.			128,687.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	171,468.			171,468.
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....	772.			772.
	<b>9</b> Other direct expenses .....	95,799.			95,799.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				268,039.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-139,352.	

**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	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> 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: \_\_\_\_\_



**Part IV** Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

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

**Part 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
ACTIVATING CHANGE, INC. 919 NORTH MARKET STREET, SUITE 950 WILMINGTON, DE 19801	88-0922290	501(C)(3)	560,598.	0.			TO END VICTIMIZATION, CRIMINALIZATION, INCARCERATION, AND INSTITUTIONALIZATION OF
BERKS COUNTY COMMUNITY FOUNDATION 237 COURT STREET READING, PA 19601	23-2769892	501(C)(3)	6,720.	0.			BEYOND JAILS INITIATIVE
COMMUNITIES FOR RESTORATIVE JUSTICE, INC. - P.O. BOX 961074 - BOSTON, MA 02108	45-1220191	501(C)(3)	64,800.	0.			BUILDING AND RESEARCHING COMMUNITY-BASED DIVERSION PROGRAMS
FOUNDATION FOR APPALACHIAN KENTUCKY - 420 MAIN STREET - HAZARD, KY 41701	61-1329396	501(C)(3)	8,000.	0.			BEYOND JAILS INITIATIVE
LEGAL AID JUSTICE CENTER 1000 PRESTON AVENUE CHARLOTTESVILLE, VA 22903	54-0884513	501(C)(3)	100,000.	0.			SAFE NETWORK
MANO AMIGA 174 SOUTH GUADALUPE STREET, SUITE 1 SAN MARCOS, TX 78666	83-2030465	501(C)(3)	40,000.	0.			BEYOND JAILS INITIATIVE

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **28.**

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

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

Schedule I (Form 990) (Rev. 12-2024)

**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
MIXTECA ORGANIZATION, INC. 245 23RD STREET BROOKLYN, NY 11215	47-4091998	501(C)(3)	20,598.	0.			GENERAL OPERATING SUPPORT
NATIONAL CENTER FOR YOUTH LAW 1212 BROADWAY OAKLAND, CA 94612	94-2506933	501(C)(3)	50,000.	0.			TECHNICAL ASSISTANCE AND NATIONAL CURRICULUM
NATIONAL PARTNERSHIP FOR NEW AMERICANS - 1805 S ASHLAND AVENUE - CHICAGO, IL 60608	45-3419142	501(C)(3)	250,000.	0.			FAIRNESS TO FREEDOM CAMPAIGN
NEW ORLEANS YOUTH ALLIANCE 1840 EUTERPE STREET NEW ORLEANS, LA 70113	82-4252541	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
NICHOLS CENTER, INC. 6534 SPRING STREET DOUGLASVILLE, GA 30134	46-3906114	501(C)(3)	64,800.	0.			BUILDING AND RESEARCHING COMMUNITY-BASED DIVERSION PROGRAMS
OAR OF FAIRFAX, INC. 10700 PAGE AVENUE FAIRFAX, VA 22030	54-0952630	501(C)(3)	64,800.	0.			BUILDING AND RESEARCHING COMMUNITY-BASED DIVERSION PROGRAMS
ONWARD! LEGACY FOUNDATION P.O. BOX 26 CORTEZ, CO 81321	26-0045741	501(C)(3)	68,400.	0.			BUILDING AND RESEARCHING COMMUNITY-BASED DIVERSION PROGRAMS
OPERATION RESTORATION 1450 POYDRAS STREET, SUITE 2260 NEW ORLEANS, LA 70112	61-1791941	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
ORANGE COUNTY, NORTH CAROLINA 300 WEST TRYON STREET HILLSBOROUGH, NC 27278	56-6000327	ORANGE COUNTY, N	64,800.	0.			BUILDING AND RESEARCHING COMMUNITY-BASED DIVERSION PROGRAMS

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
PARTNERSHIP FOR SAFETY AND JUSTICE 221 NW 2ND AVENUE, SUITE 209 PORTLAND, OR 97209	93-1277774	501(C)(3)	15,000.	0.			SUPPORT FOR 2025 LEGISLATIVE CAMPAIGN WORK IN OREGON
PROJECT GUARDIANSHIP, INC. P.O. BOX 25106 BROOKLYN, NY 11202	84-5004265	501(C)(3)	138,208.	0.			GUARDIANSHIP SERVICES
REALITY SPEAKING, INC. 742 HAWS AVENUE NORRISTOWN, PA 19401	16-1696798	501(C)(3)	36,000.	0.			BEYOND JAILS INITIATIVE
RESTORATIVE ARLINGTON 3304 N GLEBE ROAD ARLINGTON, VA 22204	87-3950513	501(C)(3)	64,800.	0.			BUILDING AND RESEARCHING COMMUNITY-BASED DIVERSION PROGRAMS
SOCIAL AND ENVIRONMENTAL ENTREPRENEURS - 23564 CALABASAS ROAD, SUITE 201 - CALABASAS, CA 91302	95-4116679	501(C)(3)	8,000.	0.			BEYOND JAILS INITIATIVE
SPROUT NOLA P.O. BOX 19374 NEW ORLEANS, LA 70179	83-1237849	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
TAKEACTION MINNESOTA EDUCATION FUND - 705 RAYMOND AVENUE, #100 - ST. PAUL, MN 55114	41-1635130	501(C)(3)	40,000.	0.			OPENING DOORS TO HOUSING INITIATIVE
THE CENTER FOR COMMUNITY MEDIATION AND FACILITATION, INC. - 4991 PLACITA AGUILERA - TUCSON, AZ 85745	88-3611883	501(C)(3)	64,800.	0.			BUILDING AND RESEARCHING COMMUNITY-BASED DIVERSION PROGRAMS
THE LEGAL CLINIC 1188 BISHOP STREET, SUITE 3209 HONOLULU, HI 96822	82-2821392	501(C)(3)	100,000.	0.			SAFE NETWORK

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 NEW YORK IMMIGRATION COALITION, INC. - 131 WEST 33RD STREET, SUITE 610 - NEW YORK, NY 10001	13-3573409	501(C)(3)	200,000.	0.			CAMPAIGN FOR ACCESS, REPRESENTATION, AND EQUITY FOR IMMIGRANT FAMILIES
UNITED WE ARE ALL FREE MOVEMENT 23 4TH ST SE, SUITE 217 MINNEAPOLIS, MN 55414	54-0963194	501(C)(3)	10,000.	0.			OPENING DOORS TO HOUSING INITIATIVE
WORKING FAMILIES ORGANIZATION, INC. - 77 SANDS STREET, 6TH FL - BROOKLYN, NY 11201	20-4994004	501(C)(4)	32,000.	0.			BEYOND JAILS INITIATIVE
YOUNG WOMEN'S FREEDOM CENTER 832 FOLSOM STREET, SUITE 700 SAN FRANCISCO, CA 94107	94-3227681	501(C)(3)	25,000.	0.			JUVENILE ELECTRONIC MONITORING RESEARCH

**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 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

**Part IV Supplemental Information**

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: ACTIVATING CHANGE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO END VICTIMIZATION, CRIMINALIZATION, INCARCERATION, AND INSTITUTIONALIZATION OF PEOPLE WITH DISABILITIES AND DEAF PEOPLE.

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
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

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 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>	<b>X</b>
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
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>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
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>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
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>	<b>X</b>
<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>	<b>X</b>
<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>	

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

Schedule J (Form 990) (Rev. 12-2024)

**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)	571,311.	0.	25,322.	17,250.	49,282.	663,165.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) EDWARD KWANGYOON CHUNG VP, INITIATIVES	(i)	328,250.	0.	24,225.	16,819.	44,387.	413,681.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) INSHA RAHMAN VP, ADVOCACY & PARTNERSHIP	(i)	331,613.	0.	23,540.	16,724.	14,870.	386,747.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) THERESA RAFFAELE JEFFERSON VP, COMMS. & EXTERNAL AFFAIRS	(i)	280,784.	0.	24,041.	14,280.	16,460.	335,565.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) STACEY STRONGARONE VP, CHIEF OF STAFF	(i)	275,515.	0.	23,675.	14,172.	19,655.	333,017.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ADAIR H. IACONO CHIEF LEGAL OFFICER	(i)	278,843.	0.	23,513.	11,395.	18,630.	332,381.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) TRACEY THOMAS-WILMOT VP, CHIEF PEOPLE OFFICER	(i)	253,034.	0.	11,819.	13,023.	45,989.	323,865.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) GRETCHEN HASKINS PAGE VP, DEVELOPMENT	(i)	251,396.	0.	23,406.	12,968.	19,594.	307,364.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JAMES PARSONS, PROGRAM DIRECTOR AND SPECIAL ADVISOR	(i)	238,511.	0.	876.	12,299.	26,607.	278,293.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MARGARET R. DIZEREGA MANAGING DIR., INITIATIVES	(i)	235,180.	0.	371.	11,960.	26,009.	273,520.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) VIVIAN SIU MANAGING DIRECTOR	(i)	228,357.	0.	554.	11,980.	9,677.	250,568.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) VINA MORRIS, DIRECTOR, TECHNOLOGY INNOVATION AND STRATEGY	(i)	218,085.	0.	381.	11,358.	18,731.	248,555.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) KAREN SU YIN TAN DIRECTOR, INNOVATION AND STRATEGY	(i)	184,928.	15,000.	255.	10,340.	33,569.	244,092.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

**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 BONUSES WERE APPROVED BY THE PRESIDENT. ALL BONUS AMOUNTS WERE INCLUDED IN THE INDIVIDUALS' TAXABLE COMPENSATION.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.  
Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

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

**Part I 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	16	273,782.	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 on Part I, lines 1 through 28, that it must hold for at least 3 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		

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

Schedule M (Form 990) 2024

**Part II** **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 CONTRIBUTIONS.**

Lined area for supplemental information.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

VERA INSTITUTE OF JUSTICE, INC.

Employer identification number

13-1941627

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

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
INCARCERATION OF PEOPLE OF COLOR, IMMIGRANTS, AND PEOPLE EXPERIENCING  
POVERTY.

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

RESHAPING PROSECUTION, ADVOCACY & PARTNERSHIP, REDEFINING PUBLIC  
SAFETY, VERA LOUISIANA, BEYOND JAILS, UNLOCKING POTENTIAL, END GIRLS'  
INCARCERATION, INCARCERATION AND INEQUALITY, CENTRAL RESEARCH,  
INNOVATION AND STRATEGY, VERA CALIFORNIA, OPENING DOORS, GREATER  
JUSTICE NEW YORK, TRUE LINE, NEW INITIATIVES,  
EXPENSES \$ 25,418,024. INCLUDING GRANTS OF \$ 2,422,399. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:  
THE ORGANIZATION HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM.  
IT IS REVIEWED BY MANAGEMENT BEFORE THE FORM 990 IS FILED WITH THE INTERNAL  
REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:  
THE ORGANIZATION'S CONFLICT OF INTEREST POLICY REQUIRES ITS OFFICERS AND  
TRUSTEES TO DISCLOSE WHENEVER THEY HAVE A FINANCIAL INTEREST THAT IS  
IMPLICATED BY A TRANSACTION OR ARRANGEMENT INTO WHICH THE ORGANIZATION IS  
CONTEMPLATING ENTERING (A "POTENTIAL CONFLICT"). IF A POTENTIAL CONFLICT  
EXISTS, THE INTERESTED OFFICER OR TRUSTEE MUST DISCLOSE THE NATURE OF HIS  
OR HER INTEREST TO THE COMMITTEE OF THE BOARD EVALUATING THE TRANSACTION  
AND IS EXCLUDED FROM ALL DELIBERATIONS AND DECISIONS CONCERNING THE MATTER.  
IN ADDITION, THE ORGANIZATION'S TRUSTEES ARE REQUIRED, ON AN ANNUAL BASIS,  
TO CERTIFY THAT THEY HAVE READ AND UNDERSTOOD THE ORGANIZATION'S CONFLICT  
OF INTEREST POLICY AND TO DISCLOSE CERTAIN RELATIONSHIPS THAT COULD GIVE  
RISE TO A POTENTIAL OR ACTUAL CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A:  
THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES IS CHARGED WITH THE TASK  
OF DETERMINING 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 2024.

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.

**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

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.

OMB No. 1545-0047

**Open to Public  
Inspection**

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 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 P.O. BOX 2-5106 BROOKLYN, NY 11202	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 8 THE GREEN, R DOVER, DE 19901	ADDRESSES VIOLENCE AND OTHER INJUSTICES FOR PEOPLE WITH DISABILITIES	NEW YORK	501(C)(3)		N/A		X

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

Schedule R (Form 990) (Rev. 1-2025)

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.

**1** 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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** 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) ACTIVATING CHANGE, INC.	B	560,598.	COST
(2) PROJECT GUARDIANSHIP, INC.	B	138,208.	COST
(3) VERA ACTION, INC.	O	1,023,118.	COST
(4) VERA ACTION, INC.	Q	1,634,999.	COST
(5)			
(6)			



**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

Forms included in Electronic Filing

Form 990/990-EZ/990-PF	Form 990-T
EXPORTED ON 05/15/2026 12:22:43  FORM 990	

**SCHEDULE A - Initial Taxes on Self-Dealing** (Section 4941)

<b>Part I Acts of Self-Dealing and Tax Computation</b>					
(a) Act number	(b) Date of act	(c) Correction made?		(d) Description of act	
		Yes	No		
1					
2					
3					
4					
5					
(e) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VIII, applicable to the act		(f) Amount involved in act		(g) Initial tax on self-dealer (10% of col. (f))	(h) Tax on foundation managers (if applicable) (lesser of \$20,000 or 5% of col. (f))

<b>Part II Summary of Tax Liability of Self-Dealers and Proration of Payments</b>			
(a) Names of self-dealers liable for tax	(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Self-dealer's total tax liability (add amounts in col. (c)) (see instructions)

<b>Part III Summary of Tax Liability of Foundation Managers and Proration of Payments</b>			
(a) Names of foundation managers liable for tax	(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (h), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

**SCHEDULE B - Initial Tax on Undistributed Income** (Section 4942)

1	Undistributed income for years before 2023 (from Form 990-PF for 2024, Part XII, line 6d) .....	1	
2	Undistributed income for 2023 (from Form 990-PF for 2024, Part XII, line 6e) .....	2	
3	Total undistributed income at end of current tax year beginning in 2024 and subject to tax under section 4942 (add lines 1 and 2) .....	3	
4	<b>Tax</b> - Enter 30% of line 3 here and on Part I, line 1 .....	4	

**SCHEDULE C - Initial Tax on Excess Business Holdings** (Section 4943)

**Business Holdings and Computation of Tax**

If you have taxable excess holdings in more than one business enterprise, attach a separate schedule for each enterprise. Refer to the instructions for each line item before making any entries.

Name and address of business enterprise

Employer identification number

Form of enterprise (corporation, partnership, trust, joint venture, sole proprietorship, etc.)

		(a) Voting stock (profits interest or beneficial interest)	(b) Value	(c) Nonvoting stock (capital interest)		
1	Foundation holdings in business enterprise	1				
2	Permitted holdings in business enterprise	2				
3	Value of excess holdings in business enterprise	3				
4	Value of excess holdings disposed of within 90 days; or, other value of excess holdings not subject to section 4943 tax (attach statement)	4				
5	Taxable excess holdings in business enterprise - line 3 minus line 4	5				
6	Tax - Enter 10% of line 5	6				
7	Total tax - Add amounts on line 6, columns (a), (b), and (c); enter total here and on Part I, line 2	7				
8	Did the organization dispose of excess holdings subject to tax reported on line 6? Attach a statement explaining (i) corrective action taken, or (ii) why corrective action has not been taken.				Yes	No

**SCHEDULE D - Initial Taxes on Investments That Jeopardize Charitable Purpose** (Section 4944)

**Part I Investments and Tax Computation**

(a) Investment number	(b) Date of investment	(c) Correction made?		(d) Description of investment	(e) Amount of investment	(f) Initial tax on foundation (10% of col. (e))	(g) Initial tax on foundation managers (if applicable) - (lesser of \$10,000 or 10% of col. (e))
		Yes	No				
1							
2							
3							
4							
5							
<b>Total</b> - Column (f). Enter here and on Part I, line 3							
<b>Total</b> - Column (g). Enter total (or prorated amount) here and in Part II, column (c), below							

**Part II Summary of Tax Liability of Foundation Managers and Proration of Payments**

(a) Names of foundation managers liable for tax	(b) Investment no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

**SCHEDULE E - Initial Taxes on Taxable Expenditures** (Section 4945)

<b>Part I Expenditures and Computation of Tax</b>					
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Correction made?		(e) Name and address of recipient
			Yes	No	
1					
2					
3					
4					
5					
(f) Description of expenditure and purposes for which made			(g) Question number from Form 990-PF, Part VI-B, or Form 5227, Part VIII, applicable to the expenditure		(h) Initial tax imposed on foundation (20% of col. (b))
<b>Total</b> - Column (h). Enter here and on Part I, line 4					
<b>Total</b> - Column (i). Enter total (or prorated amount) here and in Part II, column (c), below					

<b>Part II Summary of Tax Liability of Foundation Managers and Proration of Payments</b>			
(a) Names of foundation managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (i), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

**SCHEDULE F - Initial Taxes on Political Expenditures** (Section 4955)

<b>Part I Expenditures and Computation of Tax</b>							
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Correction made?		(e) Description of political expenditure	(f) Initial tax imposed on organization or foundation (10% of col. (b))	(g) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 2½% of col. (b))
			Yes	No			
1							
2							
3							
4							
5							
<b>Total</b> - Column (f). Enter here and on Part I, line 5							
<b>Total</b> - Column (g). Enter total (or prorated amount) here and in Part II, column (c), below							

<b>Part II Summary of Tax Liability of Organization Managers or Foundation Managers and Proration of Payments</b>			
(a) Names of organization managers or foundation managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

**SCHEDULE G - Tax on Excess Lobbying Expenditures** (Section 4911)

1	Excess of grass roots expenditures over grass roots nontaxable amount (from Schedule C (Form 990), Part II-A, column (b), line 1h). (See the instructions before making an entry.)	1	
2	Excess of lobbying expenditures over lobbying nontaxable amount (from Schedule C (Form 990), Part II-A, column (b), line 1i). (See the instructions before making an entry.)	2	725,129.
3	Excess lobbying expenditures - enter the larger of line 1 or line 2	3	725,129.
4	Tax - Enter 25% of line 3 here and on Part I, line 6	4	181,282.

**SCHEDULE H - Taxes on Disqualifying Lobbying Expenditures** (Section 4912)

Part I Expenditures and Computation of Tax					
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of lobbying expenditures	(e) Tax imposed on organization (5% of col. (b))	(f) Tax imposed on organization managers (if applicable) - (5% of col. (b))
1					
2					
3					
4					
5					
<b>Total</b> - Column (e). Enter here and on Part I, line 7					
<b>Total</b> - Column (f). Enter total (or prorated amount) here and in Part II, column (c), below					

Part II Summary of Tax Liability of Organization Managers and Proration of Payments			
(a) Names of organization managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

**SCHEDULE I - Initial Taxes on Excess Benefit Transactions** (Section 4958)

Part I Excess Benefit Transactions and Tax Computation				
(a) Transaction number	(b) Date of transaction	(c) Correction made?		(d) Description of transaction
		Yes	No	
1				
2				
3				
4				
5				
<b>(e) Amount of excess benefit</b>		<b>(f) Initial tax on disqualified persons (25% of col. (e))</b>		<b>(g) Tax on organization managers (if applicable) (lesser of \$20,000 or 10% of col. (e))</b>

**SCHEDULE I - Initial Taxes on Excess Benefit Transactions** (Section 4958) *Continued*

<b>Part II Summary of Tax Liability of Disqualified Persons and Proration of Payments</b>			
(a) Names of disqualified persons liable for tax	(b) Trans. no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Disqualified person's total tax liability (add amounts in col. (c)) (see instructions)

<b>Part III Summary of Tax Liability of 501(c)(3), (c)(4) &amp; (c)(29) Organization Managers and Proration of Payments</b>			
(a) Names of 501(c)(3), (c)(4) & (c)(29) organization managers liable for tax	(b) Trans. no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

**SCHEDULE J - Taxes on Being a Party to Prohibited Tax Shelter Transactions** (Section 4965)

<b>Part I Prohibited Tax Shelter Transactions (PTST) and Tax Imposed on the Tax-Exempt Entity</b> (see instructions)				
(a) Transaction number	(b) Transaction date	(c) Type of transaction 1 - Listed 2 - Subsequently listed 3 - Confidential 4 - Contractual protection	(d) Description of transaction	
1				
2				
3				
4				
5				
(e) Did the tax-exempt entity know or have reason to know this transaction was a PTST when it became a party to the transaction?		(f) Net income attributable to the PTST	(g) 75% of proceeds attributable to the PTST	(h) Tax imposed on the tax-exempt entity (see instructions)
Yes	No			
<b>Total</b> - Column (h). Enter here and on Part I, line 9 .....				



**SCHEDULE L - Taxes on Prohibited Benefits Distributed From Donor Advised Funds** (Section 4967).

See the instructions.

<b>Part I Prohibited Benefits and Tax Computation</b>		
(a) Item number	(b) Date of prohibited benefit	(c) Description of benefit
1		
2		
3		
4		
5		
(d) Amount of prohibited benefit	(e) Tax on donors, donor advisors, or related persons (125% of col. (d)) (see instructions)	(f) Tax on fund managers (if applicable) (lesser of 10% of col. (d) or \$10,000) (see instructions)

<b>Part II Summary of Tax Liability of Donors, Donor Advisors, Related Persons, and Proration of Payments</b>			
(a) Names of donors, donor advisors, or related persons liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (e) or prorated amount	(d) Donor's, donor advisor's, or related person's total tax liability (add amounts in col. (c)) (see instructions)

<b>Part III Summary of Tax Liability of Fund Managers and Proration of Payments</b>			
(a) Names of fund managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f) or prorated amount	(d) Fund manager's total tax liability (add amounts in col. (c)) (see instructions)

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 taxpayer) is based on all information of which preparer has any knowledge.

**CHIEF FINANCIAL &  
OPERATING OFFICER**

**Sign Here**

Signature of officer or trustee \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person \_\_\_\_\_ Date \_\_\_\_\_

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

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
EVA MRUK	EVA MRUK	05/15/26		P00543254
Firm's name	Firm's EIN		33-1374517	
	PKF O'CONNOR DAVIES ADVISORY, LLC			
Firm's address	245 PARK AVENUE, 12TH FLOOR		Phone no. 212-286-2600	
	NEW YORK, NY 10167			

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 taxpayer) is based on all information of which preparer has any knowledge.

**CHIEF FINANCIAL &  
OPERATING OFFICER**

**Sign  
Here**

Signature of officer or trustee \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person \_\_\_\_\_ Date \_\_\_\_\_

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

**Paid  
Preparer  
Use Only**

Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
EVA MRUK	EVA MRUK	05/15/26		P00543254
Firm's name	Firm's EIN		33-1374517	
	PKF O'CONNOR DAVIES ADVISORY, LLC			
Firm's address	245 PARK AVENUE, 12TH FLOOR		Phone no. 212-286-2600	
	NEW YORK, NY 10167			

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

June 30, 2025

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**Prepared For:**

Vera Institute of Justice, Inc.  
34 35TH STREET 4-2A  
BROOKLYN, NY 11232

---

**Prepared By:**

PKF O'Connor Davies Advisory, LLC  
245 Park Avenue, 12th Floor  
New York, NY 10167

---

**To be Signed and Dated By:**

Not applicable

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**Amount of Tax:**

Total Tax	\$	0
Less: payments and credits	\$	0
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
No payment is required	\$	

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**Overpayment:**

Credited to your estimated tax	\$	0
Other amount	\$	0
Refunded to you	\$	0

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**Make Check Payable To:**

Not applicable

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**Mail Tax Return and Check (if applicable) To:**

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please contact our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.

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**Return Must be Mailed On or Before:**

Not applicable

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**Special Instructions:**

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

**FOR THE YEAR ENDING**

June 30, 2025

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**Prepared For:**

Vera Institute of Justice, Inc.  
34 35TH STREET 4-2A  
BROOKLYN, NY 11232

---

**Prepared By:**

PKF O'Connor Davies Advisory, LLC  
245 Park Avenue, 12th Floor  
New York, NY 10167

---

**Amount of Tax:**

Balance due of \$800

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**Make Check Payable To:**

Department of Justice

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**Mail Tax Return To:**

Registry of Charities and Fundraisers  
P.O. Box 903447  
Sacramento, CA 94203-4470

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**Return must be mailed on or before:**

May 15, 2026

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**Special Instructions:**

The report should be signed and dated by an authorized individual(s).

California Exempt Organization Annual Information Return

Calendar Year 2024 or fiscal year beginning (mm/dd/yyyy) 07/01/2024, and ending (mm/dd/yyyy) 06/30/2025

Corporation/Organization name VERA INSTITUTE OF JUSTICE, INC. California corporation number 2343818

Additional information. See instructions. FEIN 13-1941627

Street address (suite or room) 34 35TH STREET, 4-2A PMB no.

City BROOKLYN State NY ZIP code 11232

Foreign country name Foreign province/state/county Foreign postal code

Form with sections A through O containing various checkboxes and text for organizational details and tax status.

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 16 rows for Receipts and Revenues, Expenses, and Payments, including a signature block and preparer information.

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

SEE PART II SUBSTITUTE ATTACHMENT

Table with 18 rows and 3 columns. Rows include Receipts from Other Sources (lines 1-8) and Expenses and Disbursements (lines 9-18). Columns represent line numbers and amounts.

Schedule L Balance Sheet table with 4 columns: Assets, Liabilities and net worth, Beginning of taxable year (a, b), and End of taxable year (c, d). Rows include Cash, Net accounts receivable, Investments, Land, and Total assets.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

Table with 4 columns for reconciliation of income. Rows include Net income per books, Federal income tax, Excess of capital losses, Income not recorded on books, Expenses recorded on books, Total (line 6), Income recorded on books this year not included, Deductions in this return not charged, Total (line 9), and Net income per return.

CA 199

CASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
BLUE MERIDIAN PARTNERS	530 5TH AVENUE NEW YORK, NY 10036	06/30/25	4,400,334.
SILICON VALLEY COMMUNITY FOUNDATION	444 CASTRO STREET MOUNTAIN VIEW, CA 94041	06/30/25	2,000,000.
ASCENDIUM EDUCATION GROUP	38 BUTTONWOOD COURT MADISON, WI 53718	06/30/25	1,505,761.
THE FORD FOUNDATION	320 E 43RD STREET NEW YORK, NY 10017	06/30/25	1,105,250.
JONATHAN DAVID POLLOCK	3565 N OCEAN BOULEVARD GULF STREAM, FL 33483	06/30/25	1,259,149.
U.S. DEPARTMENT OF JUSTICE	950 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20530	06/30/25	1,036,648.
THE ANDREW W. MELLON FOUNDATION	140 EAST 62ND STREET NEW YORK, NY 10065	06/30/25	1,000,000.
CRANKSTART FOUNDATION	1660 BUSH STREET SAN FRANCISCO, CA 94109	06/30/25	1,000,000.
THE JUST TRUST	2530 MERIDIAN PARKWAY DURHAM, NC 27713	06/30/25	727,500.
FJC - A FOUNDATION OF PHILANTHROPIC FUNDS	225 W 39TH STREET, 12TH FLOOR NEW YORK, NY 10018	06/30/25	660,000.
TOTAL INCLUDED ON LINE 3			<u>14,694,642.</u>

FORM 199

COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 5

STATEMENT 2

COST OF GOODS SOLD

1.	INVENTORY AT BEGINNING OF YEAR . . . . .		
2.	MERCHANDISE PURCHASED. . . . .		
3.	COST OF LABOR. . . . .		
4.	MATERIALS AND SUPPLIES . . . . .		
5.	OTHER COSTS. . . . .	2,201	
6.	ADD LINES 1 THROUGH 5 . . . . .		2,201
7.	INVENTORY AT END OF YEAR . . . . .		
8.	COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		2,201

CA 199

COST OF GOODS SOLD - OTHER COSTS

STATEMENT 3

DESCRIPTION

AMOUNT

COGS 2,201.

TOTAL INCLUDED ON FORM 199, PART I, LINE 5 2,201.

TAXABLE YEAR

2024

# California e-file Return Authorization for Exempt Organizations

FORM  
8453-EO

Exempt Organization name

Identifying number

**VERA INSTITUTE OF JUSTICE, INC.**

**13-1941627**

**Part I Electronic Return Information** (whole dollars only)

1	Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	<b>93,986,488</b>
2	Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	<b>40,430,227</b>
3	Refund (Form 109, line 26)	3	
4	Balance due or Total amount due (Form 199, line 16 or Form 109, line 29)	4	

**Part II Settle Your Account Electronically for Taxable Year 2024**

5  Direct deposit of refund (Form 109 only.)

6  Electronic funds withdrawal **6a** Amount

**6b** Withdrawal date (mm/dd/yyyy)

**Part III Schedule of Estimated Tax Payments for Taxable Year 2025** (These are **not** installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
7 Amount				
8 Withdrawal Date				

**Part IV Banking Information** (Have you verified the exempt organization's banking information?)

9 Routing number \_\_\_\_\_

10 Account number \_\_\_\_\_

11 Type of account:  Checking  Savings

**Part V Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 5, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and any estimated payment amounts listed on Part III, line 7 from the bank account specified in Part IV.


Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2024 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**


**Sign Here**  \_\_\_\_\_  **CFO & COO**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_


**Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.**


I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2024 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**ERO** ERO's signature  **EVA MRUK** Date \_\_\_\_\_ Check if also paid preparer  Check if self-employed  ERO's PTIN **P00543254**

**Must Sign** Firm's name (or yours if self-employed) and address  **PKF O'CONNOR DAVIES ADVISORY, LLC** Firm's FEIN **33-1374517**  
**245 PARK AVENUE, 12TH FLOOR**  
**NEW YORK, NY** ZIP code **10167**

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**Paid Preparer** Paid preparer's signature  \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Paid preparer's PTIN \_\_\_\_\_

**Must Sign** Firm's name (or yours if self-employed) and address  \_\_\_\_\_ Firm's FEIN \_\_\_\_\_  
 ZIP code \_\_\_\_\_

**ANNUAL REGISTRATION RENEWAL FEE REPORT  
TO ATTORNEY GENERAL OF CALIFORNIA**  
Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

MAIL TO:  
Registry of Charities and Fundraisers  
P.O. Box 903447  
Sacramento, CA 94203-4470

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814

WEBSITE ADDRESS:  
[www.oag.ca.gov/charities](http://www.oag.ca.gov/charities)

**VERA INSTITUTE OF JUSTICE, INC.**

Name of Organization

List all DBAs and names the organization uses or has used

**34 35TH STREET, NO. 4-2A**

Address (Number and Street)

**BROOKLYN, NY 11232**

City or Town, State, and ZIP Code

**212-334-1300**

Telephone Number

E-mail Address

Check if:

- Change of address  
 Amended report  
 Organization requests email notifications

State Charity Registration Number 0232491

Corporation or Organization No. 2343818

Federal Employer ID No. 13-1941627

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)**  
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07/01/2024 ending 06/30/2025 ) list:

Total Revenue (including noncash contributions) \$ 40,162,188 Noncash Contributions \$ 273,782 Total Assets \$ 144,646,646  
Program Expenses \$ 36,909,281 Total Expenses \$ 50,053,981

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.**

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? <b>SEE STATEMENT 4</b>	X	
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding? <b>SEE STATEMENT 5</b>	X	
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.**

**ROB YOUNG**

**CFO & COO**

Signature of Authorized Agent

Printed Name

Title

Date

CA RRF-1

EXPLANATION FOR USE OF ORGANIZATION  
FUNDS TO PAY PENALTIES, FINES OR JUDGMENTS  
PART B, LINE 3

STATEMENT 4

THE ORGANIZATION INCURRED AND PAID A FEDERAL EXCISE TAX UNDER IRC 4911 RELATED TO EXCESS LOBBYING EXPENDITURES. THE AMOUNT PAID WAS \$181,282 TO THE INTERNAL REVENUE SERVICE FOR THE TAX YEAR ENDING 6/30/25. THE ORGANIZATION REVIEWED AND REVISED ITS LOBBYING EXPENDITURE MONITORING PROCEDURES TO PREVENT RECURRENCE.

THE ORGANIZATION RECEIVED FUNDING FROM THE FOLLOWING GOVERNMENT AGENCIES:

U.S. DEPARTMENT OF JUSTICE  
NYS DIVISION OF CRIMINAL JUSTICE SERVICES  
NYC DISTRICT ATTORNEY