

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

**2010**

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b>		<b>D Employer identification number</b>
	COMMUNITY RESOURCES FOR JUSTICE, INC.		04-3461434
	Doing Business As		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E Telephone number</b>
355 BOYLSTON STREET			(617) 482-2520
City or town, state or country, and ZIP + 4		<b>G Gross receipts \$</b> 31,072,226.	
BOSTON, MA 02116		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F Name and address of principal officer:</b> JOHN J. LARIVEE		<b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
SAME AS C ABOVE		If "No," attach a list. (see instructions)	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c) Group exemption number</b> ▶	
<b>J Website:</b> WWW.CRJUSTICE.ORG		<b>L Year of formation:</b> 1999 <b>M State of legal domicile:</b> MA	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: COMMUNITY RESOURCES FOR JUSTICE, INC. OPERATES COMMUNITY BASED CORRECTIONAL, HUMAN SERVICE,		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	16
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	16
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	716
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	100
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	980,849.	1,120,415.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25,135,388.	28,066,351.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	26,034.	171,813.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	281,808.	345,658.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	26,424,079.	29,704,237.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	17,072,025.	19,593,416.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 211,033.	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	8,953,182.	9,363,855.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,953,182.	9,363,855.
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	26,025,207.	28,957,271.
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	398,872.	746,966.
	<b>21</b> Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	24,543,957.	25,929,306.
		14,011,659.	13,790,694.
		10,532,298.	12,138,612.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date			
	RICHARD J. MCCROSSAN, CFO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ MCGLADREY & PULLEN, LLP				
	Firm's address ▶ 80 CITY SQUARE BOSTON, MA 02129-3742			Firm's EIN ▶	
				Phone no. 617-912-9000	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: COMMUNITY RESOURCES FOR JUSTICE, INC. OPERATES COMMUNITY BASED CORRECTIONAL, HUMAN SERVICE, RESIDENTIAL, EMPLOYMENT & EDUCATION PROGRAMS FOR ADULT MALES AND FEMALES, JUVENILES AND FAMILIES. THE AGENCY ALSO DEVELOPS AND IMPLEMENTS INNOVATIVE PROGRAMS & SERVICES AS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 12044828. including grants of \$ ) (Revenue \$ 15546154.) COMMUNITY STRATEGIES, A DIVISION OF COMMUNITY RESOURCES FOR JUSTICE, PROVIDES COMPREHENSIVE COMMUNITY BASED RESIDENTIAL, VOCATIONAL AND CLINICAL SERVICES IN A HIGHLY SUPERVISED THERAPEUTIC ENVIRONMENT TO DUALY DIAGNOSED INDIVIDUALS WITH BEHAVIORAL CHALLENGES. SINCE ITS INCEPTION IN 1993, THE PROGRAM HAS EVOLVED INTO A SPECIALIZED SERVICE PROVIDER WITH UNIQUE EXPERTISE IN SERVING INDIVIDUALS WITH MENTAL RETARDATION AND PSYCHIATRIC DISORDERS, AS WELL AS THOSE WITH PAST INVOLVEMENT IN THE CRIMINAL JUSTICE SYSTEM. THE GOAL OF COMMUNITY STRATEGIES IS TO PROVIDE THESE INDIVIDUALS WITH THE OPPORTUNITY TO LIVE HAPPILY AND COMFORTABLY WITHIN THE COMMUNITY WHILE MAINTAINING A SAFE, HIGH QUALITY AND COST EFFECTIVE PROGRAM.

4b (Code: ) (Expenses \$ 5,204,584. including grants of \$ ) (Revenue \$ 6,476,246.) CRJ'S ADULT CORRECTIONAL PROGRAMS PROVIDE RESIDENTIAL SERVICES TO MEN AND WOMEN WHO ARE INVOLVED WITH PAROLE AND FEDERAL, STATE, AND COUNTY CORRECTIONAL SYSTEMS. OUR GOAL IS TO ASSIST THESE RESIDENTS TO REENTER THEIR COMMUNITIES AS PRODUCTIVE AND CONTRIBUTING CITIZENS. BASED ON A COMPREHENSIVE ASSESSMENT, OUR PROGRAMS PROVIDE ASSISTANCE WITH TRANSITIONAL ISSUES INCLUDING EMPLOYMENT, HOUSING, ADDICTIONS, FAMILY SUPPORT, COUNSELING AND TREATMENT. WORKING WITH OVER 1,000 RESIDENTS PER YEAR, CRJ'S ADULT PROGRAMS OFFER A BALANCE OF ACCOUNTABILITY AND SERVICE OPTIONS. THE INTENT IS TO ENABLE THESE MEN AND WOMEN TO BREAK OUT OF THE CYCLE OF GANGS, CRIME, AND INCARCERATION, AND CREATE A NEW CYCLE OF PERSONAL RESPONSIBILITY AND POSITIVE COMMUNITY ENGAGEMENT. ALL CRJ PROGRAMS ADHERE TO OUR TREATMENT CULTURE PHILOSOPHY, AND ITS

4c (Code: ) (Expenses \$ 2,408,474. including grants of \$ ) (Revenue \$ 2,673,160.) CRJ'S RESIDENTIAL YOUTH PROGRAMS WORK WITH AT-RISK DELINQUENT YOUTH INVOLVED WITH THE DEPARTMENT OF YOUTH SERVICES, AND AGED-OUT YOUTH INVOLVED WITH THE DEPARTMENT OF CHILDREN AND FAMILIES. OUR EDUCATION SUPPORT AND ENRICHMENT PROGRAM WORKS WITH YOUTH INVOLVED WITH BOTH THE JUVENILE JUSTICE AND FOSTER CARE SYSTEMS. TOGETHER THE PROGRAMS SERVE OVER 500 YOUTH PER YEAR. OUR GOAL IS TO PROVIDE STRENGTH-BASED, GOAL-ORIENTED SERVICES TO ENABLE THESE YOUNG PEOPLE TO DEVELOP AND TO ACHIEVE THEIR FULL POTENTIAL. ALL CRJ PROGRAMS ADHERE TO OUR TREATMENT CULTURE PHILOSOPHY, AND ITS GUIDING PRINCIPLES WHICH APPLY TO STAFF AND CLIENTS ALIKE: WE WELCOME CHANGE; WE LISTEN; WE FOCUS ON BEHAVIOR; AND WE OFFER CHOICES.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 3,983,666. including grants of \$ ) (Revenue \$ 2,908,849.)

4e Total program service expenses 23,641,552.

**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>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		



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

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	



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

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
7a	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?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
13a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	16			
b Enter the number of voting members included in line 1a, above, who are independent		16		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Does the organization have members or stockholders?				X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?				X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10b		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
11a		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b		
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
12c		
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
14		
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
15a		
15b 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 or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		
16b		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **MA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **RICHARD J. MCCROSSAN - (617) 482-2520**  
**355 BOYLSTON STREET, BOSTON, MA 02116**

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

Check if Schedule O contains a response to any question 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SCOTT HARSHBARGER PRESIDENT	5.00	X		X			0.	0.	0.	
GERALD K. KELLEY, ESQ. VICE PRESIDENT	5.00	X		X			0.	0.	0.	
THOMAS J. DESIMONE TREASURER	5.00	X		X			0.	0.	0.	
MICHAEL RICHARDS CLERK	5.00	X		X			0.	0.	0.	
STEPHEN C. BAZARIAN DIRECTOR	5.00	X					0.	0.	0.	
TIM CABOT DIRECTOR	5.00	X					0.	0.	0.	
BRIAN CALLERY DIRECTOR	5.00	X					0.	0.	0.	
JOSEPH C. CARTER DIRECTOR	5.00	X					0.	0.	0.	
TIZIANA C. DEARING DIRECTOR	5.00	X					0.	0.	0.	
ANNETTE HANSON DIRECTOR	5.00	X					0.	0.	0.	
ELLEN M. LAWTON, ESQ. DIRECTOR	5.00	X					0.	0.	0.	
GRACE LEE DIRECTOR	5.00	X					0.	0.	0.	
JAMES G. MARCHETTI DIRECTOR	5.00	X					0.	0.	0.	
STAN A. MCLAREN DIRECTOR	5.00	X					0.	0.	0.	
PETER PATCH DIRECTOR	5.00	X					0.	0.	0.	
GERRY MORRISSEY DIRECTOR	5.00	X					0.	0.	0.	
ELYSE CLAWSON EXECUTIVE DIRECTOR	40.00			X			144,532.	0.	21,090.	



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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN J. LARIVEE - CEO (COL.D INCLUDES DEF.COMP.-SEE SCH.J)	40.00			X				575,031.	0.	12,614.
WILLIAM J. COUGHLIN COO	40.00			X				141,238.	0.	18,855.
ELLEN DONNARUMMA SR. DIR. OF BUSINESS DEVELOPMENT	40.00			X				129,544.	0.	7,748.
RICHARD J. MCCROSSAN CFO	40.00			X				169,859.	0.	11,152.
PAUL SWINDLEHURST CAO (BEGAN JAN/FEB 2011)	40.00			X				0.	0.	0.
STEPHEN BURKE CONTROLLER	40.00				X			107,207.	0.	8,424.
ERIC SCHARF DEPUTY COO FOR PRG. & ORG. DEV.	40.00				X			101,500.	0.	19,152.
<b>1b Sub-total</b>								1,368,911.	0.	99,035.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,368,911.	0.	99,035.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **7**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ACCOUNTING MANAGEMENT SOLUTIONS, INC. SOUTH STREET, WALTHAM, MA 02145	CONSULTING-FINANCIAL	132,397.
MCGLADREY & PULLEN, LLP 5155 PAYSHERE CIRCLE, CHICAGO, IL 60674	AUDITING	105,171.
JOSEPH AUCOIN PLUMBING & HEATING, INC. 23 CAVANAUGH ROAD, FRAMINGHAM, MA 01701	PLUMBING & HEATING	104,236.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **3**

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	65,580.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1054835.			
	g Noncash contributions included in lines 1a-1f: \$		18,704.			
	h Total. Add lines 1a-1f		1120415.			
Program Service Revenue	2 a PROGRAM SERVICE FEES	Business Code				
	b CONSULTING	611710	27,604,409.	27,604,409.		
	c	624100	461,942.	461,942.		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		28,066,351.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		149,381.		149,381.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real	331675.			
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)	331675.			
	d Net rental income or (loss)		331,675.		331,675.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	1,306,507.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	1,284,075.			
		c Gain or (loss)	22,432.			
	d Net gain or (loss)		22,432.		22,432.	
	8 a Gross income from fundraising events (not including \$ 65,580. of contributions reported on line 1c). See Part IV, line 18	a	55,322.			
		b Less: direct expenses	83,914.			
c Net income or (loss) from fundraising events			-28,592.		-28,592.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS INCOME	900099	42,575.	42,575.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		42,575.				
12 Total revenue. See instructions.		29,704,237.	28,108,926.	0.	474,896.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	901,983.		826,283.	75,700.
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	15,019,570.	12,976,889.	1,997,472.	45,209.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	203,324.	171,333.	30,307.	1,684.
9 Other employee benefits	2,279,338.	1,899,835.	362,440.	17,063.
10 Payroll taxes	1,189,201.	982,671.	196,591.	9,939.
11 Fees for services (non-employees):				
a Management				
b Legal	49,066.		49,066.	
c Accounting	90,924.		90,924.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	1,988,553.	1,650,745.	301,820.	35,988.
12 Advertising and promotion				
13 Office expenses	262,735.	193,568.	66,503.	2,664.
14 Information technology	101,776.	60,493.	37,359.	3,924.
15 Royalties				
16 Occupancy	1,694,562.	1,340,645.	351,164.	2,753.
17 Travel	962,869.	760,489.	195,690.	6,690.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	563,926.	506,481.	57,445.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	827,767.	778,210.	48,025.	1,532.
23 Insurance	275,696.	185,176.	89,452.	1,068.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <b>SUPPLIES</b>	1,559,150.	1,555,577.	3,562.	11.
b <b>ADMINISTRATIVE EXPENSES</b>	546,157.	372,583.	167,404.	6,170.
c <b>DEVELOPMENT EXPENSE</b>	359,727.	145,403.	214,324.	0.
d <b>FIRE/SECURITY EXPENSES</b>	50,450.	47,056.	3,326.	68.
e <b>RECRUITMENT</b>	18,743.	8,895.	9,599.	249.
f All other expenses	11,754.	5,503.	5,930.	321.
25 Total functional expenses. Add lines 1 through 24f	28,957,271.	23,641,552.	5,104,686.	211,033.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				



**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing .....	2,021,810.	1	1,406,720.
	2 Savings and temporary cash investments .....		2	
	3 Pledges and grants receivable, net .....		3	
	4 Accounts receivable, net .....	2,264,367.	4	3,015,542.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 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) .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	362,167.	9	454,681.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 25,016,654.		
	b Less: accumulated depreciation .....	10b 9,068,080.		
	11 Investments - publicly traded securities .....	15,486,684.	10c	15,948,574.
	12 Investments - other securities. See Part IV, line 11 .....	3,788,967.	11	4,812,274.
	13 Investments - program-related. See Part IV, line 11 .....		12	
	14 Intangible assets .....		13	
	15 Other assets. See Part IV, line 11 .....	619,962.	14	291,515.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	24,543,957.	15	25,929,306.	
Liabilities	17 Accounts payable and accrued expenses .....	2,286,101.	16	2,011,808.
	18 Grants payable .....		17	
	19 Deferred revenue .....	173,324.	18	626,696.
	20 Tax-exempt bond liabilities .....	7,240,000.	19	7,100,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		20	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		21	
	23 Secured mortgages and notes payable to unrelated third parties .....	2,795,570.	22	3,099,826.
	24 Unsecured notes and loans payable to unrelated third parties .....		23	
	25 Other liabilities. Complete Part X of Schedule D .....	1,516,664.	24	952,364.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	14,011,659.	25	13,790,694.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets .....	10,532,298.	26	12,117,984.
	28 Temporarily restricted net assets .....		27	20,628.
	29 Permanently restricted net assets .....		28	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds .....		29	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		30	
	32 Retained earnings, endowment, accumulated income, or other funds .....		31	
33 Total net assets or fund balances .....	10,532,298.	32	12,138,612.	
34 <b>Total liabilities and net assets/fund balances</b> .....	24,543,957.	33	25,929,306.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,704,237.
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,957,271.
3	Revenue less expenses. Subtract line 2 from line 1	3	746,966.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,532,298.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	859,348.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	12,138,612.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	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.	X	

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization

COMMUNITY RESOURCES FOR JUSTICE, INC.

Employer identification number

04-3461434

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(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) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2010



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 <b>Total.</b> 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 (f) .....						
6 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 .....						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
9 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 <b>Total support.</b> Add lines 7 through 10 .....						
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	14		%
15 Public support percentage from 2009 Schedule A, Part II, line 14 .....	15		%
16a <b>33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
b <b>33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
b <b>10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	733,154.	1,073,511.	480,718.	980,849.	1,175,737.	4,443,969.
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	20,080,021.	21,966,386.	22,813,924.	25,147,799.	28,066,351.	118,074,481.
3 Gross receipts from activities 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	20,813,175.	23,039,897.	23,294,642.	26,128,648.	29,242,088.	122,518,450.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6.)						122,518,450.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	20,813,175.	23,039,897.	23,294,642.	26,128,648.	29,242,088.	122,518,450.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	431,745.	464,542.	510,365.	420,793.	481,056.	2,308,501.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	431,745.	464,542.	510,365.	420,793.	481,056.	2,308,501.
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.)	153,511.	138,267.	329,363.	24,977.	42,575.	688,693.
13 Total support (Add lines 9, 10c, 11, and 12.)	21,398,431.	23,642,706.	24,134,370.	26,574,418.	29,765,719.	125,515,644.

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

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

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	97.61 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	97.47 %

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

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	1.84 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	1.95 %

19a **33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization **COMMUNITY RESOURCES FOR JUSTICE, INC.** Employer identification number **04-3461434**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		

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

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

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

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

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

- a Total number of conservation easements .....
- b Total acreage restricted by conservation easements .....
- c Number of conservation easements on a certified historic structure included in (a) .....
- d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
  - (ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
  - b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_



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

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

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Term endowment  \_\_\_\_\_ %

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

	Yes	No
(i) unrelated organizations		
(ii) related organizations		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,069,413.		2,069,413.
b Buildings		20,853,867.	7,587,686.	13,266,181.
c Leasehold improvements				
d Equipment		1,591,133.	1,436,159.	154,974.
e Other		502,241.	44,235.	458,006.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				15,948,574.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DEPOSITS AND LONG TERM ACCRUALS	32,230.
(3) INTEREST RATE SWAP AGREEMENT	920,134.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	952,364.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	29,704,237.
2	Total expenses (Form 990, Part IX, column (A), line 25)	28,957,271.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	746,966.
4	Net unrealized gains (losses) on investments	626,742.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	232,606.
9	Total adjustments (net). Add lines 4 through 8	859,348.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	1,606,314.

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
1	Total revenue, gains, and other support per audited financial statements	30,647,499.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	626,742.
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV.)	232,606.
e	Add lines 2a through 2d	859,348.
3	Subtract line 2e from line 1	29,788,151.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV.)	-83,914.
c	Add lines 4a and 4b	-83,914.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	29,704,237.

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
1	Total expenses and losses per audited financial statements	29,041,185.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIV.)	83,914.
e	Add lines 2a through 2d	83,914.
3	Subtract line 2e from line 1	28,957,271.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV.)	
c	Add lines 4a and 4b	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	28,957,271.

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: THE AGENCY IS A NON-PROFIT ORGANIZATION GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE AGENCY FOLLOWS FASB ASC 740, "INCOME TAXES", WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES BY PRESCRIBING THE RECOGNITION THRESHOLD A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. IT ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. MANAGEMENT

**Part XIV** Supplemental Information (continued)

BELIEVES THAT THE AGENCY HAS NO MATERIAL UNCERTAINTIES IN INCOME TAXES.

THE AGENCY IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2008.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

UNREALIZED GAIN ON INTEREST RATE SWAP AGREEMENT OBLIGATION 232,606.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

UNREALIZED GAIN ON INTEREST RATE SWAP AGREEMENT OBLIGATION 232,606.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE NETTED WITH REVENUE ON FORM 990,

PART VIII, LINE 8B -83,914.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE NETTED WITH REVENUE ON FORM 990,

PART VIII, LINE 8B 83,914.





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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL EVENT (event type)	(event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	120,902.			120,902.
	<b>2</b> Less: Charitable contributions .....	65,580.			65,580.
	<b>3</b> Gross income (line 1 minus line 2) .....	55,322.			55,322.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	25,950.			25,950.
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	57,964.			57,964.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 83,914 )
<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				-28,592.	

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

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

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_



**SCHEDULE J  
(Form 990)**

**Compensation Information**

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.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**COMMUNITY RESOURCES FOR JUSTICE, INC.**

Employer identification number

**04-3461434**

**Part I Questions Regarding Compensation**

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

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                         | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval 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:

**a** Receive a severance payment or change-of-control payment from the organization or a related organization?

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

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

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

**Only section 501(c)(3) and 501(c)(4) organizations 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:

**a** The organization?

**b** Any related organization?

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:

**a** The organization?

**b** Any related organization?

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

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

1a

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2010



**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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	ELYSE CLAWSON	(i) 142,887.	(ii) 0.	(iii) 1,645.	5,917.	15,173.	165,622.	0.
		(ii) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
2	JOHN J. LARIVEE - CEO	(i) 199,383.	(ii) 0.	(iii) 375,648.	8,459.	4,155.	587,645.	0.
		(ii) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
3	WILLIAM J. COUGHLIN	(i) 138,860.	(ii) 0.	(iii) 2,378.	5,696.	13,159.	160,093.	0.
		(ii) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
4	RICHARD J. MCCROSSAN	(i) 164,882.	(ii) 0.	(iii) 4,977.	6,767.	4,385.	181,011.	0.
		(ii) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
5		(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
		(ii) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
6		(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
		(ii) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
7		(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
		(ii) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
8		(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
		(ii) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
9		(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
		(ii) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
10		(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
		(ii) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
11		(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
		(ii) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
12		(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
		(ii) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
13		(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
		(ii) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
14		(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
		(ii) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
15		(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
		(ii) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
16		(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
		(ii) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.

Part III Supplemental Information

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

PART I, LINE 4B: THE AGENCY ESTABLISHED A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN FOR THE AGENCY'S CEO, WHICH BEGAN BEING FUNDED IN 1997. BETWEEN 1997 AND 2006, THE CEO WAS PAID AN AVERAGE ANNUAL SALARY OF \$88,352; DURING THE SAME YEARS, AN AVERAGE OF \$44,470 WAS DEFERRED EACH YEAR AND INVESTED IN TWO ANNUITIES FUNDED BY THE PLAN. AS PART OF THIS PLAN, THE ANNUITIES THAT WERE IN THE NAME OF THE AGENCY'S CEO WERE SUBJECT TO THE SUBSTANTIAL RISK OF FORFEITURE SHOULD THE EXECUTIVE TERMINATE EMPLOYMENT BEFORE THE AGE OF 62. DURING FISCAL YEAR 2011, THE BOARD OF DIRECTORS MET AND VOTED TO REMOVE THE SUBSTANTIAL RISK OF FORFEITURE CLAUSE AND THE AGENCY'S CEO ELECTED TO TAKE A DISTRIBUTION OF SUCH FUNDS. THE AMOUNT DISTRIBUTED AND INCLUDED ON THE FORM W-2 TOTALED \$367,788.

**SCHEDULE K**  
**(Form 990)**  
Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**  
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part V.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047  
**2010**  
Open to Public Inspection

Name of the organization

**COMMUNITY RESOURCES FOR JUSTICE, INC.**  
SEE PART V FOR COLUMNS (A) AND (F) CONTINUATIONS  
Employer identification number  
**04-3461434**

Part I Bond Issues	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
	MASSACHUSETTS A DEVELOPMENT FINANCE AGEN04-343181457583RDT9			04/01/10	7240000.	TO CURRENTLY REFUND PRIOR ISSU		X		X		X
B												
C												
D												

Part II Proceeds	1 Amount of bonds retired	2 Amount of bonds legally defeased	3 Total proceeds of issue	4 Gross proceeds in reserve funds	5 Capitalized interest from proceeds	6 Proceeds in refunding escrows	7 Issuance costs from proceeds	8 Credit enhancement from proceeds	9 Working capital expenditures from proceeds	10 Capital expenditures from proceeds	11 Other spent proceeds	12 Other unspent proceeds	13 Year of substantial completion	A		B		C		D		
														Yes	No	Yes	No	Yes	No	Yes	No	Yes
			140,000.																			
			7,240,000.																			
			7,240,000.																			

Part III Private Business Use	14 Were the bonds issued as part of a current refunding issue?	15 Were the bonds issued as part of an advance refunding issue?	16 Has the final allocation of proceeds been made?	17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	A		B		C		D	
					Yes	No	Yes	No	Yes	No	Yes	No
	X		X	X								
	X		X	X								
	X		X	X								

1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?											
2	Are there any lease arrangements that may result in private business use of bond-financed property?											

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b Are there any research agreements that may result in private business use of bond-financed property?		X						
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		.00				%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		.00				%		%
6 Total of lines 4 and 5		.00				%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X							
2 Is the bond issue a variable rate issue?								
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider	RBS CITIZENS, N.A.							
c Term of hedge	15.6666000							
d Was the hedge superintegrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a GIC?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		X						
6 Did the bond issue qualify for an exception to rebate?	X							

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY  
 (F) DESCRIPTION OF PURPOSE: TO CURRENTLY REFUND PRIOR ISSUE



**SCHEDULE O**  
(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 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**  
Open to Public  
Inspection

Name of the organization

COMMUNITY RESOURCES FOR JUSTICE, INC.

Employer identification number  
04-3461434

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

RESIDENTIAL, EMPLOYMENT & EDUCATION PROGRAMS FOR ADULT MALES AND  
FEMALES, JUVENILES AND FAMILIES. THE AGENCY ALSO DEVELOPS AND  
IMPLEMENTS INNOVATIVE PROGRAMS & SERVICES AS A RESOURCE FOR THE  
CRIMINAL JUSTICE COMMUNITY & FOR THE GENERAL PUBLIC.

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

A RESOURCE FOR THE CRIMINAL JUSTICE COMMUNITY & FOR THE GENERAL PUBLIC.

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

COMMUNITY STRATEGIES OPERATES TWENTY FOUR HOMES AND VARIOUS SHARED  
LIVING ARRANGEMENTS IN THE FOLLOWING LOCATIONS: ATHOL, ABINGTON,  
BELLINGHAM, BROOKFIELD, CARVER, KINGSTON, FRANKLIN, FITCHBURG,  
TEMPLETON, LEOMINSTER (THREE SITES), MILFORD, MIDDLEBORO, MEDWAY,  
NORTHBOROUGH, PAXTON, WESTBOROUGH (TWO SITES), WESTMINSTER, WRENTHAM,  
WENDELL, AND WINCHENDON (TWO SITES) AND SHARED LIVING (VARIOUS HOMES).  
PRESENTLY, THE PROGRAM'S PRIMARY FUNDING SOURCE IS THE MASSACHUSETTS  
DEPARTMENT OF DEVELOPMENTAL SERVICES. FUNDING IS ALSO PROVIDED BY THE  
DEPARTMENT OF MENTAL HEALTH, THE MASSACHUSETTS REHABILITATION  
COMMISSION AND THE DEPARTMENT OF EDUCATION.

COMMUNITY STRATEGIES MAINTAINS THE SAFETY OF OUR INDIVIDUALS AND  
MEMBERS OF THE COMMUNITY WHILE TEACHING INDIVIDUALS THE SKILLS THEY  
NEED TO FUNCTION MORE INDEPENDENTLY. WE ARE SUCCESSFUL WHEN  
INDIVIDUALS LEARN THE NECESSARY SOCIAL AND LIFE SKILLS, HAVE GREATER  
OPPORTUNITIES FOR INCLUSION IN THE COMMUNITY, GET MEANINGFUL EMPLOYMENT

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AND REQUIRE LESS EXTERNAL STRUCTURE. WE PROVIDE A CONTINUUM OF SUPPORTS - RANGING FROM GROUP PROGRAMS WITH 24/7 SUPERVISION, THROUGH SHARED LIVING WITH A PROVIDER TO CASE MANAGEMENT WHERE THE INDIVIDUAL LIVES ALONE WITH MINIMAL SERVICES. WE HAVE BEEN SUCCESSFUL IN SUPPORTING INDIVIDUALS MOVE INTO SITUATIONS REQUIRING LESS SUPPORT. IN THE LAST TWO YEARS, WE HAVE PLACED A DOZEN INDIVIDUAL FROM PROGRAMS INTO SHARED LIVING SITUATIONS, AND HAVE SUPPORTED THREE OTHER CLIENTS WHO REQUIRE CASE MANAGEMENT OR ONLY INTERMITTENT SUPERVISION. IN THE LAST TWO YEARS, WE HAVE SEEN A MARKED INCREASE IN THE NUMBER OF INDIVIDUALS WHO HAVE GOTTEN OR MAINTAINED JOBS AND/OR WHO HAVE REQUIRED LESS JOB COACHING TO BE SUCCESSFUL. OUR INDIVIDUALS INCREASINGLY ATTEND COMMUNITY COLLEGE, FORMALLY STUDY FOR THEIR GED, TAKE VOCATIONAL CLASSES AND ATTEND RELIGIOUS STUDY CLASSES. MANY MORE OF OUR INDIVIDUALS HAVE DEVELOPED QUALITY PERSONAL RELATIONSHIPS WITH MEMBERS OF THE COMMUNITY. THIS INCREASED COMMUNITY INVOLVEMENT HAS BEEN ACCOMPANIED BY A HIGH LEVEL OF DEMONSTRATED PROACTIVE SOCIAL SKILLS, COMMUNITY AWARENESS, AND SAFE BEHAVIOR. OUR SUCCESS IN MEETING OUR GOALS HAS BEEN RECOGNIZED BY THE AWARD OF A TWO YEAR LICENSE WITH AN OVERALL RATING OF 99% BY THE DEPARTMENT OF DEVELOPMENTAL SERVICES.

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

GUIDING PRINCIPLES WHICH APPLY TO STAFF AND CLIENTS ALIKE: WE WELCOME CHANGE; WE LISTEN; WE FOCUS ON BEHAVIOR; AND WE OFFER CHOICES.

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

COMMUNITY STRATEGIES (CS) IS A DIVISION OF COMMUNITY RESOURCES FOR JUSTICE (CRJ) OUT OF BOSTON, MASSACHUSETTS. CS PROVIDES A HIGH QUALITY, CONTINUUM OF COMMUNITY-BASED, INDIVIDUALIZED SERVICES AND SUPPORTS FOR

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COMMUNITY RESOURCES FOR JUSTICE, INC.

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PERSONS WITH SPECIAL PSYCHIATRIC, DEVELOPMENTAL, BEHAVIORAL AND OTHER  
 COMPLEX NEEDS. CS AND COMMUNITY RESOURCES FOR JUSTICE BOTH HAVE  
 EXTENSIVE EXPERIENCE AND STRONG REPUTATIONS IN SUCCESSFULLY SERVING  
 PEOPLE WITH DUAL DIAGNOSIS AND BEHAVIORAL CHALLENGES.

THE DRIVING FORCE OF OUR WORK IS TO INCREASE THE LEVEL OF INDEPENDENCE  
 AND QUALITY OF LIFE OF THE PEOPLE WE SERVE, SUPPORT AND ASSIST THEM IN  
 THEIR INCLUSION INTO SOCIETY, AND ONGOING SUCCESS WITHIN THE COMMUNITY.  
 MOST OF OUR CONSUMERS LIVE WITH CHRONIC CONDITIONS AND COMPLEX  
 CHALLENGES THAT SEVERELY LIMIT THEIR ABILITY TO FUNCTION INDEPENDENTLY.  
 THROUGH CS'S MODELS OF CARE, OUR STAFF PROVIDES A BALANCED MIX OF  
 SUPPORT, SUPERVISION, TREATMENT AND PROGRESSIVE FREEDOM, WHICH BUILDS  
 UPON THE STRENGTHS OF OUR CONSUMERS, EMPOWERS THEM WITH CONFIDENCE TO  
 WORK TOWARDS GREATER INDEPENDENCE AND THEIR PERSONAL GOALS, AND  
 PROMOTES THEIR SUCCESSFUL AND CONSTRUCTIVE INCLUSION INTO SOCIETY.

OUR EXPERTISE HAS ALLOWED MANY PEOPLE, WHOM WOULD HAVE BEEN LIVING IN  
 INSTITUTIONAL SETTINGS, THE OPPORTUNITY TO LIVE IN THE COMMUNITY IN  
 LESS RESTRICTIVE SETTINGS. OUR SERVICES, WHICH INCLUDE DAY  
 HABILITATION, OUTREACH, 24/7 RESIDENTIAL SUPPORTS, IN HOME-BASED  
 ENHANCED FAMILY CARE SETTINGS, CLINICAL SERVICES (GROUP AND  
 INDIVIDUAL), RESPITE SERVICES, AND A WIDE RANGE OF WRAPAROUND SUPPORTS  
 -- ALL OF WHICH ARE DESIGNED TO BE REALISTIC AND FLEXIBLE, IN A MANNER  
 THAT CAN BE SEAMLESSLY ADJUSTED TO THE ONGOING EVOLUTION OF EACH PERSON  
 AND HIS/HER FAMILY'S NEEDS

EXPENSES \$ 2,007,110. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,955,603.

THE CRIME AND JUSTICE INSTITUTE (CJI) AT COMMUNITY RESOURCES FOR

Name of the organization

COMMUNITY RESOURCES FOR JUSTICE, INC.

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JUSTICE OFFERS A TEAM OF EXPERTS WHO PROVIDE NONPARTISAN CONSULTING, POLICY ANALYSIS, AND RESEARCH SERVICES TO IMPROVE PUBLIC SAFETY IN COMMUNITIES THROUGHOUT THE COUNTRY. CJJ DEVELOPS AND PROMOTES EVIDENCE-BASED PRACTICES WHICH INFORM PRACTITIONERS AND POLICYMAKERS, INCLUDING CORRECTIONS OFFICIALS, POLICY, COURTS, AND POLITICAL AND COMMUNITY LEADERS TO ASSIST THEM IN MAKING CRIMINAL AND JUVENILE JUSTICE SYSTEMS MORE EFFICIENT AND COST-EFFECTIVE TO PROMOTE ACCOUNTABILITY FOR ACHIEVING BETTER RESULTS.

WITH A REPUTATION BUILT OVER MANY DECADES FOR INNOVATIVE THINKING, UNBIASED ISSUE ANALYSIS, AND EFFECTIVE POLICY ADVOCACY, CJJ'S STRENGTH LIES IN OUR ABILITY TO BRIDGE THE GAP BETWEEN RESEARCH AND PRACTICE IN PUBLIC INSTITUTIONS AND COMMUNITIES, AND TO PROVIDE EVIDENCE-BASED, RESULTS-DRIVEN RECOMMENDATIONS. WITH OUR CREATIVE, COLLABORATIVE APPROACHES TO TODAY'S MOST PRESSING AND COMPLEX SOCIAL AND PUBLIC SAFETY PROBLEMS, CJJ IS IMPROVING PUBLIC SAFETY AND HUMAN SERVICE DELIVERY NATIONWIDE AND IN MASSACHUSETTS.

EXPENSES \$ 1,699,446. INCLUDING GRANTS OF \$ 0. REVENUE \$ 953,246.

OTHER PROGRAMS OF COMMUNITY RESOURCES FOR JUSTICE INCLUDE OTHER HUMAN SERVICE TYPE PROGRAMS AS WELL AS RENTAL PROPERTIES AND COMMERCIAL SPACE.

EXPENSES \$ 277,110. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE TOP FINANCIAL OFFICIAL. ONCE ALL COMMENTS HAVE BEEN ADDRESSED, A COPY OF THE FORM 990 IS DISTRIBUTED TO THE FINANCE COMMITTEE FOR REVIEW. ONCE APPROVED BY THE FINANCE COMMITTEE, THE FINAL FORM 990 IS DISTRIBUTED TO THE FULL



Name of the organization COMMUNITY RESOURCES FOR JUSTICE, INC.	Employer identification number 04-3461434
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BOARD VIA E-MAIL AND THEN FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: CRJ HAS PUBLISHED AND DISSEMINATED TO THE BOARD A DETAILED POLICY REGARDING CONFLICT OF INTEREST AND REVIEWS AND ENFORCES COMPLIANCE WITH THE SAME ON AN ANNUAL BASIS.

EACH MEMBER OF THE BOARD HAS A FIDUCIARY RESPONSIBILITY TOWARD CRJ. THIS MEANS THAT BOARD MEMBERS MAY NOT HAVE AN INTEREST, PERSONAL OR BUSINESS, WHICH CONFLICTS WITH THE MISSION AND PURPOSE OF CRJ. IT ALSO MEANS THAT BOARD MEMBERS MUST ACT IN THE BEST INTERESTS OF CRJ WITH A VIEW TO ADVANCING ITS MISSION AND PURPOSE.

EACH MEMBER OF THE BOARD MUST EXERCISE CAUTION IN ENTERING INTO ANY BUSINESS RELATIONSHIP WITH CRJ, AND THE BOARD MUST BE CAUTIOUS ABOUT ALLOWING CRJ TO ENTER INTO ANY SUCH RELATIONSHIP. SUCH TRANSACTIONS SHOULD NOT BE CONSUMMATED UNLESS THE BOARD DETERMINES THAT IT IS CLEARLY IN THE BEST INTERESTS OF CRJ. ACCORDINGLY, THE BOARD ADOPTS THE FOLLOWING PROCEDURES REGARDING CONFLICTS OF INTEREST.

EACH MEMBER OF THE BOARD SHALL PROVIDE ADDITIONAL WRITTEN DISCLOSURES TO THE BOARD IF AND WHEN ADDITIONAL MATERIAL, FINANCIAL OR OTHER BENEFICIAL INTERESTS DEVELOP, AND IF AND WHEN ANY ADDITIONAL POTENTIAL CONFLICT OF INTEREST DEVELOPS.

SUCH DISCLOSURE SHALL BE MADE ANNUALLY IN JUNE AND IN WRITING. SUCH DISCLOSURES SHALL BE MADE A MATTER OF CORPORATE RECORD, REFLECTED IN THE MINUTES OF MEETINGS AND RECORDS OF PROCEEDINGS, AND PROPERLY DISCLOSED IN FEDERAL AND STATE REGULATORY REPORTS.

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EACH MEMBER OF THE BOARD SHALL ABSTAIN FROM ANY BOARD ACTION OR ACTIVITY WHERE THERE IS A POTENTIAL FOR CONFLICT OF INTEREST.

DIRECTORS ARE CONSIDERED TO BE IN A "CONFLICT OF INTEREST" WHENEVER THEY THEMSELVES, OR MEMBERS OF THEIR FAMILY, BUSINESS PARTNERS OR CLOSE PERSONAL ASSOCIATES, MAY PERSONALLY BENEFIT EITHER DIRECTLY OR INDIRECTLY, FINANCIALLY OR OTHERWISE, FROM THEIR POSITION ON THE BOARD. A DIRECTOR IN A CONFLICT OF INTEREST IS AN "INTERESTED PERSON." A CONFLICT OF INTEREST MAY BE "REAL", "POTENTIAL" OR "PERCEIVED", BUT THE SAME DUTY TO DISCLOSE APPLIES TO EACH. FULL DISCLOSURE DOES NOT REMOVE A CONFLICT OF INTEREST.

EACH MEMBER OF THE BOARD SHALL ANNUALLY DISCLOSE TO THE GOVERNANCE AND NOMINATIONS COMMITTEE OF THE BOARD ANY POTENTIAL CONFLICT OF INTEREST HE OR SHE MAY HAVE. SUCH DISCLOSURE SHALL IDENTIFY ANY MATERIAL, FINANCIAL OR OTHER BENEFICIAL INTEREST HELD BY THE MEMBER OR BY HIS OR HER IMMEDIATE FAMILY IN ORGANIZATIONS ENGAGED IN THE SAME BUSINESSES OR SERVICES AS CRJ, OR ENGAGED IN THE DELIVERY OF PRODUCTS OR SERVICES TO CRJ.

EACH MEMBER OF THE BOARD SHALL PROVIDE ADDITIONAL WRITTEN DISCLOSURES TO THE GOVERNANCE AND NOMINATIONS COMMITTEE IF AND WHEN ADDITIONAL MATERIAL, FINANCIAL OR OTHER BENEFICIAL INTERESTS DEVELOP, AND IF AND WHEN ANY ADDITIONAL POTENTIAL OR ACTUAL CONFLICT OF INTEREST DEVELOPS.

FORM 990, PART VI, SECTION B, LINE 15: CRJ PERIODICALLY COMPILES INDUSTRY COMPARABLE SALARIES FOR ITS EXECUTIVE STAFF AND PROVIDES THE SAME TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS

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GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 990 AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. IN ADDITION, THE FORM 990 IS AVAILABLE VIA GUIDESTAR AND THE MASSACHUSETTS ATTORNEY GENERAL'S WEBSITE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 626,742.

UNREALIZED GAIN ON INTEREST RATE SWAP AGREEMENT OBLIGATION 232,606.

TOTAL TO FORM 990, PART XI, LINE 5 859,348.