

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

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	C Name of organization COMMUNITY RESOURCES FOR JUSTICE, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 355 BOYLSTON STREET City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02116 F Name and address of principal officer: JOHN J. LARIVÉE SAME AS C ABOVE	D Employer identification number 04-3461434 E Telephone number (617) 482-2520 G Gross receipts \$ 38,787,366. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <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 J Website: ▶ WWW.CRJ.ORG K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1999 M State of legal domicile: MA		

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: COMMUNITY RESOURCES FOR JUSTICE, INC. ("CRJ") SUPPORTS OUR MOST CHALLENGED CITIZENS. WE WORK WITH																			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3 14																		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 14																		
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5 810																		
	6 Total number of volunteers (estimate if necessary)	6 100																		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.																		
	b Net unrelated business taxable income from Form 990-T, line 34	7b 0.																		
	Revenue	8 Contributions and grants (Part VIII, line 1h)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%;">Prior Year</th> <th style="width:35%;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">266,297.</td> <td style="text-align: right;">209,719.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">35,445,259.</td> <td style="text-align: right;">37,387,174.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">73,023.</td> <td style="text-align: right;">131,176.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">93,972.</td> <td style="text-align: right;">129,836.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">35,878,551.</td> <td style="text-align: right;">37,857,905.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	266,297.	209,719.	9 Program service revenue (Part VIII, line 2g)	35,445,259.	37,387,174.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	73,023.	131,176.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	93,972.	129,836.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	35,878,551.
		Prior Year	Current Year																	
8 Contributions and grants (Part VIII, line 1h)		266,297.	209,719.																	
9 Program service revenue (Part VIII, line 2g)		35,445,259.	37,387,174.																	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		73,023.	131,176.																	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		93,972.	129,836.																	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	35,878,551.	37,857,905.																		
9 Program service revenue (Part VIII, line 2g)	35,445,259.	37,387,174.																		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	73,023.	131,176.																		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	93,972.	129,836.																		
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	35,878,551.	37,857,905.																		
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.																	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.																	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	23,940,296.	24,720,393.																	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.																	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 213,219.																			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	11,293,710.	12,402,561.																	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	35,234,006.	37,122,954.																		
19 Revenue less expenses. Subtract line 18 from line 12	644,545.	734,951.																		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%;">Beginning of Current Year</th> <th style="width:35%;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td style="text-align: right;">26,544,158.</td> <td style="text-align: right;">28,483,019.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td style="text-align: right;">14,063,245.</td> <td style="text-align: right;">14,539,076.</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;">12,480,913.</td> <td style="text-align: right;">13,943,943.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	26,544,158.	28,483,019.	21 Total liabilities (Part X, line 26)	14,063,245.	14,539,076.	22 Net assets or fund balances. Subtract line 21 from line 20	12,480,913.	13,943,943.						
		Beginning of Current Year	End of Year																	
	20 Total assets (Part X, line 16)	26,544,158.	28,483,019.																	
21 Total liabilities (Part X, line 26)	14,063,245.	14,539,076.																		
22 Net assets or fund balances. Subtract line 21 from line 20	12,480,913.	13,943,943.																		
21 Total liabilities (Part X, line 26)	14,063,245.	14,539,076.																		
22 Net assets or fund balances. Subtract line 21 from line 20	12,480,913.	13,943,943.																		

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.

Sign Here	Signature of officer RICHARD J. MCCROSSAN, CFO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name LYNNE JOHNSON	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00757336
	Firm's name ▶ MCGLADREY LLP Firm's address ▶ 80 CITY SQUARE BOSTON, MA 02129-3742	Firm's EIN ▶ 42-0714325 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 or note to any line in this Part III [X]

1 Briefly describe the organization's mission: CRJ SUPPORTS OUR MOST CHALLENGED CITIZENS. WE WORK WITH INDIVIDUALS IN, OR AT THE RISK OF BEING IN, THE ADULT OR JUVENILE JUSTICE SYSTEMS; INDIVIDUALS TRANSITIONING OUT OF THESE SYSTEMS BACK TO THEIR COMMUNITIES; AND PEOPLE WITH DEVELOPMENTAL DISABILITIES REQUIRING

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 16,412,463. including grants of \$) (Revenue \$ 19,750,589.) COMMUNITY STRATEGIES - MASSACHUSETTS (CSMA), 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 INTELLECTUAL AND DEVELOPMENTAL DISABILITIES AND PSYCHIATRIC DISORDERS, AS WELL AS THOSE WITH PAST INVOLVEMENT IN THE CRIMINAL JUSTICE SYSTEM. WITH AN EMPHASIS ON POSITIVE BEHAVIOR SUPPORTS, THE GOAL OF CSMA 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 \$ 8,215,822. including grants of \$) (Revenue \$ 9,952,287.) SOCIAL JUSTICE SERVICES (SJS) CONSISTS OF ADULT CORRECTIONAL PROGRAMS AND A RESIDENTIAL YOUTH PROGRAM. AS WITH ALL OF CRJ'S PROGRAMS, SJS SERVICES ADHERE TO OUR TREATMENT CULTURE PHILOSOPHY AND GUIDING PRINCIPLES: WE WELCOME CHANGE; WE LISTEN; WE FOCUS ON BEHAVIOR; AND WE OFFER CHOICES. CRJ'S ADULT CORRECTIONAL PROGRAMS PROVIDE SERVICES TO MEN AND WOMEN WHO ARE INVOLVED WITH FEDERAL, STATE, AND COUNTY CORRECTIONAL SYSTEM AND PAROLE AND PROBATION AGENCIES. OUR GOAL IS TO ASSIST OUR CLIENTS 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

4c (Code:) (Expenses \$ 3,248,221. including grants of \$) (Revenue \$ 3,695,483.) THE CRIME & JUSTICE INSTITUTE (CJI) AT COMMUNITY RESOURCES FOR JUSTICE (CRJ) WORKS WITH LOCAL, STATE AND FEDERAL GOVERNMENT AGENCIES AND CRIMINAL JUSTICE ORGANIZATIONS TO IMPROVE PUBLIC SAFETY AND THE DELIVERY OF JUSTICE THROUGHOUT THE COUNTRY. WITH A REPUTATION BUILT OVER MANY DECADES FOR INNOVATIVE THINKING, UNBIASED ISSUE ANALYSIS, AND A CLIENT-CENTERED APPROACH, CJI ASSISTS ORGANIZATIONS ACHIEVE BETTER, MORE COST-EFFECTIVE RESULTS FOR THE COMMUNITIES THEY SERVE.

OUR TEAM BRINGS DECADES OF EXPERIENCE DEVELOPING EVIDENCE-BASED, DATA-DRIVEN POLICIES, MANAGING COMPLEX PROCESSES WITH DIVERSE STAKEHOLDERS, AND DRIVING SYSTEMS-LEVEL ORGANIZATIONAL CHANGE. CJI'S ENERGETIC STAFF AND NETWORK OF CONSULTANTS COME FROM A VARIETY OF

4d Other program services (Describe in Schedule O.) (Expenses \$ 4,384,854. including grants of \$) (Revenue \$ 3,988,815.)

4e Total program service expenses 32,261,360.

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 <i>Schedule B, Schedule of Contributors</i> ?	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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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 and XII</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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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 hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <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 25a</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 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
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? Note. 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," to line 3b, 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
4b	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 as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
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?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
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?		
10	Section 501(c)(7) organizations. 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		
11	Section 501(c)(12) organizations. 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.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. 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		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
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 or note to any line in this Part VI

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 14 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 14		
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? 2		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? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	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 9		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **MA, CA, NY, CT, NH**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, 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 or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(1) SCOTT HARSHBARGER PRESIDENT	0.50	X		X				0.	0.	0.
(2) GERALD K. KELLEY, ESQ. VICE PRESIDENT	0.50	X		X				0.	0.	0.
(3) THOMAS J. DESIMONE TREASURER	0.50	X		X				0.	0.	0.
(4) MICHAEL RICHARDS CLERK	0.50	X		X				0.	0.	0.
(5) CARLOS FEBRES-MAZZEI DIRECTOR	0.50	X						0.	0.	0.
(6) TIM CABOT DIRECTOR	0.50	X						0.	0.	0.
(7) JOSEPH C. CARTER DIRECTOR	0.50	X						0.	0.	0.
(8) TIZIANA C. DEARING DIRECTOR	0.50	X						0.	0.	0.
(9) ANNETTE HANSON DIRECTOR	0.50	X						0.	0.	0.
(10) ELLEN M. LAWTON, ESQ. DIRECTOR	0.50	X						0.	0.	0.
(11) GRACE LEE DIRECTOR	0.50	X						0.	0.	0.
(12) JAMES G. MARCHETTI DIRECTOR	0.50	X						0.	0.	0.
(13) PETER PATCH DIRECTOR	0.50	X						0.	0.	0.
(14) GERRY MORRISSEY DIRECTOR	0.50	X						0.	0.	0.
(15) STEPHEN BAZARIAN DIRECTOR (UNITL DEC. 2013)	0.50	X						0.	0.	0.
(16) ELYSE CLAWSON EXECUTIVE DIRECTOR	40.00			X				147,170.	0.	19,906.
(17) JOHN J. LARIVÉE CEO	40.00			X				236,419.	0.	39,311.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(18) WILLIAM J. COUGHLIN COO	40.00			X				144,286.	0.	25,013.
(19) ELLEN DONNARUMMA SR. DIR. OF BUSINESS DEVEL	40.00			X				132,908.	0.	7,710.
(20) RICHARD J. MCCROSSAN CFO	40.00			X				173,682.	0.	27,500.
(21) PAUL G. SWINDLEHURST CAO	40.00			X				143,676.	0.	12,581.
(22) CINDY A. KASSANOS DIR. OF FISCAL OPERATIONS	40.00					X		110,731.	0.	11,785.
(23) JOHN F. ROGERS DIRECTOR OF FACILITIES	40.00					X		100,530.	0.	17,136.
1b Sub-total								1,189,402.	0.	160,942.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,189,402.	0.	160,942.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MCCARTHY RESTORATION, 87 TERRACE HALL AVENUE, BURLINGTON, MA 01803	CONSTRUCTION	186,962.
PATRICK DELANEY 17 CLEARVIEW AVENUE, WORCESTER, MA 01605	CONSTRUCTION	184,665.

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

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	110,280.					
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	99,439.					
	g Noncash contributions included in lines 1a-1f: \$		19,280.					
	h Total. Add lines 1a-1f			209,719.				
Program Service Revenue	2 a PROGRAM SERVICE FEES	Business Code	611710	37,213,212.	37,213,212.			
	b CONSULTING		624100	173,962.	173,962.			
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			37,387,174.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			180,915.			180,915.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	(i) Real		369,679.				
		(ii) Personal						
		b Less: rental expenses		204,937.				
		c Rental income or (loss)		164,742.				
	d Net rental income or (loss)			164,742.			164,742.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities		600,646.				
		(ii) Other						
		b Less: cost or other basis and sales expenses		650,385.				
		c Gain or (loss)		-49,739.				
	d Net gain or (loss)			-49,739.			-49,739.	
	8 a Gross income from fundraising events (not including \$ 110,280. of contributions reported on line 1c). See Part IV, line 18	a		24,520.				
		b Less: direct expenses		74,139.				
c Net income or (loss) from fundraising events				-49,619.			-49,619.	
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	14,713.	14,713.			
	b							
	c							
	d All other revenue							
e Total. Add lines 11a-11d				14,713.				
12 Total revenue. See instructions.				37,857,905.	37,401,887.	0.	246,299.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,127,979.	313,839.	726,477.	87,663.
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	18,899,296.	17,242,592.	1,597,554.	59,150.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	289,184.	269,569.	19,615.	
9 Other employee benefits	1,906,446.	1,679,124.	215,368.	11,954.
10 Payroll taxes	2,497,488.	2,201,416.	278,495.	17,577.
11 Fees for services (non-employees):				
a Management	1,942.		1,942.	
b Legal	42,069.		42,069.	
c Accounting	73,527.		73,527.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	33,585.		33,585.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,939,406.	2,662,459.	273,572.	3,375.
12 Advertising and promotion	37,578.	19,295.	18,283.	
13 Office expenses	681,964.	520,521.	150,412.	11,031.
14 Information technology	176,621.	57,390.	118,158.	1,073.
15 Royalties				
16 Occupancy	2,921,995.	2,337,280.	582,659.	2,056.
17 Travel	1,788,517.	1,650,435.	133,756.	4,326.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	37,843.	21,160.	16,159.	524.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	875,660.	758,376.	116,816.	468.
23 Insurance	148,062.	82,259.	65,138.	665.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CLIENT FOOD EXPENSES	1,325,059.	1,325,059.		
b CLIENT MEDICAL EXPENSES	483,584.	483,584.		
c PROGRAM SUPPLIES AND MA	443,759.	443,759.		
d OTHER PROGRAM EXPENSES	231,267.	156,566.	73,531.	1,170.
e All other expenses	160,123.	36,677.	111,259.	12,187.
25 Total functional expenses. Add lines 1 through 24e	37,122,954.	32,261,360.	4,648,375.	213,219.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,698,884.	1	854,366.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	3,220,363.	4	4,844,924.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	63,101.	7	52,302.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	259,331.	9	438,505.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 26,386,508.		
	b Less: accumulated depreciation	10b 10,578,723.	10c	
	11 Investments - publicly traded securities	15,631,141.	11	15,807,785.
	12 Investments - other securities. See Part IV, line 11	5,345,498.	12	6,174,585.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	325,840.	15	310,552.
16 Total assets. Add lines 1 through 15 (must equal line 34)	26,544,158.	16	28,483,019.	
Liabilities	17 Accounts payable and accrued expenses	2,117,386.	17	2,734,005.
	18 Grants payable		18	
	19 Deferred revenue	573,089.	19	684,553.
	20 Tax-exempt bond liabilities	6,800,000.	20	6,640,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,336,148.	23	3,237,201.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,236,622.	25	1,243,317.
	26 Total liabilities. Add lines 17 through 25	14,063,245.	26	14,539,076.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	12,480,913.	27	13,943,943.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	12,480,913.	33	13,943,943.	
34 Total liabilities and net assets/fund balances	26,544,158.	34	28,483,019.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	37,857,905.
2	Total expenses (must equal Part IX, column (A), line 25)	2	37,122,954.
3	Revenue less expenses. Subtract line 2 from line 1	3	734,951.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,480,913.
5	Net unrealized gains (losses) on investments	5	734,761.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-6,682.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	13,943,943.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	X	

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
b 33 1/3% support test - 2012. 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 stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2013. 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 stop here. 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 10% -facts-and-circumstances test - 2012. 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 stop here. 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 Private foundation. 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	980,849.	1,175,737.	366,342.	266,297.	209,719.	2,998,944.
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	25,147,799.	28,066,351.	32,350,850.	35,374,521.	37,401,887.	158,341,408.
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	26,128,648.	29,242,088.	32,717,192.	35,640,818.	37,611,606.	161,340,352.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons			15,085.	13,000.	10,000.	38,085.
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			15,085.	13,000.	10,000.	38,085.
8 Public support. (Subtract line 7c from line 6.)						161,302,267.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	26,128,648.	29,242,088.	32,717,192.	35,640,818.	37,611,606.	161,340,352.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	420,793.	481,056.	500,324.	516,117.	550,594.	2,468,884.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	420,793.	481,056.	500,324.	516,117.	550,594.	2,468,884.
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.)	24,977.	42,575.	22,500.	34,210.	24,520.	148,782.
13 Total support. (Add lines 9, 10c, 11, and 12.)	26,574,418.	29,765,719.	33,240,016.	36,191,145.	38,186,720.	163,958,018.

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 2013 (line 8, column (f) divided by line 13, column (f))	15	98.38 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	98.06 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	1.51 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	1.62 %

19a 33 1/3% support tests - 2013. 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 - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2013

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 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)?
- In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 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 XIII, the text of the footnote to its financial statements that describes these items.
 - 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	▶ \$ _____
- 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 XIII.

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table:

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

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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 current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

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

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,230,699.		2,230,699.
b Buildings		22,939,890.	9,688,142.	13,251,748.
c Leasehold improvements		27,247.	9,800.	17,447.
d Equipment		1,076,730.	880,781.	195,949.
e Other		111,942.		111,942.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				15,807,785.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTEREST RATE SWAP AGREEMENT	
(3) OBLIGATION	1,208,836.
(4) DEPOSITS AND OTHER LIABILITIES	34,481.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	38,887,203.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains on investments	2a 734,761.		
	b Donated services and use of facilities	2b 34,741.		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	769,502.
3	Subtract line 2e from line 1		3	38,117,701.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b -259,796.		
	c Add lines 4a and 4b		4c	-259,796.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	37,857,905.

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

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

1	Total expenses and losses per audited financial statements		1	37,424,173.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a 34,741.		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d 266,478.		
	e Add lines 2a through 2d		2e	301,219.
3	Subtract line 2e from line 1		3	37,122,954.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	37,122,954.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

EXPLANATION: 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. THE AGENCY RECOGNIZES A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES. MANAGEMENT EVALUATED THE AGENCY'S TAX POSITIONS AND CONCLUDED 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 2011. THE AGENCY WILL ACCOUNT FOR INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, AS

Part XIII Supplemental Information (continued)

PART OF TAX EXPENSE.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE NETTED WITH REVENUE ON FORM 990,

PART VIII, LINE 8B -54,859.

RENTAL EXPENSE NETTED WITH REVENUE ON FORM 990, PART VIII,

LINE 6B -204,937.

TOTAL TO SCHEDULE D, PART XI, LINE 4B -259,796.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE NETTED WITH REVENUE ON FORM 990,

PART VIII, LINE 8B 54,859.

UNREALIZED LOSSES ON INTEREST RATE SWAP AGREEMENT

OBLIGATION 6,682.

RENTAL EXPENSE NETTED WITH REVENUE ON FORM 990, PART VIII,

LINE 6B 204,937.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 266,478.

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	1 Gross receipts	134,800.			134,800.
	2 Less: Contributions	110,280.			110,280.
	3 Gross income (line 1 minus line 2)	24,520.			24,520.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	19,280.			19,280.
	6 Rent/facility costs	15,000.			15,000.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	39,859.			39,859.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				74,139.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-49,619.

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

9 Enter the state(s) in which the organization 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)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

COMMUNITY RESOURCES FOR JUSTICE, INC.

Employer identification number

04-3461434

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (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	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
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?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
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?	5a	X
b Any related organization?	5b	X
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?	6a	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
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	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2013

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

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

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

(A) Name and Title	(B) Breakdown of 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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ELYSE CLAWSON EXECUTIVE DIRECTOR	(i)	145,586.	0.	1,584.	6,197.	167,076.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(2) JOHN J. LARIVÉE CEO	(i)	214,940.	0.	21,479.	35,561.	275,730.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(3) WILLIAM J. COUGHLIN COO	(i)	141,735.	0.	2,551.	6,080.	169,299.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(4) RICHARD J. MCCROSSAN CFO	(i)	169,571.	0.	4,111.	7,201.	201,182.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(5) PAUL G. SWINDLEHURST CAO	(i)	142,644.	0.	1,032.	5,912.	156,257.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

Supplemental Information on Tax-Exempt Bonds
 Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

2013

Open to Public Inspection

Attach to Form 990. See separate instructions. Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

COMMUNITY RESOURCES FOR JUSTICE, INC.

Employer identification number
04-3461434

Part I Bond Issues SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS

(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	7,240,000.	TO CURRENTLY REFUND PRIOR ISSU		X		X		
B											
C											
D											

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	600,000.			
2 Amount of bonds legally defeased				
3 Total proceeds of issue	7,240,000.			
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows	7,095,200.			
7 Issuance costs from proceeds	144,800.			
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	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X			
15 Were the bonds issued as part of an advance refunding issue?		X		
16 Has the final allocation of proceeds been made?	X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

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 If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any 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 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?	X							
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		4.01		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?	X							
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?	X							
c No rebate due?		X						
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a 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		25.0000000						
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (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?		X						
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE K, PART I, BOND ISSUES:
 (A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY
 (F) DESCRIPTION OF PURPOSE: TO CURRENTLY REFUND PRIOR ISSUE
 SCHEDULE K, PART III, LINE 8A AND 8C:
 THE ORGANIZATION REQUESTED A CLOSING AGREEMENT WITH THE IRS ON NOVEMBER 24, 2014, RELATING TO THE SALE OF TWO PROPERTIES ORIGINALLY FINANCED OR RENOVATED WITH TAX EXEMPT PROCEEDS.

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.

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

OMB No. 1545-0047

2013

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:

INDIVIDUALS IN, OR AT THE RISK OF BEING IN, THE ADULT OR JUVENILE
JUSTICE SYSTEMS; INDIVIDUALS TRANSITIONING OUT OF THESE SYSTEMS BACK
TO THEIR COMMUNITIES; AND PEOPLE WITH DEVELOPMENTAL DISABILITIES
REQUIRING INTENSIVE SUPPORT TO BE PART OF THE COMMUNITY.

OUR UNIQUE MIX OF INNOVATIVE SERVICES, ADVOCACY FOR SYSTEM IMPROVEMENT,
RESEARCH AND PUBLICATIONS BUILDS THE CAPACITY OF PEOPLE WE CARE FOR TO
LIVE SAFE, PRODUCTIVE LIVES. OUR COMMUNITIES ENJOY INCREASED SAFETY
AND IMPROVED QUALITY OF LIFE.

OUR WORKFORCE PERFORMS AT THE HIGHEST LEVEL, POSSESSING THE SKILLS AND
KNOWLEDGE THAT ENSURE A STRONG POSITIVE IMPACT ON OUR CLIENTS, OUR
COMMUNITIES AND OUR PROFESSION.

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

INTENSIVE SUPPORT TO BE PART OF THE COMMUNITY.

OUR UNIQUE MIX OF INNOVATIVE SERVICES, ADVOCACY FOR SYSTEM IMPROVEMENT,
RESEARCH AND PUBLICATIONS BUILDS THE CAPACITY OF PEOPLE WE CARE FOR TO
LIVE SAFE, PRODUCTIVE LIVES. OUR COMMUNITIES ENJOY INCREASED SAFETY
AND IMPROVED QUALITY OF LIFE.

OUR WORKFORCE PERFORMS AT THE HIGHEST LEVEL, POSSESSING THE SKILLS AND
KNOWLEDGE THAT ENSURE A STRONG POSITIVE IMPACT ON OUR CLIENTS, OUR
COMMUNITIES AND OUR PROFESSION.

Name of the organization

COMMUNITY RESOURCES FOR JUSTICE, INC.

Employer identification number

04-3461434

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

CSMA OPERATES THIRTY HOMES AND 21 SHARED LIVING ARRANGEMENTS IN 24 COMMUNITIES. 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, DEPARTMENT OF CHILDREN AND FAMILIES AND OUT-OF-STATE AGENCIES.

CSMA 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 NECESSARY SOCIAL AND LIFE SKILLS, HAVE GREATER OPPORTUNITIES FOR INCLUSION IN THE COMMUNITY, SECURE MEANINGFUL EMPLOYMENT 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

Name of the organization

COMMUNITY RESOURCES FOR JUSTICE, INC.

Employer identification number

04-3461434

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.

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

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.

CRJ'S RESIDENTIAL YOUTH PROGRAM WORKS WITH YOUTH AGING OUT OF THE SUPERVISION OF THE DEPARTMENT OF CHILDREN AND FAMILIES. THESE ARE 18 TO 22 YEAR OLD YOUNG MEN WHO EXHIBIT CHALLENGING BEHAVIORS DUE TO TRAUMA-BASED DIAGNOSES, COGNITIVE DISABILITIES, AND/OR INTELLECTUAL CHALLENGES. THEY MAY BE ELIGIBLE FOR DMH OR DDS SERVICES, BUT NOT UNTIL THEY TURN 22 YEARS OF AGE. OUR PROGRAM APPRECIATES ALL OF OUR RESIDENTS' UNIQUE QUALITIES, STRENGTHS, AND ABILITIES. BY BUILDING ON THOSE RESIDENT CENTERED ABILITIES, THEY WILL GAIN THE POTENTIAL TO LIVE HEALTHY AND PRODUCTIVE LIVES, AND ACHIEVE THEIR FULL POTENTIAL.

OUR EDUCATION SUPPORT AND ENRICHMENT PROGRAM WORKS WITH ALL SJS PROGRAMS. FOR CLIENTS, THEY PROVIDE A VARIETY OF LIFE SKILLS, EDUCATIONAL AND CREATIVE ARTS GROUPS AND CLASSES. THIS INCLUDES COORDINATING INTERNS AND MENTORS FROM LOCAL COLLEGES AND UNIVERSITIES TO WORK WITH OUR RESIDENTS. FOR STAFF, THEY COORDINATE AND FACILITATE TRAINING OPPORTUNITIES: BASIC TRAINING FOR NEWLY HIRED STAFF, CORE COMPETENCY AND NEW TRAINING FOR ALL.

Name of the organization

COMMUNITY RESOURCES FOR JUSTICE, INC.

Employer identification number

04-3461434

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

BACKGROUNDS IN THE CRIMINAL JUSTICE, PUBLIC ADMINISTRATION AND SOCIAL SCIENCE FIELDS.

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

COMMUNITY STRATEGIES - NEW HAMPSHIRE (CSNH) IS A DIVISION OF COMMUNITY RESOURCES FOR JUSTICE PROVIDING A HIGH QUALITY, CONTINUUM OF COMMUNITY-BASED, INDIVIDUALIZED SERVICES AND SUPPORTS FOR PERSONS WITH SPECIAL PSYCHIATRIC, DEVELOPMENTAL, BEHAVIORAL AND OTHER COMPLEX NEEDS. CSNH AND CRJ BOTH HAVE EXTENSIVE EXPERIENCE AND STRONG REPUTATIONS IN SUCCESSFULLY SERVING PEOPLE WITH DUAL DIAGNOSIS AND CHALLENGING BEHAVIORS.

THE DRIVING FORCE OF OUR WORK IS TO INCREASE THE LEVEL OF INDEPENDENCE AND QUALITY OF LIFE FOR THE PEOPLE WE SERVE, SUPPORT AND ASSIST IN COMMUNITY INCLUSION AND ENSURE THAT THEY ARE ACTIVE MEMBERS OF THEIR COMMUNITY. MOST OF THE INDIVIDUALS WE SUPPORT LIVE WITH CHRONIC CONDITIONS AND COMPLEX CHALLENGES THAT SEVERELY LIMIT THEIR ABILITY TO FUNCTION INDEPENDENTLY. THROUGH CSNH'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 WHO WOULD HAVE BEEN LIVING IN

INSTITUTIONAL SETTINGS THE OPPORTUNITY TO LIVE IN THE COMMUNITY IN LESS

Name of the organization

COMMUNITY RESOURCES FOR JUSTICE, INC.

Employer identification number

04-3461434

RESTRICTIVE SETTINGS. OUR SERVICES, WHICH INCLUDE COMMUNITY SERVICES PARTICIPATION (CSP), 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 \$ 2,230,519. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,939,443.

COMMUNITY STRATEGIES - CONNECTICUT (CSCT), 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 2012, THE PROGRAM HAS EVOLVED INTO A SPECIALIZED SERVICE PROVIDER WITH UNIQUE EXPERTISE IN SERVING INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES AND PSYCHIATRIC DISORDERS, AS WELL AS THOSE WITH PAST INVOLVEMENT IN THE CRIMINAL JUSTICE SYSTEM. THE GOAL OF CSCT 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.

CSCT OPERATES FOUR HOMES IN CONNECTICUT COMMUNITIES AND PROVIDES SERVICES TO INDIVIDUALS RESIDING IN THEIR OWN HOMES. PRESENTLY, THE PROGRAM'S PRIMARY FUNDING SOURCE IS THE CONNECTICUT DEPARTMENT OF DEVELOPMENTAL SERVICES.

CSCT MAINTAINS THE SAFETY OF OUR INDIVIDUALS AND MEMBERS OF THE

Name of the organization

COMMUNITY RESOURCES FOR JUSTICE, INC.

Employer identification number

04-3461434

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 AND REQUIRE LESS EXTERNAL STRUCTURE. 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.

EXPENSES \$ 2,154,335. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,049,372.

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

EXPLANATION: 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 BOARD VIA E-MAIL AND THEN FILED WITH THE IRS.

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

EXPLANATION: 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

Name of the organization

COMMUNITY RESOURCES FOR JUSTICE, INC.

Employer identification number

04-3461434

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.

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

Name of the organization

COMMUNITY RESOURCES FOR JUSTICE, INC.

Employer identification number

04-3461434

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:

EXPLANATION: CRJ HAS A COMPENSATION COMMITTEE THAT ANNUALLY REVIEWS AND PROVIDES RECOMMENDATIONS REGARDING THE COMPENSATION OF THE CEO. CRJ REGULARLY INVOLVES OUTSIDE COMPENSATION CONSULTANTS TO REVIEW THE ORGANIZATION'S COMPENSATION DATA AND TO CONDUCT A BENCHMARK ANALYSIS TO ASSESS THE COMPENSATION PRACTICES OF COMPARABLE POSITIONS FOUND IN THE EXTERNAL MARKETS. THE COMPENSATION COMMITTEE USES SUCH COMPENSATION ASSESSMENT, ADDITIONAL COMPENSATION DATA COMPILED FROM NUMEROUS, SIMILAR, NOT-FOR-PROFIT ORGANIZATIONS, AND THE CEO'S PERFORMANCE EVALUATIONS AND COMPENSATION HISTORY TO MAKE DELIBERATIONS AND RECOMMENDATIONS ON THE CEO'S COMPENSATION. FOLLOWING DISCUSSION BY THE COMMITTEE, AND UPON MOTION DULY MADE AND SECONDED, THE BOARD OF DIRECTORS WOULD UNANIMOUSLY VOTE TO ACCEPT THE RECOMMENDATIONS OF THE COMPENSATION COMMITTEE.

Name of the organization

COMMUNITY RESOURCES FOR JUSTICE, INC.

Employer identification number

04-3461434

CRJ ALSO USES OUTSIDE COMPENSATION CONSULTANTS TO SURVEY DATA AND PROVIDE BENCHMARK ANALYSIS FOR OTHER OFFICERS: CFO, COO, CAO, EXECUITVE DIRECTOR, AND SENIOR DIRECTOR OF BUSINESS DEVELOPMENT.

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

EXPLANATION: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 990 AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D). IN ADDITION, THE FORM 990 IS AVAILABLE VIA GUIDESTAR AND THE MASSACHUSETTS ATTORNEY GENERAL'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

UNREALIZED LOSS ON INTEREST RATE SWAP AGREEMENT OBLIGATION -6,682.

FORM 990, PART I:

EXPLANATION: SOME OF THE REVENUE LISTED IN PROGRAM SERVICES REVENUE (PART I, LINE 9) WAS GENERATED FROM ACTIVITY SUPPORTED BY EXPENDITURES REFLECTED IN FUNDRAISING EXPENSES (PART I, LINE 16B).