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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

DLN: 93493097000355

2013

Open to Public Inspection

A Fo	rthe 20	013 cal <u>endar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30</u>	-2014			
B Che	ck if app	plicable C Name of organization VERA INSTITUTE OF JUSTICE INC		D Emplo	yer ider	ntification number
┌ Add	ress cha	nge		13-19	41627	,
┌ Nar	ne chan <u>c</u>	Doing Business As ge				
Init	al return	Number and street (of F O box it mail is not delivered to street address) Room/suit	e	E Telepho	ne numl	ber
Ten	mınated	233 BROADWAY 12TH FLOOR		(212)	334-1	300
☐ Am	ended re			(212)	337-1	300
Г _{Арр}	lication p	NEW YORK, NY 10279 pending		G Gross re	eceıpts \$	47,504,519
		F Name and address of principal officer	H(a) Is this	s a group	return	for
		NICHOLAS TURNER		dinates?		┌ Yes ┌ No
		233 BROADWAY 12TH FLOOR NEW YORK, NY 10279				
			H(b) Are all includes		nates	Γ Y es Γ N o
I Tax	c-exemp	ot status			a lıst	(see instructions)
J W	ebsite:	► WWW VERA ORG	H(c) Grou	p exempt	ion nun	nber ►
K Forn	n of orga	anization 🔽 Corporation 🗆 Trust 🗀 Association 🗀 Other 🕨	L Year of for	mation 19	61 M	State of legal domicile NY
Pa	rt I	Summary				
		riefly describe the organization's mission or most significant activities				
	<u>V</u>	ERA HELPS LEADERS IN GOV'T AND CIVIL SOCIETY IMPROVE SYSTEMS	PEOPLE REL	<u>Y UPON</u>	FOR J	USTICE & SAFETY
Še E	_					
펄						
Activities & Governance	2 C	heck this box দ if the organization discontinued its operations or disposed of	more than 2	5% of its	net as:	sets
9						
2 6		umber of voting members of the governing body (Part VI, line 1a)			3	21
lles	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		•	4	21
5	5 T	otal number of individuals employed in calendar year 2013 (Part V, line 2a) .			5	245
<u>ک</u> و	6 T	otal number of volunteers (estimate if necessary)		•	6	0
		otal unrelated business revenue from Part VIII, column (C), line 12			7a	0
	ЬN	et unrelated business taxable income from Form 990-T, line 34		•	7b	0
				r Year		Current Year
a)	8	Contributions and grants (Part VIII, line 1h)		34,396,5	573	42,421,975
	9	Program service revenue (Part VIII, line 2g)			0	0
Revenu	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		713,4	120	504,613
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		420,3	392	470,907
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		35,530,3	385	43,397,495
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		38,9	_	237,365
	14	Benefits paid to or for members (Part IX, column (A), line 4)		•	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines				
Expenses		5-10) Professional fundraising fees (Part IX, column (A), line 11e)		15,127,7	748	15,796,361
Φ ≏						
五		Total fundraising expenses (Part IX, column (D), line 25) 274,314		19,517,9	250	24.007.066
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		24,907,866		
		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		40,941,592		
	19	Revenue less expenses Subtract line 18 from line 12	Damini.	845,7		2,455,903
Not Assets or Fund Balances			Beginning Y	of Currei ear	nt	End of Year
es es	20	Total assets (Part X, line 16)		71,807,7	755	91,048,965
A B		Total liabilities (Part X, line 26)		55,916,7		72,192,241
žĒ		Net assets or fund balances Subtract line 21 from line 20		15,890,9		18,856,724
			_			

Part III Signature Block

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

Sign Here

Signature of officer

NICHOLAS TURNER PRESIDENT & DIRECTOR

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name
THOMAS LANNING

Firm's name COHNREZNICK LLP

Firm's address 1212 AVENUE OF THE AMERICAS

NEW YORK, NY 10036

May the IRS discuss this return with the preparer shown above? (see instruction

Form	990 (2	013)							Page 2
Par			Program Serv i O contains a resp			ıs Part III .			
1	Briefly	describe the orga	nızatıon's mıssıon						
							CTS, AND TECHNIC LY UPON FOR JUS		
2		organization unde or Form 990 or 99	• =	ant program s	ervices during	the year which	were not listed on	\(\tag{Yes} \)	√ No
	If"Yes	," describe these	new services on S	chedule O					
3	service	es?	se conducting, or r		nt changes in h	ow it conducts	s, any program	「Yes	√ No
	If"Yes	," describe these	changes on Sched	ule O					
4	expens	es Section 501(d) organization	s are required t	o report the a	gest program servic mount of grants and		
4a	(Code) (Expenses \$	31,172,299	ıncludıng grants	of \$	237,365) (Revenue \$	561,11	1)
	YOUTH PROSE	JUSTICE, PATHWAYS	FROM PRISON TO POS USTICE, VERA'S DC O	ST-SECONDARY E	DUCATION, AND N	EW ÓRLEANS CR	NG AND CORRECTIONS, N IMINAL JUSTICE REFORM OST BENEFIT ANALYSIS U	I, PROGRAMS INCLUDE	<u> </u>
4b	(Code) (Expenses \$	3,015,658	ıncludıng grants	of \$) (Revenue \$)
	RELATE FOR JU MANAG BRINGI	ED PROBLEMS IN FISC JVENILES INVOLVED W JING THEIR OWN AFFA ING OFFENDER AND H	AL YEAR 2014, ITS DE ITH JUSTICE SYSTEM) IRS), COMMON JUSTI ARMED PARTY TOGETH	MONSTRATION P , THE GUARDIANS CE (OFFERING AL HER TO COMMUN	ROJECTS INCLUDE SHIP PROJECT (SE TERNATIVES TO TI ICATE AND AGREE	D ADOLESCENT F RVING AS COURT RADITIONAL COU ON RESTITUTION	FINES INNOVATIVE SOLUT ORTABLE THERAPY (DRU -APPOINTED GUARDIANS RT PROCESS FOR YOUTH I), AND OPERATING A PR SSOCIATION OF PRETRIA	JG AND MENTAL HEALT 5 FOR PERSONS INCAP 1 CHARGED WITH FELC 1E-TRIAL SERVICES SY	H TREATMEN ABLE OF ONIES BY
	/C-1-) (F	1 466 742		-6.4) (D		`
4c	(Code PLANNI	ING AND RESEARCH) (Expenses \$ STUDIES IN PROGRESS	1,466,742 S ON MENTAL HEA	, ,	•) (Revenue \$ USE NEEDS FOR PRISON	ERS, WORKING WITH I) NYC
			PREN'S SERVICES, FAM						
4d	Other	program services	(Describe in Sche	edule O)					
	(Expe	nses \$	ıncl	uding grants o	of \$) (1	Revenue \$)	
4e	Total	program service e	xpenses 🕨	35,654,699)				

Part IV	Checklist of	Required	Schedules

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

Par	t IV Checklist of Required Schedules (continued)						
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes				
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Yes				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No			
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II						
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)						
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20-		NI -			
h	A family member of a current or former officer, director, trustee, or key employee? If "Yes,"	28a		No			
_	complete Schedule L, Part IV	28b		No			
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No			
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νo			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes				

Par				_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	.] No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 117		163	140
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1 c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	E-		
6 -	Does the ergonization have annual grace receipts that are normally greater than \$100,000, and did the	5c 6a		No
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	оа		No
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		No
А	file Form 8282?	<u> </u>		NO
u	74			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
•		8		
	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 49663	0-		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
	Did the organization make a distribution to a donor, donor advisor, or related person?	90		
.0	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	.		
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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

36	ction A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	21			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		relationship with any	2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co	,		3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation's assets?	5		Νο
6	Did the organization have members or stockholders?			6		No
	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?		elect or appoint one or	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?	ıl by) ı	members, stockholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written activear by the following		ndertaken during the			
	The governing body?			8a	Yes	
	Each committee with authority to act on behalf of the governing body?			8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A,			05	163	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule	0.		9		No
Se	ection B. Policies (This Section B requests information about policies not	requi	irea by the Internal R	<u>eveni</u>		
4.0				40	Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		No
	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization	on's e	exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of it the form?			11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this f	orm 9	990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.			12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	ly inte	erests that could give	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done			12c	Yes	
13	Did the organization have a written whistleblower policy?			13	Yes	
14	Did the organization have a written document retention and destruction policy? $\ \ .$			14	Yes	
15	Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the					
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization			15b		Νo
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture taxable entity during the year?			16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organ participation in joint venture arrangements under applicable federal tax law, and tak organization's exempt status with respect to such arrangements?	e step	s to safeguard the	16b		
Se	ection 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 Form 1023 (or 1024 if applicable	-) 00	0 and 990-T (501(c)			
	(3)s only) available for public inspection Indicate how you made these available Cl Own website Another's website Upon request Other (explain in Scho	heck a	all that apply			

Form 990	(2013)	
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D	-	_	_	7
г	а	У	c	,

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ♦ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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	Posi		(C)				ו (ט) ו	(E)	(F)
	week (list any hours	more t	han o n is	ne l both	oox, an c	heck unless officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustiee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organization and related organizations

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more t	han on is	one both	box, an d	heck unless officer stee)	3	([Repor comper from organiza	table nsation the tion (W-	(E) Reportable compensation from related organizations (W	_{/-}	ited fother sation :he	
		for related organizations below dotted line)	Individual trustiee or director	2/1099-MISC) 2/1099-MISC) Former Former Highest compensated employee Officer Institutional Trustee				2/1099-MISC)		organizati relati organiza	ed			
												_		
												+		
												_		
												+		
												+		
1b	Sub-Total			•				>						
c	Total from continuation sheet	-					•	F		1 706 020		0		240.020
d 	Total (add lines 1b and 1c) . Total number of individuals (in						d abov	e) w	ho receive	1,786,028 d more th		٥		249,028
	\$100,000 of reportable compe	=						,						
													Yes	No
3	Ord the organization list any f ood on line 1a? <i>If "Yes," complete 5</i>					key •	emplo	yee, •	or highes,	t compen	sated employee	3	Yes	
4	For any individual listed on lin organization and related organ											4	Yes	
5	Did any person listed on line 1 services rendered to the organ									anızatıon	or individual for	5	103	No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization	ve highest comp											tay year	
		(A) lame and business		4010	101		arema	ar y c	ur chang		(B) cription of services		(C Comper)
	ETT MIDLAND LLC 245 W 29TH STREE	T NEW YORK NY 100	001							CONSULTIN	IG SERVICES		Соттрет	228,046
COHN	REZNICK LLP 1212 AVENUE OF THE A	MERICAS NEW YORI	NY 1003	56						AUDITING /	AND ACCOUNTING	\exists		159,750
	Total number of independent co \$100,000 of compensation fror			not	lımıt	ed to	thos	e list	ed above)	who rece	ıved more than			

311,603

193,010

-90,204

		Check if Sched	ule O contains a respo	nse or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated cam	paigns 1a					312 311
nts a	Ь	Membership du						
ora nou		·						
A.C.	C	Fundraising ev	ents 1 c	474,798				
iji je	d	Related organiz	zations 1d					
3,E	e	Government grant	s (contributions) 1e	30,244,542				
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and 1f ot included above	11,702,635				
들돌	g		ons included in lines	169,264	İ			
on de		1a-1f \$ Total. Add line:	c 1 c 1 f		42,421,975			
<u> </u>		Total. Add lilles	S 1d-11	· · · •	12,121,373			
<u>e</u>				Business Code				
E e	2a							
8	b							
92	C							
<u>.</u>	d							
Program Serwce Revenue	е							
<u> </u>	f	All other progra	am service revenue					
<u>&</u>	g	Total Add lines	s 2a-2f					
-	3		come (including dividen					
	-		ar amounts)		311,603			311,603
	4	Income from inves	stment of tax-exempt bond	proceeds -				
	5	Royalties .						
			(ı) Real	(II) Personal				
		Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	, ,	me or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other	4,156,730					
	١.	than inventory b Less cost or						
		other basis and	3,963,720					
	_c	sales expenses Gaın or (loss)	193,010					
	d	Net gain or (los	ss)		193,010			193,010
ψ	8a		from fundraising					
Other Revenue		Ψ	1,798 s reported on line 1c) ne 18					
ř.		-	а	53,100				
ŧ	b	Less direct ex	penses b	143,304				
0	С	Net income or	(loss) from fundraising	events 🛌	-90,204			-90,204
	9a		from gaming activities ne 19					
	Ь	. ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ	apenses b	<u> </u>				
			penses b (loss) from gaming acti					
		Gross sales of returns and allo	inventory, less	VICES				
			a					
	b	Less cost of g	oods sold b					
	С	Net income or	(loss) from sales of inv	entory 🛌				
		Mıscellaneou	s Revenue	Business Code				
	11a	TECH ASSIST	ANCE FEES	900099	423,757	423,757		
	b	LEGAL WRITIN	N G	900099	49,889	49,889		
	С	NYS UNCLAIM	IED PROPERTY	900099	33,189	33,189		
	d	All other reven	ue		54,276	54,276		
	e	Total. Add lines	s 11a-11d	🕨	561,111			
	12	Total revenue.	See Instructions .	🕨	43,397,495	561,111	(414,409

Part	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizat	ione must comp	lete column (A.)	-
ectio	Check if Schedule O contains a response or note to any line in this			iete column (A)	Г
	of include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	237,365	237,365		·
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,212,473	913,516	278,352	20,605
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	11,881,200	8,951,541	2,716,615	213,044
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	384,241	289,552	92,479	2,210
9	Other employee benefits	1,254,144	945,084	301,846	7,214
10	Payroll taxes	1,064,303	802,025	256,156	6,122
11	Fees for services (non-employees)				
а	Management	11,871	11,871		
b	Legal	11,676		11,676	
С	Accounting	148,200		148,200	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	50,848		50,848	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on				
	Schedule O)	1,582,869	1,275,822	307,047	
12	Advertising and promotion				
13	Office expenses	538,619	245,054	278,810	14,75
14	Information technology	76,717	24,074	49,214	3,42
15	Royalties				
16	Occupancy	1,979,545	1,896,937	82,608	
17	Travel	749,027	701,405	47,622	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	86,074	80,601	5,473	
20	Interest	35,260		35,260	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	281,113	211,797	64,276	5,040
23	Insurance	130,417	38,760	91,657	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	SUBCONTRACTED LAWYERS	18,883,834	18,883,834		
b	SUNDRY	166,916	93,289	71,732	1,89
С	EQUIPMENT REPAIRS AND R	154,880	52,172	102,708	
d	PROVISON FOR BAD DEBT	20,000		20,000	
e	All other expenses	,		<u> </u>	
25	Total functional expenses. Add lines 1 through 24e	40,941,592	35,654,699	5,012,579	274,314
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)	,	22,23,,033	2,722,613	

Part X	Balance Sheet	
	Check if Schedule O conta	aın

Par	t 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
	1	Cash-non-interest-bearing	1,932,335	1	1,532,231
	2	Savings and temporary cash investments	122,944	2	837,589
	3	Pledges and grants receivable, net	10,254,906	3	15,926,282
	4	Accounts receivable, net	, ,	4	<u> </u>
	5	Loans and other receivables from current and former officers, directors, trustees, key			
	J	employees, and highest compensated employees Complete Part II of Schedule L		5	
ts	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			
Se	_			6	
Assets	7	Notes and loans receivable, net		7	
_	8	Inventories for sale or use	101.000	8	
	9	Prepaid expenses and deferred charges	131,060	9	92,941
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 2,175,715			
	b	Less accumulated depreciation	' '	10c	1,100,953
	11	Investments—publicly traded securities	5,999,253	11	5,035,053
	12	Investments—other securities See Part IV, line 11	539,984	12	206,270
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	51,624,749	15	66,317,646
	16	Total assets. Add lines 1 through 15 (must equal line 34)	71,807,755	16	91,048,965
	17	Accounts payable and accrued expenses	3,390,546	17	4,995,863
	18	Grants payable		18	
	19	Deferred revenue	123,470	19	93,911
	20	Tax-exempt bond liabilities		20	
ای	21	Escrow or custodial account liability Complete Part IV of Schedule D	50,000,000	21	66,000,000
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
e l		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	67,482
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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	2,402,763	25	1,034,985
	26	Total liabilities. Add lines 17 through 25	55,916,779	26	72,192,241
8		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete lines 27 through 29, and lines 33 and 34.			
ลมั	27	Unrestricted net assets	7,840,481	27	6,670,309
<u>8</u>	28	Temporarily restricted net assets	7,800,495	28	11,936,415
뒫	29	Permanently restricted net assets	250,000	29	250,000
֡֡֡֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ┌ and			
or Fund Balance		complete lines 30 through 34.			
ž	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
<u> </u>	32	Retained earnings, endowment, accumulated income, or other funds		32	
4					
Net A	33	Total net assets or fund balances	15,890,976	33	18,856,724

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
	Check if Schedule o Contains a response of note to any line in this rate XI	 			• • •
1	Total revenue (must equal Part VIII, column (A), line 12)	1		43,3	397,495
2	Total expenses (must equal Part IX, column (A), line 25)	2			941,592
3	Revenue less expenses Subtract line 2 from line 1	3			155,903
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		15,8	390,976
5	Net unrealized gains (losses) on investments	5		į	509,845
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 in Schedule O)	9			(
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		18,8	356,724
Par	rt XII Financial Statements and Reporting		,		
	Check if Schedule O contains a response or note to any line in this Part XII				. 区
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separasis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	ne	3a	Yes	
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 in Schedule O and describe any steps taken to undergo such audits		3b	Yes	

Software ID: Software Version:

EIN: 13-1941627

Name: VERA INSTITUTE OF JUSTICE INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Form 990, Part VII - Compensation Compensated Employees, and Inde	or Officers, pendent Cor	Direct itracto	ors, rs	Tru	ste	es, r	Сеу	Employees, Higi	nest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th person and a	ion (e nan o n is b	ne b oth ctor/	ox, ι an o ⁄trus	inless fficer tee)		(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
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	2,2000	2,2000 11200,	related organizations
ALAN VINEGRAD	1 00	х						0	0	0
TRUSTEE CATIE MARSHALL	1 00	х						0	0	0
TRUSTEE DAWN DOVER	1 00								0	
TRUSTEE		Х						0	0	0
DEAN M ESSERMAN TRUSTEE	1 00	×						0	0	o
ERIC LANE	1 00	×						0	0	0
TRUSTEE FREDERICK AO SCHWARZ JR	1 00									
TRUSTEE JAMES K BREDAR	1.00	×						0	0	0
TRUSTEE	1 00	×						0	0	o
JOHN F SAVARESE	1 00	х		х				0	0	0
CHAIRMAN JOHN GLEESON	1 00	×						0	0	0
TRUSTEE JOSEPH F MCDONALD	1 00								•	
TRUSTEE		х						0	0	0
KAREN P SEYMOUR TRUSTEE	1 00	×						0	0	О
KAREN S BURSTEIN	1 00	х						0	0	0
TRUSTEE LAURIE ROBINSON	1 00	x						0	0	0
TRUSTEE ORLANDO RODRIGUEZ	1 00									
TRUSTEE		х						0	0	0
RICHARD G DUDLEY JR MD TRUSTEE	1 00	×						o	0	О
ROBERT H HENRY	1 00	х						0	0	0
TRUSTEE ROGER A BLISSETT	1 00	.,								
TRUSTEE SALLY T HILLSMAN	1 00	X						0	0	0
TREASURER	1 00	х		Х				0	0	0
SANDRA A LAMB TRUSTEE	1 00	×						0	0	0
SAUL A GREEN	1 00	x						0	0	0
TRUSTEE SHEENA WRIGHT	1 00								_	
TRUSTEE THEODORE A MCKEE	1.00	×						0	0	0
TRUSTEE	1 00	×						0	0	0
WILLIAM P DICKEY	1 00	х						0	0	0
TRUSTEE ZACHARY W CARTER	1 00	x						0	0	0
TRUSTEE DANIEL WILHELM	40 00								0	
VP/CHIEF PROGRAM OFFICER				Х				188,397	0	21,159

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Pore individual trustae more per a Individual trustae or director	ion (d nan o n is b	ne b oth ctor/	ox, u an of trus	nless ficer tee)		(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
ERNEST DUNCAN COO/CFO/ASST TREASURER	40 00			х				182,965	0	19,348
JAMES PARSONS VP/DIRECTOR OF RESEARCH	40 00			х				117,920	0	24,811
KAREN GOLDSTEIN VP/GENERAL COUNSEL	40 00			х				205,157	0	34,726
NICHOLAS TURNER PRESIDENT AND DIRECTOR	40 00			х				88,486	0	2,005
SUSAN S RAI SECRETARY	25 00			х				84,807	0	16,291
CHRISTINE LEONARD DIRECTOR OF DC OFFICE	40 00					х		152,630	0	36,569
EVAN ELKIN PLANNING DIRECTOR	40 00					х		176,242	0	28,852
JOEL LEVY DIRECTOR OF DEVELOPMENT	40 00					х		157,571	0	12,178
OREN ROOT CENTER DIRECTOR	40 00					х		146,634	0	18,153
PEGGY ANN MCGARRY CENTER DIRECTOR	40 00					х		167,971	0	19,803
MICHAEL JACOBSON FORMER PRESIDENT AND DIRECTOR	40 00						Х	117,248	0	15,133
	J					I				

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As Filed Data -

DLN: 93493097000355

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

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. ► See separate instructions.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Name	of	the	orga	aniza	atio	n
/ERA II	VST	πυτι	E OF	JUST	ICE I	INC

Employer identification number

13-1941627

					Yes	No	Yes	No	Yes	No		
(i) Name of supported organization		rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) A mount of monetary support	
h		` '		ng information about		., .,			.		. 7	
		(ii) A fa	mily memb	er of a person descri lled entity of a perso	bed in (i) ab	ove?				11	g(ii)	
				rectly or indirectly c governing body of th				persons de	scribea in (ii		.g(i) Yes No	
g		following	g persons?	2006, has the organi						١	Voc. No.	
e f	Γ	other th section	an foundatı 509(a)(2) ganızatıon	ox, I certify that the on managers and oth	ner than one	or more pul	olicly support	ed organıza	tions describ	oed in secti	on 509(a)(1) or	
11	Γ	one or n	nore public	ganized and operated y supported organiza bes the type of supp b Type II c	ations descr or <u>ti</u> ng organ	ibed in sect ization and	ion 509(a)(1 complete line) or section s 11e th <u>ro</u> u	509(a)(2) S igh 11h	See section		
10	Γ			ganized and operated								
		• •	_	janization after June				•		tax) Irom t	ousinesses	
		•		ities related to its ex oss investment incoi	•	-			` '			
9	굣	=		at normally receives			- ·		•	· ·	· =	
8	_	describe A comm	ed in sectio nunity trust	n 170(b)(1)(A)(vi). described in section	(Complete P 170(b)(1)(Part II) A)(vi) (Cor	nplete Part II	:)		-	·	
6 7	<u> </u>		•	local government or at normally receives	_					from the ae	neral public	
_	_			A)(iv). (Complete Pa	-			170/b\/:	43/43/			
5	Γ	An orga	nization op	erated for the benefit		or universi	ty owned or o	perated by	a governmen	ntal unit des	cribed in	
4	,			ty, and state	eu iii conjun	iction with a	nospital des	anded in se	CCIOII 170(D)	(1)(M)(III).	Linter the	
3 4				perative hospital sei n organization operat	-					/1\/A\/iii\	Enterthe	
2				I in section 170(b)(1			•	170/b\/1	\			
1	<u> </u>		•	on of churches, or as				ection 170(b)(1)(A)(i).			
4												

	(Complete only if you of Part III. If the organization	checked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ition failed to q	ualify under
S	ection A. Public Support	rtion rans to qu	diriy dilaci tile	teoto notea per	ovy predoc con	ipiete i di c IIII)	
	endar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column	1					
	(f)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support						
	endar year (or fiscal year beginning	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	in) ► A mounts from line 4						
8	Gross income from interest,						
9	dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated						
	business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activiti	es, etc (see inst	ructions)	<u> </u>	1	12	
13	First five years. If the Form 990 is this box and stop here						
14	ection C. Computation of Pub Public support percentage for 2013			11 column (f)		141	
15	Public support percentage for 2013	,		II, Column (1))		14	
	33 1/3% support test—2013. If the			on line 12 and 1	ine 14 is 32 4/20/-	or more, check t	hie hov
b	and stop here. The organization qua 33 1/3% support test—2012. If the box and stop here. The organization 10%-facts-and-circumstances test-is 10% or more, and if the organiza	ilifies as a public organization did n qualifies as a p — 2013. If the org	ly supported orga not check a box oublicly supported anization did not	inization on line 13 or 16a, organization check a box on li	, and line 15 is 33 ne 13, 16a, or 16	1/3% or more, ch	eck this
b 18	in Part IV how the organization mee organization 10%-facts-and-circumstances test- 15 is 10% or more, and if the organization in Part IV how the organization private foundation. If the organization	ets the "facts-and - 2012. If the org nization meets th tion meets the "f	d-circumstances anization did not e "facts-and-circ acts-and-circum	' test The organi check a box on li umstances" test stances" test Th	zation qualifies a: ne 13, 16a, 16b, , check this box a le organization qu	s a publicly suppo or 17a, and line nd stop here. alifies as a public	orted ►
	instructions			. ,	,		▶ □

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

(Complete only if you checked the box on line 9 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	24,148,462	27,700,466	30,217,142	34,396,573	42,421,975	158,884,618
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
-	purpose Gross receipts from activities						
3	that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its						
	behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	24,148,462	27,700,466	30,217,142	34,396,573	42,421,975	158,884,618
	Amounts included on lines 1, 2,	21/210/102	27,700,100	33,217,112	31,330,373	12,122,575	150,001,010
<i>,</i> a	and 3 received from disqualified persons	60,000	32,500	368,000	365,351	127,057	952,908
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						0
	the greater of \$5,000 or 1% of the amount on line 13 for the						
	year						
c	Add lines 7a and 7b	60,000	32,500	368,000	365,351	127,057	952,908
8	Public support (Subtract line 7c						157 021 710
	from line 6)						157,931,710
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	A mounts from line 6	24,148,462	27,700,466	30,217,142	34,396,573	42,421,975	158,884,618
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and income from similar sources	175,430	184,558	162,228	160,260	311,603	994,079
ь	Unrelated business taxable						
U	income (less section 511						
	taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	175,430	184,558	162,228	160,260	311,603	994,079
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of capital assets (Explain in Part IV)	599,356	616,569	629,645	577,537	614,211	3,037,318
13	Total support. (Add lines 9, 10c, 11, and 12)	24,923,248	28,501,593	31,009,015	35,134,370	43,347,789	162,916,015
14	First five years. If the Form 990 is check this box and stop here	for the organizati	on's first, second	, thırd, fourth, or 1	fifth tax year as a	501(c)(3) organı	zation,
Se	ction C. Computation of Pul						
15	Public support percentage for 201	3 (line 8, column ((f) divided by line	13, column (f))		15	96 940 %
16	Public support percentage from 20	12 Schedule A, P	art III, line 15			16	96 580 %
Se	ction D. Computation of Inv						
17	Investment income percentage for	2013 (line 10c, co	olumn (f) dıvıded	by line 13, colum	n (f))	17	0 610 %
18	Investment income percentage fro					18	0 670 %
19a	33 1/3% support tests—2013. If th	e organızatıon dıd	not check the bo	x on line 14, and	line 15 is more t	nan 33 1/3% , and I	ıne 17 ıs not

^{33 1/3%} support tests—2012. 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

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

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

	Facts And Circumstances Test							
Return Reference	Explanation							
INCOME	OTHER INCOME - 2009 AMOUNT \$ 574,231 2010 AMOUNT \$ 616,569 2011 AMOUNT \$ 565,445 2012 AMOUNT \$ 536,137 2013 AMOUNT \$ 561,111 FUNDRAISING EVENTS - 2009 AMOUNT \$ 25,125 2011 AMOUNT \$ 64,200 2012 AMOUNT \$ 41,400 2013 AMOUNT \$ 53,100							

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493097000355

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

If the organization answered "Yes" to 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

Naı	me of the organization			Employer iden	tification number
VER	A INSTITUTE OF JUSTICE INC			13-1941627	
ar	t I-A Complete if the or	ganization is exempt unde	r section 501(organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect polı	tıcal campaıgn act	tivities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
ar	Complete if the or	ganization is exempt unde	r section 501(c)(3).	
1		e tax incurred by the organization i	_		\$
2	Enter the amount of any excise	e tax incurred by organization mana	agers under sectio	n 4955 🕨	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 43	720 for this year?		☐ Yes ☐ No
4a	Was a correction made?				┌ Yes ┌ No
ь	If "Yes," describe in Part IV				
ar	t I-C Complete if the or	ganization is exempt unde	r section 501(c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for	section 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to	other organization	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter her	e and on Form 112	20-POL, line 17b ►	\$
4	Did the filing organization file I	Form 1120-POL for this year?			Yes
5	organization made payments l amount of political contribution	nd employer identification number (For each organization listed, enter in ns received that were promptly and political action committee (PAC)	the amount paid fro directly delivered	om the filing organization's t to a separate political orga	funds Also enter the inization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-

section 4911 tax for this year?

┌ Yes ┌ No

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

- A Check ► If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	11,412	
c	Total lobbying expenditures (add lines 1a and 18	o)	11,412	
d	Other exempt purpose expenditures		40,930,180	
е	Total exempt purpose expenditures (add lines 1	c and 1d)	40,941,592	
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er - O -	0	
i	Subtract line 1f from line 1c If zero or less, ente	r-0-	0	
j	If there is an amount other than zero on either lii	ne 1h or line 1i, did the organization file Form 472	0 reporting	

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 instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total		
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000		
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000		
_ c	Total lobbying expenditures	60,892	19,721	18,075	11,412	110,100		
_d	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000		
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000		
f_	Grassroots lobbying expenditures				lulo C (Form 990 c			

or e. ctiv	reach "Ves" response to lines 15 through 1, below, provide in Part TV a detailed description of the lebbying				(b)
	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	.	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements? Mailings to members, legislators, or the public?				
d					
e	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			_	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			_	
i	Other activities?			_	
j	Total Add lines 1c through 1i			_	
a 	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	ı			
	t III-A Complete if the organization is exempt under section 501(c)(4), section 5	E01/c	\/E\	<u> </u>	oction
ŒII	501(c)(6).	JOI(C,	,,	01 3	
	W 1 1 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2		ſ		Yes
L	Were substantially all (90% or more) dues received nondeductible by members?			1	+-+
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	2	├
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	FO4 (=)	\	3	
ÆΠ	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."				
	Dues, assessments and similar amounts from members	1			
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
•	Current year	2a			
	Carryover from last year				
		2b			
a b c	Total	2c			
a b c	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	\vdash			
a b c	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	2c			
a b c	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	2c			
a b c 3	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	2c 3			
ь с 3 4	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	2c 3			
a b c S 4	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	2c 3 4 5	Part I	I-A,	line 2, a
a b c 3	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) art IV Supplemental Information Evident the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground)	2c 3 4 5	Part I	I-A,	line 2, a
a b c 3	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) art IV Supplemental Information Evide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grount II-B, line 1 Also, complete this part for any additional information	2c 3 4 5	Part I	I-A,	line 2, a
a b c 3 4	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) art IV Supplemental Information Evide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grount II-B, line 1 Also, complete this part for any additional information	2c 3 4 5	Part I	I-A,	line 2, a

201104410 3 (1 01111 3 3 0 01 3 3 0 12) 2 0 1 3		i age		
Part IV Supplemental Information	on <i>(continued)</i>			
Return Reference	Explanation			

Schedule D (Form 990) 2013

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DLN: 93493097000355

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

itemal Revenue Service	and its instruct	ions is at <u>www.irs.gov/form990</u> .		Inspection
Name of the organ VERA INSTITUTE OF JU			Emplo	yer identification number
VERA INSTITUTE OF JU	STICE INC		13-19	41627
	izations Maintaining Donor Adv		unds or	Accounts. Complete if the
organiz	zation answered "Yes" to Form 990	, Part IV, line 6. (a) Donor advised funds) Funds and other accounts
1 Total number a	t end of year	(a) Donor advised funds	("	runus and other accounts
	tributions to (during year)			
	nts from (during year)		1	
Aggregate valu	ue at end of year			
	zation inform all donors and donor adviso organization's property, subject to the or		or advise	Yes No
used only for c	zation inform all grantees, donors, and do haritable purposes and not for the benef ermissible private benefit?			ourpose Yes No
	rvation Easements. Complete if	the organization answered "Yes" t	o Form	
Preservation Protection Preservation Complete lines	conservation easements held by the org on of land for public use (e g , recreation of natural habitat on of open space	or education) Preservation of an Preservation of a G	certified l	nistoric structure
easement on t	he last day of the tax year			Held at the End of the Year
a Total number o	of conservation easements		2a	rield at the Lild of the Year
-	restricted by conservation easements		2b	
c Number of con	servation easements on a certified histo	oric structure included in (a)	2c	
	servation easements included in (c) acq ure listed in the National Register	uired after 8/17/06, and not on a	2d	
	servation easements modified, transferr	ed, released, extinguished, or terminate	ed by the	organization during
Number of stat	tes where property subject to conservati	ion easement is located ►		
	nization have a written policy regarding t f the conservation easements it holds?	the periodic monitoring, inspection, hand	dling of v	olations, and Yes No
Staff and volur	nteer hours devoted to monitoring, inspe	cting, and enforcing conservation easer	nents dur	ring the year
	enses incurred in monitoring, inspecting	, and enforcing conservation easements	s during t	he year
	nservation easement reported on line 2(o 70(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 170	(h)(4)(B)(ı)
balance sheet,	escribe how the organization reports cor , and include, if applicable, the text of the on's accounting for conservation easeme	e footnote to the organization's financial		
Compl	izations Maintaining Collection ete ıf the organızatıon answered "Y	es" to Form 990, Part IV, line 8.		
works of art, hi	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse le, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	or resear	ch in furtherance of public
works of art, hi	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse de the following amounts relating to thes	ts held for public exhibition, education,		
(i) Revenues i	ncluded in Form 990, Part VIII, line 1			► \$
(ii) Assets inc	luded in Form 990, Part X			► \$
If the organiza	tion received or held works of art, histor ints required to be reported under SFAS			,
a Revenues incli	uded in Form 990, Part VIII, line 1			▶ \$
b Δssets include	ed in Form 990, Part X			► \$

Part	Organizations Maintaining Co	ollections of Art, H	istorical T	reasu	res, or O	ther Similar A	ssets (co	ontınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records,	_		_	-	se of its	
а	Public exhibition	d	│	orexch	nange progra	ams		
b	Scholarly research	е	C Othe	er				
c	Preservation for future generations							
4	Provide a description of the organization's c Part XIII	ollections and explain h	ow they furth	ner the o	rganızatıon	's exempt purpos	e in	
5	During the year, did the organization solicit		•					-
Dar	assets to be sold to raise funds rather than t IV Escrow and Custodial Arrang						Yes	No
L C II	Part IV, line 9, or reported an ar				i aliswelet	1 163 (0101111	<i>55</i> 0,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	dian or other intermedia	ry for contrib	utions o	or other ass	ets not	┌ Yes	✓ No
b	If "Yes," explain the arrangement in Part XI	II and complete the foll	owing table		_			
					_		Mount	
C	Beginning balance				<u> </u>	1c		
d	Additions during the year				<u> </u>	1d		
e f	Distributions during the year				<u> </u>	1e 1f		
	Ending balance	orm 000 Dort V line 21	1.3			<u> </u>	✓ Yes	
2a L	Did the organization include an amount on F						▼ Tes	
	If "Yes," explain the arrangement in Part XI						· · · · ·	
Ра	Endowment Funds. Complete		b) Prior year			(d)Three years back		ears back
1a	Beginning of year balance	7,975,862	7,887,73		8,520,673	7,819,85		7,659,435
b	Contributions							
С	Net investment earnings, gains, and losses	1,013,899	400,829	9	-283,170	1,098,59	3	512,877
d	Grants or scholarships			-				
e	Other expenditures for facilities and programs	3,660,000	256,12		278,384	328,00	_	352,455
f	Administrative expenses	50,848	7,975,862		71,386 7,887,733	69,77		7 910 957
g	End of year balance	5,278,913				8,520,67	3	7,819,857
2	Provide the estimated percentage of the cur	rent year end balance (95 270 %	line 1g, colur	mn (a)) h	neld as			
a	Board designated or quasi-endowment	95 270 %						
Ь	Permanent endowment ► 4 730 %							
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%						
За	Are there endowment funds not in the posse	ssion of the organizatio	n that are he	ld and a	dmınıstered	for the		
	organization by (i) unrelated organizations					[3	Yes a(i)	No No
	(ii) related organizations			• • •		├	a(i) a(ii)	No
b	If "Yes" to 3a(II), are the related organization			· · ·			3b	
4	Describe in Part XIII the intended uses of t	he organızatıon's endow	ment funds				•	
Par	t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line		organizatio	n ansv	vered 'Yes'	to Form 990, I	Part IV, lı	ine
	Description of property		(a) Cost of basis (inve		(b)Cost or ot basis (othe			ook value
1 a l	and							
b E	Buildings							
c l	_easehold improvements				1,467,	803 637,	453	830,350
d E	Equipment				646,	930 400,	.335	246,595
_ e (Equipment				60,		.335 .974	246,595 24,008 1,100,953

See Form 990, Part X, line 12.	mpiete if the organization	answered Yes to Fori	m 990, Part IV, line 11b.
(a) Description of security or category	(b)Book value	(c) Method of va	
(including name of security)		Cost or end-of-year r	market value
(1)Financial derivatives (2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. C	omplete if the organizatio	n answered 'Yes' to Fo	rm 990, Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of va	 luation
	(=, = = = = = = = = = = = = = = = = = =	Cost or end-of-year	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. Complete if the organization		0, Part IV, line 11d See F	
(a) Descri	ription		(b) Book value
(1) DEPOSITS AND SUNDRY RECEIVABLES (2) ESCROWASSETS FOR GUARDIANSHIP PROJECT			317,646 66,000,000
(2) ESCROWASSETS FOR GUARDIANSHIT FROSECT			00,000,000
Total. (Column (b) must equal Form 990, Part X, col.(B) line i			66,317,646
Part X Other Liabilities. Complete if the org.	anızatıon answered 'Yes' t	to Form 990, Part IV, l	ine 11e or 11f. See
Form 990, Part X, line 25. (a) Description of liability	(b) Book value		
	(B) Book value		
Federal income taxes	1 024 005		
DEFERRED RENT	1,034,985		
	<u> </u>		
	+		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1,034,985		

Sche	Tale D (101111 990) 2013		Page 🖣
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p the organization answered 'Yes' to Form 990, Part IV, line 12a.	er R	eturn Complete ıf
1	Total revenue, gains, and other support per audited financial statements	1	44,077,296
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII) 2d		
e	Add lines 2a through 2d	2e	587,345
3	Subtract line 2e from line 1	3	43,489,951
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 50,848		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4 c	-92,456
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	43,397,495
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses if the organization answered 'Yes' to Form 990, Part IV, line 12a.	per	Return. Complete
1	Total expenses and losses per audited financial statements	1	41,111,548
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	220,804
3	Subtract line 2e from line 1	3	40,890,744
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 50,848		
b	Other (Describe in Part XIII)..............4b		
c	Add lines 4a and 4b	4c	50,848
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	40,941,592

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

Return Reference	Explanation
PART IV, LINE 2B	THROUGH THE GUARDIANSHIP PROJECT, THE INSTITUTE ACTS AS THE COURT APPOINTED GUARDIAN FOR DESIGNATED INDIVIDUALS AS THE GUARDIAN, THE INSTITUTE IS REQUIRED TO ADMINISTER THE INDIVIUDALS' ASSETS THESE AMOUNTS ARE NOT INCLUDED IN THE FINANCIAL STATEMENTS, HOWEVER, THEY ARE INCLUDED ON FORM 990, PART X LINE 15 AND 21
PART V, LINE 4	THE INCOME EARNED ON THE BOARD DESIGNATED FUND IS USED TO COVER OPERATING EXPENSES AT AN ANNUAL DISTRIBUTION RATE OF 5% OF THE AVERAGE MARKET VALUE OF THE BOARD DESIGNATED FUND INVESTMENT POOL FOR THE PREVIOUS THREE YEARS
PART X, LINE 2	THE INSTITUTE HAS NO UNRECOGNIZED TAX BENEFITS AS OF JUNE 30, 2014 THE INSTITUTE'S FEDERAL AND STATE INCOME TAX RETURNS PRIOR TO FISCAL YEAR 2011 ARE CLOSED AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS IF APPLICABLE, THE INSTITUTE WILL RECOGNIZE INTEREST AND PENALTIES ASSOCIATED WITH TAX MATTERS AS ADMINISTRATION EXPENSES AND INCLUDE ACCRUED INTEREST AND PENALTIES WITH THE RELATED TAX LIABILITY IN THE STATEMENT OF FINANCIAL POSITION THERE WERE NO INTEREST OR PENALTIES FOR THE YEAR ENDED JUNE 30, 2014
PART XI, LINE 4B - OTHER ADJUSTMENTS	DIRECT FUNDRAISING EXPENSES -143,304
PART XII, LINE 2D - OTHER ADJUSTMENTS	DIRECT FUNDRAISING EXPENSES 143,304

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

DLN: 93493097000355

OMB No 1545-0047

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Supplemental Information Regarding

Inspection

Internal Revenue Service Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number** VERA INSTITUTE OF JUSTICE INC

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities Check all that apply Mail solicitations e 🔽 Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations ✓ Special fundraising events ✓ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization col (i) control of contributions? Yes No ANNUAL GALA STEPHANIE ASTIC **PRODUCTIONS** Yes 527,898 25,569 502,329 850 SEVENTH AVE PH-B NEW YORK, NY 10019

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

.

527,898

502,329

25,569

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundraevents with gross receipts g	aising event contribut			
		<u> </u>	(a) Event #1 ANNUAL GALA (event type)	(b) Event #2 (event type)	(c) O ther events	(d) Total events (add col (a) through col (c))
<u>Ф</u>	1		527,898		(cocar namber)	527,898
Revenue	2	Gross receipts Less Contributions				
Ϋ́ Ψ	3	Gross income (line 1 minus line 2)	474,798 53,100			474,798
	4	Cash prizes				
	5	Noncash prizes				
Expenses	6	Rent/facility costs	23,964	1		23,964
<u>മ</u> ന	7	Food and beverages .	41,064	1		41,064
	8	Entertainment	15,800			15,800
Direct	9	Other direct expenses .	62,476	5		62,476
	10	Direct expense summary Add lin	es 4 through 9 in column) (d)	•	(143,304)
	11	Net income summary Subtract III				-90,204
Par	t II			"Yes" to Form 990, Pa	rt IV, line 19, or rep	
Revenue		\$15,000 on Form 990-EZ, lii Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Expenses		Cash prizes				
ă	3	Non-cash prizes				
Direct E	4	Rent/facility costs				
툽	5	Other direct expenses				
	6	Volunteer labor	│ Yes	┌ Yes	│ Yes	
	7	Direct expense summary Add line	s 2 through 5 in column ((d)	•	
	8	Net gaming income summary Subt	ract line 7 from line 1, co	olumn (d)	<u> ▶</u>	
9		ter the state(s) in which the organiza				
a b		the organization licensed to operate				
10a b		re any of the organization's gaming	licenses revoked, suspe	nded or terminated during		
U	11					

Sche	edule G (Form 990 or 990-EZ) 2013			Page 3			
Does	s the organization operate gaming activ	ities with nonmembe	rs?	11 .			
12			ust or a member of a partnership or other entity	, les , no			
				· · · · Fves FNo			
13	Indicate the percentage of gaming act						
а	The organization's facility			13a %			
b	An outside facility			13b %			
14	Enter the name and address of the pe	rson who prepares th	e organization's gaming/special events books a	ind records			
	Name 🕨						
	Address ►						
15a	Does the organization have a contract	with a third party fro	om whom the organization receives gaming				
154							
ь			the organization 🟲 \$ and				
	amount of gaming revenue retained by the third party > \$						
c	If "Yes," enter name and address of the third party						
	Name 🕨						
	Address ►						
16	Gaming manager information						
	Name 🕨						
	Gaming manager compensation > \$						
	Description of services provided						
	☐ Director/officer	F Employee	☐ Independent contractor				
17	Mandatory distributions	. ,	·				
а	Is the organization required under sta	te law to make charıt	table distributions from the gaming proceeds to				
	retain the state gaming license? .			· · Fyes Fno			
b	Enter the amount of distributions requ	ired under state law	distributed to other exempt organizations or sp	ent			
	in the organization's own exempt activ						
Pa		5b, 15c, 16, and 1	xplanations required by Part I, line 2b, co 7b, as applicable. Also complete this part				
	Return Reference	<u> </u>	Explanation				
SCH	IEDULE G, PART I,	PAYMENT FOR SE	RVICES PROVIDED IN CONNECTION WITH .	ANNUAL GALA			
	E 2B, COLUMN (V)						

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Part I General Information on Grants and Assistance

DLN: 93493097000355 OMB No 1545-0047

Schedule I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

VERA INSTITUTE OF JUSTICE INC

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

► Attach to Form 990

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Inspection

Employer identification number

13-1941627

		Governments and recipient that receive	d more than \$5,000				u res to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
) TRUTH IN REALITY 33 BROADWAY 12TH OOR EW YORK, NY 10279	46-1674038		11,479				TO CHANGE WAY WOMEN OF COLOR AND VIOLENCE AF PORTRAYED IN MEDIA, ESPECIALI REALITY TELEVISION
) DRIVE CHANGE 33 BROADWAY 12TH OOR EWYORK,NY 10279	46-4691123		74,000				TO INCREASE POS INCARCERATION EMPLOYMENT OPPORTUNITES OF FORMERLY INCARCERATED YOUTH
) CHICAGO COOK ORKFORCE ARTNERSHIP 9 W WASHINGTON SUITE 360 HICAGO,IL 60602	36-4122225	501(C)(3)	38,862				SUBGRANT FOR INTERMEDIARY ORGANIZATIONS SERVING JUVENILI OFFENDERS IN HIGH-POVERTY, HIGH-CRIME COMMUNITIES PROJECT FUNDED US DEPARTMENT LABOR
)THE YOUTH MPOWERMENT PROJECT 500 ORETHA CASTLE ALEY BOULEVARD EW ORLEANS,LA 70113	42-1633060	501(C)(3)	78,139				SUBGRANT FOR INTERMEDIARY ORGANIZATIONS SERVING JUVENILI OFFENDERS IN HIGH-POVERTY, HIGH-CRIME COMMUNITIES PROJECT FUNDED US DEPARTMENT LABOR
) THE COALITION FOR ESPONSIBLE OMMUNITY EVELOPMENT LO1 S GRAND AVE OS ANGELES, CA 90007	20-2445113	501(C)(3)	34,885				SUBGRANT FOR INTERMEDIARY ORGANIZATIONS SERVING JUVENILI OFFENDERS IN HIGH-POVERTY, HIGH-CRIME COMMUNITIES PROJECT FUNDED US DEPARTMENT LABOR

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

ш	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, F	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) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Part IV Supplemental Informa	tion Provide the inf	ormation required in Da	ert I lino 2 Dart III co	lumn (h) and any other a	dditional information

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

Return Reference	Explanation
,	THE FILING ORGANIZATION MAINTAINS THE BOOK AND RECORDS FOR EACH GRANTEE, SEPARATED BY GRANT AND CONTRACT THE EXPENSES ARE EXAMINED BEFORE DISBURSEMENT FOR COMPLIANCE AND COMPLETENESS FOR ORGANIZATIONS THAT ARE NOT 501(C) (3) ORGANIZATIONS, THESE ARE FISCAL SPONSORSHIP ARRANGEMENTS WHEREBY GRANTS ARE MADE IN VERAS NAME WHILE THE
	ORGANIZATIONS EXEMPT STATUS APPLICATION IS IN PROCESS FOR THOSE ORGANIZATIONS THE EXPENDITURES ARE REVIEWED ON A QUARTERLY BASIS WHEN THE BILLS FOR DISBURSEMENT ARE SUBMITTED THE EXPENDITURES ARE REVIEWED FOR COMPLETENESS, AS WELL AS TO ENSURE THEY ARE IN COMPLIANCE WITH THE AGREEMENT AND PURPOSE

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DLN: 93493097000355

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

Compensation Information

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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

- (-)	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	▼ Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations A pproval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Νo
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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 in 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 are not 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	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990	
(1)DANIEL WILHELM VP/CHIEF PROGRAM OFFICER	(i) (ii)	188,217 0	0	180 0	9,776 0	11,383 0	209,556 0	0	
(2)ERNEST DUNCAN COO/CFO/ASST TREASURER	(i) (ii)	182,689 0	0	276 0	9,326 0	10,022	202,313	0	
(3)KAREN GOLDSTEIN VP/GENERAL COUNSEL	(i) (ii)	204,365 0	0	792 0	10,716 0	24,010 0	239,883 0	0	
(4)CHRISTINE LEONARD DIRECTOR OF DC OFFICE	(i) (ii)	152,510 0	0	120 0	8,364 0	28,205 0	189,199 0	0	
(5)EVAN ELKIN PLANNING DIRECTOR	(i) (ii)	175,987 0	0	255 0	9,154 0	19,698 0	205,094	0	
(6)JOEL LEVY DIRECTOR OF DEVELOPMENT	(i) (ii)	156,047 0	0	1,52 4 0	7,952 0	4,226 0	169,749 0	0 0	
(7)OREN ROOT CENTER DIRECTOR	(i) (ii)	145,110 0	0	1,524 0	7,489 0	10,664 0	164,787 0	0	
(8)PEGGY ANN MCGARRY CENTER DIRECTOR	(i) (ii)	166,447 0	0	1,524 0	8,582 0	11,221	187,774 0	0	
(9)MICHAEL JACOBSON FORMER PRESIDENT AND DIRECTOR	(i) (ii)	116,913 0	0	335 0	6,012	9,121	132,381	0	

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

Return Reference Explanation

Schedule J (Form 990) 2013

Additional Data

Software ID: Software Version:

EIN: 13-1941627

Name: VERA INSTITUTE OF JUSTICE INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
DANIEL WILHELM VP/CHIEF PROGRAM OFFICER	(I) (II)		0	180	9,776 0	11,383 0	209,556 0	0
ERNEST DUNCAN COO/CFO/ASST TREASURER	(I) (II)		0 0	276	9,326 0	10,022	202,313	0
KAREN GOLDSTEIN VP/GENERAL COUNSEL	(I) (II)		0	792 0	10,716 0	24,010 0	239,883 0	0
CHRISTINE LEONARD DIRECTOR OF DC OFFICE	(I) (II)	1	0	120	8,364 0	28,205 0	189,199 0	0
EVAN ELKIN PLANNING DIRECTOR	(I)		0	255	9,154 0	19,698 0	205,094 0	0
JOEL LEVY DIRECTOR OF DEVELOPMENT	(1) (11)		0	1,524	7,952 0	4,226 0	169,749 0	0
OREN ROOT CENTER DIRECTOR	(I) (II)		0	1,524	7,489 0	10,664 0	164,787 0	0
PEGGY ANN MCGARRY CENTER DIRECTOR	(I) (II)		0	1,524	8,582 0	11,221 0	187,774 0	0
MICHAEL JACOBSON FORMER PRESIDENT AND DIRECTOR	(1) (11)		0	335	6,012 0	9,121 0	132,381 0	0

DLN: 93493097000355

OMB No 1545-0047

SCHEDULE M (Form 990)

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

Noncash Contributions

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

VERA	INSTITUTE OF JUSTICE INC	12.10.1627						
В.	Tunes of Business				13-1941627			
Pa	rt 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	(d Method of d noncash contrib	etermi		ts
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	4	169,264	FAIR MARKET VAL	.U E		
	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—O ther							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
	Taxıdermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
25	O ther ▶ ()							
26	O ther ▶()							
27	O ther ►()							
28	O ther ▶ ()	<u> </u>		1				
29	Number of Forms 8283 received for which the organization comple				29			
	for which the organization comple	sted i oiiii o	203, Fait IV, Dollee ACKII	owiedgement [Yes	No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I lines	1 through 28 that		163	
	it must hold for at least three ye						1	
	for exempt purposes for the enti			acion, and which is not requi	rea to be abea	20-	1 1	NI.
Į.	If "Yes," describe the arrangem					30a	\vdash	No
D								
31	Does the organization have a gif					31	<u> </u>	No
32a	-	e third part			noncasn • • •	32a	Yes	
ь	If "Yes," describe in Part II							
	If the organization did not report describe in Part II	t an amount	: in column (c) for a type of	property for which column (a) is checked,			

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.

Return Reference	Explanation
PART I, COLUMN (B)	COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTORS
•	VERA USES ITS INVESTMENT ADVISOR, FORMERLY MORGAN STANLEY SMITH BARNEY AND PRESENTLY FUND EVALUATION GROUP, TO RECEIVE AND SELL DONATED SECURITIES THE THIRD PARTY, HOWEVER, DOES NOT SOLICIT CONTRIBUTIONS

Schedule M (Form 990) (2013)

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DLN: 93493097000355

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

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 to provide any additional information. ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization VERA INSTITUTE OF JUSTICE INC **Employer identification number**

13-1941627

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATIONS CONFLICT OF INTEREST POLICY REQUIRES ITS OFFICERS AND TRUSTEES TO DISCL OSE WHENEVER THEY HAVE A FINANCIAL INTEREST THAT IS IMPLICATED BY A TRANSACTION OR ARRANGE MENT 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 H IS OR HER INTEREST TO THE BOARD OR COMMITTEE OF THE BOARD EVALUATING THE TRANSACTION AND I S EXCLUDED FROM ALL DELIBERATIONS AND DECISIONS CONCERNING THE MATTER IN ADDITION, THE OR GANIZATION'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 RELATIO NSHIPS 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 T HE COMPENSATION OF THE PRESIDENT AND DIRECTOR ON AN ANNUAL BASIS AS PART OF THIS PROCESS, THE COMMITTEE REVIEWS COMPARABILITY DATA, INCLUDING COMPENSATION PAID BY SIMILARLY SITUAT ED ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS THE EXECUTIVE COMMITTEE IS COMPOSE D ENTIRELY OF INDEPENDENT PERSONS WITH RESPECT TO THE MATTER
FORM 990, PART VI, SECTION C, LINE 19	THE DOCUMENTS ARE AVAILABLE UPON REQUEST
FORM 990, PART XII, LINE 2C	THE SELECTION AND OVERSIGHT PROCESS DID NOT CHANGE FROM THE PRIOR YEAR
FORM 990, PART IV, QUESTION 17	THE AMOUNT PAID TO PROFESSIONAL FUNDRAISER DURING FY2014 FISCAL YEAR AMOUNTED TO 25,569 T HIS AMOUNT IS REPORTED AS PART OF DIRECT FUNDRAISING EXPENSES ON SCHEDULE G, PART II, LINE 7 AND FORM 990, PART VIII, LINE 8B CONSEQUENTLY THE AMOUNT ON PART IX, LINE 11E, COLUMN D IS ZERO
SCHEDULE C, PART II-A, LINE 1B	LOBBY ING EXPENSES PER SCHEDULE C, PART II-A, LINE 1B ARE \$11,412 LOBBY ING EXPENSES OF \$11,412 ARE INCLUDED IN FORM 990, PART IX, LINE 7 - SALARIES EXPENSE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493097000355 OMB No 1545-0172 **Depreciation and Amortization** (Including Information on Listed Property) Department of the Treasury Internal Revenue Service (99) See separate instructions. ► Attach to your tax return. Sequence No 179 Business or activity to which this form relates **Identifying number** FORM 990 PAGE 10 Name(s) shown on return VERA INSTITUTE OF JUSTICE INC 13-1941627 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Total cost of section 179 property placed in service (see instructions) \cdot · · · · 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married 5 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 · · · · · · · · · Carryover of disallowed deduction from line 13 of your 2012 Form 4562 · · · 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 . | 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election **15** 281,113 MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2013 · · · · · · If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property **c** 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs h Residential rental 27 5 yrs ММ S/L property 27 5 yrs MMS/L ММ i Nonresidential real 39 vrs property ΜМ Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year 40 yrs ММ S/L Summary (see instructions.) Part IV 21 Listed property Enter amount from line 28 · · · · · · · · · · · 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter 22 here and on the appropriate lines of your return Partnerships and S corporations—see instructions • • 281,113 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Form 4562 (2013) Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	Ciation ai	iu Other 1	morma	tion (C	auuon	: <i>See</i> :	uie ii	15111	icuoi	115 101	mme	o TOT pa	sseng	ei au	LOTTIOL	nies.
24a Do you have evider	ice to support t	the business/inv	estment u	se claimed	d? ┌ Yes	Гио			24b	If "Yes,"	' is the	ev idence	written?	Гүе	sГN)
(a) Type of property (list vehicles first)	ype of property (list Date placed in investment Cost or		rother Chusiness/investment Re		(f) Recov perio		(g) Method Convent	d/ Deprecia		(h) epreciation/ deduction		(i) Electe section cost	179			
25 Special depreciation allo 50% in a qualified busi			erty placed	ın service (during the	tax year	and u	sed m	ore th		5					
·			h							2	.5					
26 Property used more	e tilali 50% i	m a quanneu	Dusilless	use	1				<u> </u>		Т					
		%														
		%														
27 Property used 50%	orlessin a	qualified bus	iness us	<u>e</u>	Ι				S/I	l =						
		%							S/I		-			1		
		%							S/I	L-,						
28 Add amounts in co	olumn (h), lın	es 25 throug	jh 27 En	ter here a	and on lir	ne 21,	page	1	28	3						
29 Add amounts in co	olumn (ı), lıne	e 26 Enterh	ere and o	n line 7,	page 1								29			
			ction B													
Complete this section If you provided vehicles to														e vehic	les	
					a)		b)	T	(c			(d)		≘)		f)
30 Total business/inv year (do not include			ring the	Vehi	cle 1	Vehi	cle 2		Vehic	cle 3	Ve	hicle 4	Vehi	cle 5		
) car (ao not mera	ac commitatin	· · · · · · · · · · · · · · · · · · ·	•					_								
31 Total commuting r	miles driven	during the ye	ear .													
32 Total other persor	nal(noncomm	nuting) miles	drıven													
33 Total miles driven through 32	during the y	ear Add line	s 30													
34 Was the vehicle as	vaılable for p	ersonal use		Yes	No	Yes	No	Y	es	No	Yes	No	Yes	No	Yes	No
during off-duty ho	urs? .															
35 Was the vehicle us owner or related p		by a more tl	nan 5%													
36 Is another vehicle	available fo	r personal us	e? .													
Section Answer these question 5% owners or related	ns to determ		et an exc												not mo	re thai
37 Do you maintain a employees?	written polic	y statement	that prof	ibits all	personal	use of	vehic	les,	ınclu	ding co	mmut	ing, by	your • •	Y	es	No
38 Do you maintain a employees? See the																
39 Do you treat all us						, o, a		, .,	_ , 0 0		• • • • • • • • • • • • • • • • • • • •					
40 Do you provide mo	re than five	vehicles to y	our empl			rmatio	n fron	n you	r em	ployee	s abou	it the us	e of			
vehicles, and retain 41 Do you meet the re				· · ·	· · · · le demor	· · ·	n use	• e? (S	ee ins	• • structi	ons)				+	
Note: If your answ	<i>e</i> r to 37, 38	, 39, 40, or 4	l is "Yes	s," do not	t comple	te Sect	ion B	fort	he co	vered	vehicl	es				
Part VI Amo	rtization															
(a) Description of c	(b)			A mortizable (C	Code A morting		(e) mortization period or ercentage		(f) Amortizati this ye				
42 A mortization of co	sts that beg	ıns durıng yo	ur 2013	tax year	(see inst	truction	ns)					-				
	T			· · ·			•									
43 Amortization of co	sts that beq	an before you	ur 2013 t	ax year							43	1				
44 Total. Add amount					ere to re	port					44	1				