

EXTENDED TO MAY 15, 2019

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2017Open to Public
Inspection**A** For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ 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. LARIVEE****SAME AS C ABOVE****D** Employer identification number**04-3461434****E** Telephone number**(617) 482-2520****G** Gross receipts \$**51,407,630.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.CRJ.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1999** **M** State of legal domicile: **MA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: COMMUNITY RESOURCES FOR JUSTICE, INC. ("CRJ") CHANGES LIVES AND STRENGTHENS COMMUNITIES BY ADVANCING		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	898
	6	Total number of volunteers (estimate if necessary)	6	77
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
7b		Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	157,742.	176,206.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	44,329,479.	45,784,654.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	398,323.	557,520.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	197,949.	295,057.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	45,083,493.	46,813,437.
	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)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	31,058,861.	31,032,044.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 36,582.	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	14,125,330.	14,752,604.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	45,184,191.	45,784,648.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	-100,698.	1,028,789.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	31,778,210.	32,209,133.
22	Net assets or fund balances. Subtract line 21 from line 20	15,390,006.	14,544,996.	
			16,388,204.	17,664,137.

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	Date			
	RICHARD J. MCCROSSAN, VP & CFO Type or print name and title				
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 ▶ RSM US 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:

COMMUNITY RESOURCES FOR JUSTICE, INC. CHANGES LIVES AND STRENGTHENS COMMUNITIES BY ADVANCING POLICY AND DELIVERING INDIVIDUALIZED SERVICES THAT PROMOTE SAFETY, JUSTICE AND INCLUSION.

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?☒ **X** Yes ☐ 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 \$ 23,738,459. including grants of \$) (Revenue \$ 27,051,253.)

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 UTILIZING POSITIVE BEHAVIORAL SUPPORTS (PBS), 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

4b (Code:) (Expenses \$ 8,271,964. including grants of \$) (Revenue \$ 9,308,455.)

SOCIAL JUSTICE SERVICES (SJS) CONSISTS OF ADULT COMMUNITY-BASED RE-ENTRY PROGRAMS FOR MEN AND WOMEN RETURNING HOME FROM INCARCERATION AND A RESIDENTIAL PROGRAM FOR YOUNG ADULTS IN THE SOCIAL SERVICE SYSTEM. AS WITH ALL OF CRJ'S PROGRAMS, SJS SERVICES ADHERE TO OUR TREATMENT CULTURE PHILOSOPHY, AND ITS GUIDING PRINCIPLES WHICH APPLY TO STAFF AND CLIENTS ALIKE: WE WELCOME CHANGE; WE LISTEN; WE FOCUS ON BEHAVIOR; AND WE OFFER CHOICES.

CRJ'S ADULT COMMUNITY-BASED RE-ENTRY PROGRAMS PROVIDE SERVICES TO MEN AND WOMEN WHO ARE INVOLVED WITH FEDERAL, STATE, OR COUNTY CORRECTIONAL SYSTEMS, PAROLE OR PROBATION AGENCIES. USING EVIDENCE BASED INTERVENTIONS, OUR GOAL IS TO ASSIST OUR CLIENTS TO RE-ENTER THEIR COMMUNITIES AS PRODUCTIVE AND CONTRIBUTING CITIZENS. BASED ON A

4c (Code:) (Expenses \$ 5,418,239. including grants of \$) (Revenue \$ 6,077,494.)

THE CRIME & JUSTICE INSTITUTE (CJI) AT COMMUNITY RESOURCES FOR JUSTICE WORKS WITH LOCAL, STATE AND FEDERAL GOVERNMENT AGENCIES AND CRIMINAL JUSTICE ORGANIZATIONS TO IMPROVE PUBLIC SAFETY AND THE DELIVERY OF JUSTICE THROUGHOUT THE COUNTRY. CJI OFFERS INNOVATIVE APPROACHES, UNBIASED ISSUE ANALYSIS, AND A CLIENT-CENTERED APPROACH TO AGENCIES IN THE SAFETY AND JUSTICE SECTORS. CJI ASSISTS ORGANIZATIONS ACHIEVE BETTER, MORE COST-EFFECTIVE RESULTS FOR THE COMMUNITIES THEY SERVE RELYING ON THE BEST RESEARCH AND EVIDENCE AND DATA - TO DEFINE THE ISSUE, THE APPROACH AND COMMUNICATE THE RESULTS.

CJI HAS PROVEN EXPERTISE IN LEGISLATIVE AND POLICY, IMPLEMENTATION AND TRAINING, AS WELL AS STANDARDS AND ACCREDITATION. CJI'S TEAM HAS

4d Other program services (Describe in Schedule O.)(Expenses \$ 3,224,527. including grants of \$) (Revenue \$ 3,347,452.)**4e** Total program service expenses **▶** 40,653,189.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 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>	3	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>	4 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>	5	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>	6	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>	7	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>	8	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>	9	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>	10	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>	11a 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>	11b	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>	11c	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>	11d	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>	11e 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>	11f 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>	12a 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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b	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>	15	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>	16	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>	17	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>	18	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>	19	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	151	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	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	898	
b	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	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	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
b	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).		
a	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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	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?		
b	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.		
a	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.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	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

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	18			
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		18		
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?		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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **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, address, and telephone number of the person who possesses the organization's books and records: **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 ContractorsCheck 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 CHAIRMAN	0.50	X		X				0.	0.	0.
(2) GERALD K. KELLEY, ESQ. CO-VICE CHAIR	0.50	X		X				0.	0.	0.
(3) THOMAS J. DESIMONE TREASURER	0.50	X		X				0.	0.	0.
(4) CARLOS FEBRES-MAZZEI DIRECTOR	0.50	X						0.	0.	0.
(5) TIM CABOT DIRECTOR	0.50	X						0.	0.	0.
(6) JOSEPH C. CARTER CO-VICE CHAIR	0.50	X		X				0.	0.	0.
(7) ANNETTE HANSON, MD, MBA DIRECTOR	0.50	X						0.	0.	0.
(8) ELLEN M. LAWTON, JD CLERK	0.50	X		X				0.	0.	0.
(9) JAMES G. MARCHETTI DIRECTOR	0.50	X						0.	0.	0.
(10) PETER PATCH DIRECTOR	0.50	X						0.	0.	0.
(11) GERRY MORRISSEY DIRECTOR	0.50	X						0.	0.	0.
(12) NENI (SANDRA) ODIAGA DIRECTOR	0.50	X						0.	0.	0.
(13) SANDRA BEST BAILLY, MSW DIRECTOR	0.50	X						0.	0.	0.
(14) ROY L. AUSTIN, JR. DIRECTOR	0.50	X						0.	0.	0.
(15) HONORABLE MARGOT BOTSFORD DIRECTOR	0.50	X						0.	0.	0.
(16) JAMOUL CELEY DIRECTOR	0.50	X						0.	0.	0.
(17) PETER TAMM DIRECTOR	0.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) HONORABLE JAMES F. MCHUGH DIRECTOR	0.50	X						0.	0.	0.
(19) JOHN J. LARIVEE PRESIDENT & CEO	40.00			X				340,157.	0.	27,790.
(20) ELLEN DONNARUMMA VICE PRESIDENT, JUSTICE SERVICES	40.00			X				159,928.	0.	15,826.
(21) RICHARD J. MCCROSSAN VICE PRESIDENT & CFO	40.00			X				194,308.	0.	34,224.
(22) CHRISTINE M. COLE VP & EXECUTIVE DIRECTOR	40.00			X				153,940.	0.	16,383.
(23) WILLIAM H. AMES, LICSW VP DISABILITY SVCS.	40.00			X				153,650.	0.	30,242.
(24) CINDY A. KASSANOS DIRECTOR OF FISCAL OPERATIONS	40.00					X		125,955.	0.	12,720.
(25) JOHN F. ROGERS DIRECTOR OF FACILITIES	40.00					X		116,532.	0.	8,695.
(26) LEN ENGEL DIR. OF POLICY & CAMPAIGNS, CJI	40.00					X		131,691.	0.	3,626.
1b Sub-total								1,376,161.	0.	149,506.
c Total from continuation sheets to Part VII, Section A								356,147.	0.	55,030.
d Total (add lines 1b and 1c)								1,732,308.	0.	204,536.

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

13

- 3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
THE BURKE GROUP, FIVE BIRCH STREET, SUITE 1, WILMINGTON, MA 01887	CONSTRUCTION AND RENOVATION	517,684.
MARC LETOURNEAU 15 GLEASON ROAD, SHREWSBURY, MA 01545	CONSTRUCTION AND RENOVATION	141,371.
CERIDIAN CORPORATION P.O. BOX 10989, NEWARK, NJ 07193	PAYROLL PROCESSING	134,768.
RSM US LLP, 331 W 3RD ST., STE. 200, DAVENPORT, IA 52801	AUDIT AND TAX SERVICES	119,032.

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

4

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2017)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) BARBARA PIERCE PARKER DIRECTOR OF JUSTICE INITIATIVES, CJI	40.00					X		127,347.	0.	12,991.
(28) JIMMY WANG DIRECTOR OF IT	40.00					X		110,707.	0.	29,068.
(29) PAUL G. SWINDLEHURST VP & CAO (UNTIL JUNE 2017)	40.00						X	118,093.	0.	12,971.
Total to Part VII, Section A, line 1c								356,147.		55,030.

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	176,206.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f			176,206.			
Program Service Revenue	2 a	PROGRAM SERVICE FEES	Business Code 611710	45,414,238.	45,414,238.			
	b	CONSULTING	624100	370,416.	370,416.			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			45,784,654.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		189,999.			189,999.
4		Income from investment of tax-exempt bond proceeds						
5		Royalties						
6 a			(i) Real	(ii) Personal				
		Gross rents	358,272.					
		Less: rental expenses	214,579.					
		Rental income or (loss)	143,693.					
d		Net rental income or (loss)		143,693.		-13,561.	157,254.	
7 a			(i) Securities	(ii) Other				
		Gross amount from sales of assets other than inventory	4,423,640.	323,495.				
		Less: cost or other basis and sales expenses	4,004,614.	375,000.				
		Gain or (loss)	419,026.	-51,505.				
d		Net gain or (loss)		367,521.			367,521.	
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		b	Less: direct expenses					
		c	Net income or (loss) from fundraising events					
9 a		Gross income from gaming activities. See Part IV, line 19						
		b	Less: direct expenses					
	c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances							
	b	Less: cost of goods sold						
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue				Business Code				
11 a	GAIN ON INVOLUNTARY CONVERSION			900099	150,153.		150,153.	
	b MISCELLANEOUS INCOME			900099	1,211.	1,211.		
	c							
	d All other revenue							
e	Total. Add lines 11a-11d				151,364.			
12	Total revenue. See instructions.				46,813,437.	45,785,865.	-13,561. 864,927.	

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 domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,322,943.	560,304.	762,639.	
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	23,415,847.	21,810,746.	1,593,477.	11,624.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	392,102.	362,381.	29,344.	377.
9 Other employee benefits	2,816,971.	2,327,260.	488,000.	1,711.
10 Payroll taxes	3,084,181.	2,795,500.	287,281.	1,400.
11 Fees for services (non-employees):				
a Management	2,024.		1,826.	198.
b Legal	27,874.		27,874.	
c Accounting	80,385.		80,385.	
d Lobbying	61,380.	18,000.	43,380.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	40,711.		40,711.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	3,387,107.	3,163,920.	223,187.	
12 Advertising and promotion	52,679.	7,837.	43,997.	845.
13 Office expenses	489,644.	315,236.	168,964.	5,444.
14 Information technology	419,828.	135,703.	276,330.	7,795.
15 Royalties				
16 Occupancy	3,765,016.	3,291,584.	468,157.	5,275.
17 Travel	2,495,048.	2,392,354.	102,666.	28.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	49,607.	31,775.	17,832.	
20 Interest	29,400.		29,400.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,181,629.	1,003,083.	177,064.	1,482.
23 Insurance	158,747.	85,204.	73,482.	61.
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 MEALS	1,385,451.	1,385,451.		
b PROGRAM SUPPLIES AND MA	498,475.	498,475.		
c MEDICAL AND PHARMACY	273,245.	273,245.		
d OTHER PROGRAM EXPENSES	209,362.	158,530.	50,747.	85.
e All other expenses	144,992.	36,601.	108,134.	257.
25 Total functional expenses. Add lines 1 through 24e	45,784,648.	40,653,189.	5,094,877.	36,582.
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 SheetCheck 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	1,134,534.	1	1,537,256.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	6,704,246.	4	6,673,769.
	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	17,192.	7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	511,522.	9	504,503.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 30,509,693.		
	b Less: accumulated depreciation	10b 14,094,406.		
	11 Investments - publicly traded securities	16,290,067.	10c	16,415,287.
	12 Investments - other securities. See Part IV, line 11	6,555,081.	11	6,748,518.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	565,568.	14	47,830.
16 Total assets. Add lines 1 through 15 (must equal line 34)	31,778,210.	15	281,970.	
17 Accounts payable and accrued expenses	3,058,560.	16	32,209,133.	
18 Grants payable		17	3,725,980.	
19 Deferred revenue	325,693.	18		
20 Tax-exempt bond liabilities	5,745,000.	19	167,327.	
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	5,545,000.	
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		21		
23 Secured mortgages and notes payable to unrelated third parties	3,945,512.	22		
24 Unsecured notes and loans payable to unrelated third parties		23	4,237,972.	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,315,241.	24		
26 Total liabilities. Add lines 17 through 25	15,390,006.	25	868,717.	
27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		26	14,544,996.	
28 Unrestricted net assets	16,388,204.	27	17,649,137.	
29 Temporarily restricted net assets	0.	28	15,000.	
30 Permanently restricted net assets		29		
31 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
32 Capital stock or trust principal, or current funds		30		
33 Paid-in or capital surplus, or land, building, or equipment fund		31		
34 Retained earnings, endowment, accumulated income, or other funds		32		
35 Total net assets or fund balances	16,388,204.	33	17,664,137.	
36 Total liabilities and net assets/fund balances	31,778,210.	34	32,209,133.	

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	46,813,437.
2	Total expenses (must equal Part IX, column (A), line 25)	2	45,784,648.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,028,789.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,388,204.
5	Net unrealized gains (losses) on investments	5	-78,983.
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	326,127.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	17,664,137.

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	2a	<input checked="" type="checkbox"/>
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	2b	<input checked="" type="checkbox"/>
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.	2c	<input checked="" type="checkbox"/>
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?	3a	<input checked="" type="checkbox"/>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	<input checked="" type="checkbox"/>

Form 990 (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

COMMUNITY RESOURCES FOR JUSTICE, INC.

Employer identification number

04-3461434

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 VI.)						
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 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2017. 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 - 2016. 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 - 2017. 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 VI 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 - 2016. 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 VI 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	209,719.	275,347.	218,547.	157,742.	176,206.	1,037,561.
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	374,018.7.	398,720.20.	423,537.82.	443,302.60.	457,858.65.	2,097,438.14
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	376,116.06.	401,473.67.	425,723.29.	444,880.02.	459,620.71.	2,107,813.75
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	10,000.	20,000.	30,000.	20,000.	25,079.	105,079.
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	10,000.	20,000.	30,000.	20,000.	25,079.	105,079.
8 Public support. (Subtract line 7c from line 6.)						210,676.296

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	376,116.06.	401,473.67.	425,723.29.	444,880.02.	459,620.71.	2,107,813.75
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	550,594.	594,513.	639,454.	560,544.	533,625.	2,878,730.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	550,594.	594,513.	639,454.	560,544.	533,625.	2,878,730.
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 VI.)	24,520.	18,360.	19,295.			62,175.
13 Total support. (Add lines 9, 10c, 11, and 12.)	381,867.20.	407,602.40.	432,310.78.	450,485.46.	464,956.96.	2,137,222.80
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						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	98.57 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	98.44 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	1.35 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	1.45 %

19a 33 1/3% support tests - 2017. 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 - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Supplemental Information.

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

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

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

COMMUNITY RESOURCES FOR JUSTICE, INC.

Employer identification number

04-3461434

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$
- 3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

☐ Yes ☐ No
4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		104,190.
j Total. Add lines 1c through 1i			104,190.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

CRJ PAID SOME OF ITS EMPLOYEES TO EDUCATE AND ADVISE LEGISLATORS ON EXISTING PRACTICES AND POLICY AS WELL AS POLICY CHANGES INCLUDED IN LEGISLATION. THIS INCLUDED DIRECT AND INDIRECT CONTACT WITH LEGISLATORS AND STAFF. CRJ ALSO PAID A LOBBYING FIRM FOR TO SUPPORT THESE EFFORTS.

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**▶ **Attach to Form 990.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017**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" on Form 990, Part IV, line 6.

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a 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	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under 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.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on 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

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

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

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

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

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

	Amount
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, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
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 on lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations

(ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,562,687.		2,562,687.
b Buildings		24,620,958.	12,510,451.	12,110,507.
c Leasehold improvements		347,961.	199,962.	147,999.
d Equipment		1,450,954.	1,187,834.	263,120.
e Other		1,527,133.	196,159.	1,330,974.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				16,415,287.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(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" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) INTEREST RATE SWAP AGREEMENT		
(3) OBLIGATION	770,697.	
(4) DEPOSITS AND OTHER LIABILITIES	98,020.	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	868,717.	

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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	47,405,590.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-78,983.
b	Donated services and use of facilities	2b	130,430.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	326,127.
e	Add lines 2a through 2d	2e	377,574.
3	Subtract line 2e from line 1	3	47,028,016.
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	-214,579.
c	Add lines 4a and 4b	4c	-214,579.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	46,813,437.

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

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

1	Total expenses and losses per audited financial statements	1	46,129,657.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	130,430.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	214,579.
e	Add lines 2a through 2d	2e	345,009.
3	Subtract line 2e from line 1	3	45,784,648.
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	45,784,648.

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:

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 2015. THE AGENCY WILL ACCOUNT FOR INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, AS PART

Part XIII Supplemental Information *(continued)*

OF TAX EXPENSE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

UNREALIZED GAIN ON INTEREST RATE SWAP AGREEMENT OBLIGATION 326,127.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSE NETTED WITH REVENUE ON FORM 990, PART VIII,
LINE 6B -214,579.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSE NETTED WITH REVENUE ON FORM 990, PART VIII,
LINE 6B 214,579.

**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.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

COMMUNITY RESOURCES FOR JUSTICE, INC.

Employer identification number

04-3461434

Part I Questions Regarding Compensation

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

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

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

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

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

4 During the year, did any person listed on 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

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

Yes No

1b	X	
2		X
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN J. LARIVEE PRESIDENT & CEO	(i) 320,242.	0.	19,915.	23,052.	4,738.	367,947.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(2) ELLEN DONNARUMMA VICE PRESIDENT, JUSTICE SERVICES	(i) 157,200.	0.	2,728.	12,750.	3,076.	175,754.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(3) RICHARD J. MCCROSSAN VICE PRESIDENT & CFO	(i) 185,816.	0.	8,492.	7,840.	26,384.	228,532.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(4) CHRISTINE M. COLE VP & EXECUTIVE DIRECTOR	(i) 152,945.	0.	995.	5,050.	11,333.	170,323.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(5) WILLIAM H. AMES, LICSW VP DISABILITY SVCS.	(i) 151,839.	0.	1,811.	6,380.	23,862.	183,892.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(6) PAUL G. SWINDLEHURST VP & CAO (UNTIL JUNE 2017)	(i) 99,186.	0.	18,907.	3,832.	9,139.	131,064.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
Schedule J (Form 990) 2017							

Part III Supplemental Information

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

PART I, LINE 1A:

TAX GROSS-UPS PAID IN \$6,116 IN RELATION TO THE EMPLOYER CONTRIBUTION TO SEC. 457B PLAN FOR JOHN LARIVEE, PRESIDENT & CEO. ALSO, THERE WERE TAX GROSS-UP PAYMENTS MADE FOR THE LONG TERM CARE INSURANCE FOR THE PRESIDENT AND HIS SPOUSE AND LIFE INSURANCE FOR THE PRESIDENT. THE TOTAL AMOUNT WITH THE TAX GROSS-UPS IS \$7,488. THIS AMOUNT IS TAXABLE AND REPORTED ON JOHN'S 2017 W-2. THE AMOUNTS ARE INCLUDED ON 990, PART VII, COLUMN D AND SCHEDULE J, PART II, COLUMN B(III).

PART I, LINE 4A:

PAUL SWINDLEHURST LEFT THE POSITION IN JUNE 2017. HE RECEIVED A \$18,115 SEVERANCE PAYMENT FOR THE CALENDAR YEAR 2017 AND IT IS REPORTED IN PART II, COLUMN (B)(III). THE SEVERANCE ARRANGEMENT INCLUDED 6-WEEKS PAY AND CONTINUED HEALTH INSURANCE COVERAGE THROUGH DECEMBER 31, 2017 IN RETURN FOR GENERAL RELEASE AND AGREEMENT ON NON-DISPARAGEMENT.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.
 ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

COMMUNITY RESOURCES FOR JUSTICE, INC.

Employer identification number
04-3461434

Part I	SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS											
	Bond Issues (a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeated		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
	MASSACHUSETTS A DEVELOPMENT FINANCE AGEN 04-343181457583RDT9			04/01/10	7,240,000.	TO CURRENTLY REFUND PRIOR ISSU		X		X		X
B												
C												
D												

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	1,695,000.			
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				
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?				
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
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No	Yes	No
2 Are there any lease arrangements that may result in private business use of bond-financed property?				

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b 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: 4.67 %								
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: 4.67 %								
6 Total of lines 4 and 5: 4.67 %								
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: 4.67 %								
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?		X						

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 "Yes" to 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?								
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 isn't 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 CLOSED ON THE AGREEMENT WITH THE IRS IN MARCH, 2015
RELATING TO THE SALE OF TWO PROPERTIES ORIGINALLY FINANCED OR RENOVATED
WITH TAX EXEMPT PROCEEDS. REMEDIAL ACTION UNDER TREAS. REG. 1.141-12(D)
WAS ALSO TAKEN WITH THE SALE OF ANOTHER PROPERTY DURING FY15.

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.

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

OMB No. 1545-0047

2017

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:

POLICY AND DELIVERING INDIVIDUALIZED SERVICES THAT PROMOTE SAFETY,
JUSTICE AND INCLUSION.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

CRJ DISCONTINUED OPERATIONS IN ITS COMMUNITY STRATEGIES - CONNECTICUT
(CSCT) PROGRAM EFFECTIVE OCTOBER 1, 2017. SINCE ITS INCEPTION IN 2012,
THE PROGRAM HAD 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 WAS 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.

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

PROGRAM.

CSMA OPERATES THIRTY-SIX HOMES AND THIRTY-THREE SHARED LIVING
ARRANGEMENTS IN 28 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,
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

Name of the organization

COMMUNITY RESOURCES FOR JUSTICE, INC.

Employer identification number

04-3461434

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 HOME PROVIDER, TO CASE MANAGEMENT WHERE THE INDIVIDUAL LIVES INDEPENDENTLY WITH MINIMAL SUPPORTS. WE HAVE BEEN SUCCESSFUL IN SUPPORTING INDIVIDUALS MOVE INTO SITUATIONS OF GREATER INDEPENDENCE. IN THE LAST TWO YEARS, WE HAVE TRANSITIONED A NUMBER OF INDIVIDUALS FROM GROUP HOME PROGRAMS INTO SHARED LIVING HOMES. IN THE LAST FEW YEARS, WE HAVE CONTINUED TO SEE AN INCREASE IN THE NUMBER OF INDIVIDUALS WHO HAVE OBTAINED AND SUCCESSFULLY MAINTAINED COMPETITIVE EMPLOYMENT IN THE COMMUNITY AND/OR WHO HAVE REQUIRED LESS FORMAL JOB COACHING TO BE SUCCESSFUL. OUR INDIVIDUALS INCREASINGLY ATTEND COMMUNITY COLLEGE, FORMALLY STUDY FOR THEIR GED, TAKE VOCATIONAL CLASSES, AND ATTEND RELIGIOUS STUDY CLASSES. MANY MORE OF OUR INDIVIDUALS HAVE DEVELOPED QUALITY PERSONAL RELATIONSHIPS WITH MEMBERS OF THE COMMUNITY. THIS INCREASED COMMUNITY INVOLVEMENT HAS BEEN ACCOMPANIED BY A HIGH LEVEL OF DEMONSTRATED PROACTIVE SOCIAL SKILLS, COMMUNITY AWARENESS, AND SAFE BEHAVIOR.

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

COMPREHENSIVE RISK NEED RESPONSIVITY ASSESSMENT, OUR PROGRAMS PROVIDE EMPLOYMENT, HOUSING, ADDICTIONS, FAMILY SUPPORT, COUNSELING AND TREATMENT SERVICES AND REFERRALS. WORKING WITH NEARLY 1,000 RESIDENTS PER YEAR, CRJ'S ADULT PROGRAMS OFFER A BALANCE OF SUPERVISION, STRUCTURE AND SUPPORT. THE INTENT IS TO ENABLE THESE MEN AND WOMEN TO BREAK OUT OF THE CYCLE OF GANGS, CRIME, AND INCARCERATION, AND CREATE A

Name of the organization

COMMUNITY RESOURCES FOR JUSTICE, INC.

Employer identification number

04-3461434

NEW CYCLE OF PERSONAL RESPONSIBILITY AND POSITIVE COMMUNITY ENGAGEMENT.

CRJ'S PROVIDES RESIDENTIAL SERVICES FOR YOUNG ADULT MEN AGING OUT OF THE SUPERVISION OF THE DEPARTMENT OF CHILDREN AND FAMILIES WITH COMPLEX CLINICAL NEEDS. AGED 18-22 THESE YOUNG MEN EXHIBIT CHALLENGING BEHAVIORS DUE TO TRAUMA-BASED DIAGNOSIS, COGNITIVE DISABILITIES, OR INTELLECTUAL CHALLENGES. THEY MAY BE ELIGIBLE FOR DMH OR DDS ADULT SERVICES AT THE AGE OF 22. OUR PROGRAM USES A STRENGTH-BASED, PERSON-CENTERED APPROACH, IDENTIFYING OUR RESIDENTS' STRENGTHS, AND ABILITIES AND IMPLEMENTS INTERVENTIONS TO BUILD ON THOSE STRENGTHS WITH AN ULTIMATE GOAL OF SKILL ATTAINMENT NECESSARY TO LIVE A HEALTHY AND PRODUCTIVE LIFE, AND THE ACHIEVEMENT OF THEIR FULL POTENTIAL.

EDUCATION SUPPORT AND ENRICHMENT SERVICES ARE PROVIDED TO ALL SJS PROGRAMS. LIFE SKILLS, EDUCATIONAL AND CREATIVE ARTS GROUPS AND CLASSES, MENTORS FROM LOCAL COLLEGES AND UNIVERSITIES AND A VARIETY OF OTHER PROGRAMMING IS PROVIDED TO OUR RESIDENTS. ADDITIONALLY, STAFF TRAINING ACTIVITIES INCLUDE: BASIC TRAINING FOR NEWLY HIRED STAFF, RISK NEED RESPONSIVITY ASSESSMENT CERTIFICATION, SPECIFIC EVIDENCE BASED INTERVENTION CURRICULA, AND FIRST AID ARE PROVIDED. ONGOING BOOSTER SESSIONS ARE COORDINATED ON A MONTHLY BASIS TO ENSURE COMPETENCY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
EXPERIENCE AND SUCCESS DEVELOPING EVIDENCE-BASED, DATA-DRIVEN POLICIES, MANAGING COMPLEX PROCESSES WITH DIVERSE STAKEHOLDERS, AND DRIVING SYSTEMS-LEVEL ORGANIZATIONAL CHANGE IN ALL ASPECTS OF THE SECTOR FROM POLICING, PRETRIAL, SENTENCING, COMMUNITY AND RESIDENTIAL CORRECTIONS AND RESTRICTIVE HOUSING.

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

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. CRJ IN NEW HAMPSHIRE HAS 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 RESTRICTIVE SETTINGS. OUR SERVICES, WHICH INCLUDE COMMUNITY PARTICIPATION SERVICES (CPS), 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

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

-- 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 \$ 2,519,950. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,665,487.

COMMUNITY STRATEGIES - CONNECTICUT (CSCT), A DIVISION OF COMMUNITY RESOURCES FOR JUSTICE, PROVIDED COMPREHENSIVE COMMUNITY BASED RESIDENTIAL, VOCATIONAL AND CLINICAL SERVICES IN A HIGHLY SUPERVISED THERAPEUTIC ENVIRONMENT TO DUALY DIAGNOSED INDIVIDUALS WITH BEHAVIORAL CHALLENGES. CRJ CHOSE TO DISCONTINUE OPERATIONS IN CT EFFECTIVE OCTOBER 1, 2017. SINCE ITS INCEPTION IN 2012, THE PROGRAM HAD 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 WAS 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 OPERATED FOUR HOMES CONNECTICUT COMMUNITIES AND PROVIDED SERVICES TO INDIVIDUALS RESIDING IN THEIR OWN HOMES. THE PROGRAM'S PRIMARY FUNDING SOURCE WAS THE CONNECTICUT DEPARTMENT OF DEVELOPMENTAL SERVICES.

CSCT MAINTAINED THE SAFETY OF OUR INDIVIDUALS AND MEMBERS OF THE COMMUNITY WHILE TEACHING INDIVIDUALS THE SKILLS THEY NEEDED TO FUNCTION MORE INDEPENDENTLY. WE WERE SUCCESSFUL WHEN INDIVIDUALS LEARNED THE NECESSARY SOCIAL AND LIFE SKILLS, HAVE GREATER OPPORTUNITIES FOR

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

INCLUSION IN THE COMMUNITY, GET MEANINGFUL EMPLOYMENT AND REQUIRE LESS EXTERNAL STRUCTURE. OUR INDIVIDUALS INCREASINGLY ATTENDED COMMUNITY COLLEGE, FORMALLY STUDIED FOR THEIR GED, TOOK VOCATIONAL CLASSES AND WORKED TOWARDS COMPETITIVE EMPLOYMENT IN THE COMMUNITY. MANY MORE OF OUR INDIVIDUALS HAD DEVELOPED QUALITY PERSONAL RELATIONSHIPS WITH MEMBERS OF THE COMMUNITY. THIS INCREASED COMMUNITY INVOLVEMENT HAD BEEN ACCOMPANIED BY A HIGH LEVEL OF DEMONSTRATED PROACTIVE SOCIAL SKILLS, COMMUNITY AWARENESS, AND SAFE BEHAVIOR.

EXPENSES \$ 704,577. INCLUDING GRANTS OF \$ 0. REVENUE \$ 681,965.

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

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 AND APPROVAL ON BEHALF OF THE BOARD 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:

CRJ HAS PUBLISHED AND DISSEMINATED TO THE BOARD A DETAILED POLICY REGARDING CONFLICT OF INTEREST AND REVIEWS AND ENFORCES COMPLIANCE WITH THE SAME ON AN ANNUAL BASIS.

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

Name of the organization

COMMUNITY RESOURCES FOR JUSTICE, INC.

Employer identification number

04-3461434

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 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

Name of the organization

COMMUNITY RESOURCES FOR JUSTICE, INC.

Employer identification number

04-3461434

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

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

FORM 990, PART VI, SECTION B, LINE 15:

CRJ HAS A COMPENSATION COMMITTEE THAT ANNUALLY REVIEWS AND PROVIDES RECOMMENDATIONS REGARDING THE COMPENSATION OF THE CEO. CRJ PERIODICALLY 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 DIRETORS WOULD UNANIMOUSLY VOTE TO ACCEPT THE RECOMMENDATIONS OF THE COMPENSATION COMMITTEE. CRJ ALSO USES OUTSIDE COMPENSATION CONSULTANTS TO SURVEY DATA AND PROVIDE BENCHMARK ANALYSIS FOR OTHER OFFICERS.

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

Name of the organization

COMMUNITY RESOURCES FOR JUSTICE, INC.

Employer identification number

04-3461434

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

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

UNREALIZED GAIN ON INTEREST RATE SWAP AGREEMENT OBLIGATION 326,127.