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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities,
and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning July 1, 2012, and ending June 30, 20 13

B Check if applicable:
☐ Address change
☒ Name change
☒ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
The Community Restorative Justice Center, Inc.
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
108 Cherry Street
 City or town, state or country, and ZIP + 4
St. Johnsbury, VT 05819

D Employer identification number
80-0807940

E Telephone number
802-748-2977

F Group Exemption Number ▶

G Accounting Method ☐ Cash ☒ Accrual Other (specify) ▶

I Website: ▶ www.stjcjc.org

J Tax-exempt status (check only one) – ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

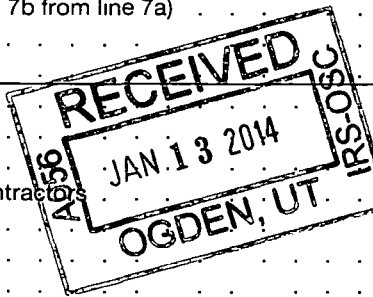
K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **191070**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	10	Grants and similar amounts paid (list in Schedule O)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	11	Benefits paid to or for members	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3	Membership dues and assessments	12	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	13	Professional fees and other payments to independent contractors	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	14	Occupancy, rent, utilities, and maintenance		
5b	Less: cost or other basis and sales expenses	15	Printing, publications, postage, and shipping		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	16	Other expenses (describe in Schedule O)		
6	Gaming and fundraising events	17	Total expenses. Add lines 10 through 16		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)				
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)				
6c	Less: direct expenses from gaming and fundraising events				
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				
7a	Gross sales of inventory, less returns and allowances				
7b	Less: cost of goods sold				
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
8	Other revenue (describe in Schedule O)				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				



SCANNED JAN 23 2014

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2012)

99

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	2695	22 11276
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	2500	24 8709
25 Total assets	5195	25 19985
26 Total liabilities (describe in Schedule O)	0	26 7437
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	5195	27 12548

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
28 The Offender Reentry Program		
See Schedule O for narrative.		
(Grants \$ 105,890) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	103,409
29 The Restorative Justice Program		
See Schedule O for narrative.		
(Grants \$ 47,637) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	47,537
30 The Community Development Program		
See Schedule O for narrative.		
(Grants \$ 19,500) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	19,148
31 Other program services (describe in Schedule O)		
(Grants \$ 18043) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	18,043
32 Total program service expenses (add lines 28a through 31a)	32	188,137

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Richard Leighton				
Director, Nominating Committee Chair, Reentry Program	1	0	0	0
Bob Wilkins				
Director, Parking Board	1	0	0	0
Joan Wollrath				
Director, Reentry Program, Reparative Board	1	0	0	0
Lynn Goulding				
Director	1	0	0	0
Nancy Bassett				
Director	1	0	0	0
Libby Hillhouse				
Director	1	0	0	0
Greg MacDonald				
Officer, Chair	2	0	0	0
Lisa Viles				
Officer, Vice Chair	2	0	0	0
John Perry				
Officer, Secretary/Treasurer	2	0	0	0
Susan Cherry				
Key Employee, Executive Director	40	45,000	5,148	0
Joannie Schlitt				
Key Employee, Bookkeeper	8	1,523	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☒

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	✓
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	37a	
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a 0	
b Gross receipts, included on line 9, for public use of club facilities	39b 0	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	✓
41 List the states with which a copy of this return is filed ▶ NONE		
42a The organization's books are in care of ▶ The Community Restorative Justice Ctr, Inc Telephone no. ▶ 802-748-2977 Located at ▶ 108 Cherry Street, St. Johnsbury, VT ZIP + 4 ▶ 05819		
b 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)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	✓
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	✓

- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		✓

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		✓
48		✓
49a		✓
49b		

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

- 49a** Did the organization make any transfers to an exempt non-charitable related organization?

- b** If "Yes," was the related organization a section 527 organization?

- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

- f** Total number of other employees paid over \$100,000 **NONE**

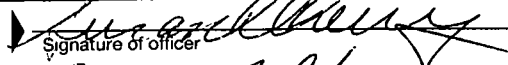
- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

- d** Total number of other independent contractors each receiving over \$100,000 **NONE**

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☒ Yes ☐ No

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 11-25-2013
	Type or print name and title Susan A. Cherry	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			Phone no
	Firm's address				

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

The Community Restorative Justice Center, Inc.

Employer identification number

80-0807940

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		✓
(ii) A family member of a person described in (i) above?		✓
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		✓
 - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")				191070		191070
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				0		0
3 The value of services or facilities furnished by a governmental unit to the organization without charge				0		0
4 Total. Add lines 1 through 3				191070		191070
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)						0
6 Public support. Subtract line 5 from line 4.						191070

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4				191070		191070
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				0		
9 Net income from unrelated business activities, whether or not the business is regularly carried on				0		
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				0		
11 Total support. Add lines 7 through 10						191070
12 Gross receipts from related activities, etc. (see instructions)					12	0
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 checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
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 type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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

Area for supplemental information with horizontal dashed lines.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

The Community Restorative Justice Center, Inc.

Employer identification number

80-0807940

990EZ Part I Line 1. Second Chance Act 31,611

Community of VT Elders 8,000

VT Department of Corrections 141,000

Town of St. Johnsbury 7,400

VT Bar Association 2,000

Misc. Donation 1,059

Total Revenue 191,070

990EZ Part I Line 10: Grants to participants for services through the Offender Reentry Program to pay expenses including housing, utilities,
transportation and storage.

990EZ Part I Line 16: Advertising, Dues/Subscriptions, Depreciation Expense, Meals/Hospitality, Insurance including Workers Comp, Mileage,
Volunteer Training.

990EZ Part II Line 24: Beginning of Year Fixed Assets: Fax + Copier 2500

Line 24: End of Year Prepaid Expense: 4687 + Fixed Assets: 4022 (see Schedule O page 3-4)

Line 26: End of Year Payroll Liabilities: 6532 Accrued Expenses: 140 Accounts Payable: 765

990EZ Part III Organization's primary exempt purpose: Promoting a restorative approach to conflict and crime, community by community.

Line 28: The Offender Reentry Program accounts for approximately 55% % of our program activity time and is funded by the Vermont

Legislature through the Vermont Department of Corrections and by a sub-grant from the US Department of Justice through the VT DOC.

The program is staffed by one full-time re-entry specialist who assists participants in meeting their personal needs and reaching their

employment and educational goals, and by 19 trained community volunteers who meet with the offenders in groups of 3-4 to provide com-

munity support and accountability (the CoSA program). Through these efforts we lessen the burden of state Corrections staff in supervising

and providing services to this population, combat neighborhood deterioration, and lessen the burden on local law enforcement officers by

educating the offenders on how to live successfully in the community, thereby decreasing recidivism. In FY13, we serviced 30 people through

our Offender Reentry Program. Staff:79,349. Offender Needs:4,893. Office: 19167. Total 103,409.

Line 29: The Restorative Justice Program accounts for approximately 25% of our program activity time and is entirely funded by the Vermont

Legislature through the Vermont Department of Corrections. The program is staffed by a Restorative Justice Coordinator who coordinates 39

trained community volunteers who meet with offenders and their victims as 5-member reparative boards or as group conference facilitators.

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

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization

Employer identification number

The Community Restorative Justice Center**80-0807940**

Restorative Justice processes involve citizens in the resolution of incidents of crime and conflict and thereby build stronger communities and neighborhoods, lessening neighborhood tensions, and educating young offenders in particular, thereby combating juvenile delinquency. We currently operate 7 reparative boards and serviced 61 cases referred to us by local law enforcement, state's attorney, or probation and parole. Staff: 39,470. Office: 8067. Total: 47,537.

Line 30: The Community Development Program accounts for approximately 10% of our program activity time and was partially funded by the Council of Vermont Elders in FY 12-13 for particular community outreach to Veterans and their families. This program consists of assisting and supporting St. Johnsbury's neighborhood associations, helping to raise community awareness around such issues as homelessness, elder abuse, and domestic violence through educational events that we sponsor or on which we collaborate with other community non-profit organizations, and facilitating community dialogue when controversial issues arise. These activities also receive funding from the Vermont Legislature through the VT DOC. Research shows that strong neighborhoods are a protective factor against crime, so our activities reduce the burden on local law enforcement and criminal justice agencies, and give citizens a sense of place and community that lessens neighborhood tensions generally and reduces prejudice and discrimination as neighbors come to know each other as individuals. Our educational efforts to raise public awareness around social issues are critical to informing distressed citizens of the resources available to inform citizens of the resources available to help them, and to informing others of existing problems in their community that need their support. Staff: 11,914. Office: 7,234. Total: 19,148.

Line 31: The Legal Program accounts for approximately 10% of our program activity time and is funded by the VT Legislature through the VT DOC and by the Vermont Bar Foundation through its IOLTA grant. The program is staffed by a paralegal, 15 volunteer attorneys, and 12 volunteer mediators. The volunteer attorneys take turns staffing a free legal clinic where citizens receive one-time legal advice about their rights and responsibilities; the volunteer mediators assist citizens in resolving civil disputes; the paralegal coordinates the volunteers and provides problem solving assistance. The program relieves the distress of citizens facing legal or quasi-legal issues and conflicts and assists them with the resolution of those conflicts by educating them about their legal rights and responsibilities and by providing direct assistance to them in defending their human and civil rights or mediating a mutually agreeable resolution. Staff: 14,008. Office: 4035. Total: 18,043.

NOTE: Northeast Kingdom Learning Services (EIN: 22-3113459) provided fiscal management from July 1, 2012 until February 28, 2013.

Name of the organization

Employer identification number

The Community Restorative Justice Center, Inc.80-0807940

Item	Purchase Date	Purchase Desc.	Cost	Sales Date	Value 7/1/12	Depr 6/30/13	Value 6/30/13
2 Filing Cabinet/NF/Sta	07/01/2007	2 Filing Cabinet/NF/Sak	244 00		50	50	0
2 Filing Cabinet/Reentr	07/01/2005	2 Filing Cabinet/Reentr	160 00		10	10	0
8 Conference Table Ch	07/01/2007	8 Conference Table Ch.	1,676 00		240	120	120
Copier	06/30/2012	Copier	2,000 00		2000	286	1714
	07/01/2004	Copier/Fax	995 00	06/30/2012	500	415	85
Couch	07/01/2006	Couch	400 00		25	25	0
Desk Set A (NF)	07/01/2005	Desk Set A (NF)	50 00		25	25	0
Fax Machine	06/30/2012	Fax Machine	500 00		500	100	400
Filing Cabinet/MJ/HSta	07/01/2007	Filing Cabinet/MJ/HSta	122 00		25	25	0
Filing Cabinet/Office/HK	07/01/1999	Filing Cabinet/Office/HK	144 00		25	25	0
Filing Cabinet/SG/HON	07/01/2007	Filing Cabinet/SC/HON	200 00		25	25	0
Laptop A (Office)	07/01/2005	Laptop A (Office)	1,200 00		200	200	0
Laptop B (DH)	07/01/2005	Laptop B (DH)	1,409 00		25	25	0
Laptop Computer and F	12/05/2012	Laptop Computer and F	970 00		970	97	873
Laptop F (Extra)	07/01/2007	Laptop F (Extra)	1,500 00		25	25	0
PC C (SC)	07/01/2010	PC C (SH)	999 00		200	200	0
PC D (NF)	07/01/2010	PC D (NF)	500 00		450	75	375
PC E (B)	07/01/2010	PC E (B)	500 00		450	75	375
Phone System	11/01/2012	Phone System	2,695 00		2695	270 00	2,425 00
Printer A (Office)	07/01/2005	Printer S (Office)	95 00		50	50	0
Printer B (DH)	07/01/2005	Printer B (DH)	110 00		50	50	0

Name of the organization

The Community Restorative Justice Center, Inc.

Employer identification number

80-080940

Printer C (SC)	07/01/2010	Printer C (SC)	88 00	50	50	0
Printer D (NF)	07/01/2007	Printer D (NF)	177 00	150	100	50
Printer E (B)	07/01/2007	Printer E (B)	177 00	150	100	50
Projector	07/01/2005	Projector	1,068 00	400	150	250
Refrigerator	07/01/2009	Refrigerator	157 00	25	25	0
Shredder	07/01/2011	Shredder	105 00	25	25	0
Television/VCR/DVD	07/01/2000	Television/VCR/DVD	200 00	50	50	0
Video Camera	07/01/2008	Video Camera	700 00	200	200	0
Water Cooler	07/01/2008	Water Cooler	119 00	25	25	0
Totals:				9615	2898	6717

STATE OF VERMONT
OFFICE OF SECRETARY OF STATE

Certificate of Amendment

I, James C. Condos, Vermont Secretary of State, do hereby certify that the attached is a true copy of the

ARTICLES OF AMENDMENT

For

THE COMMUNITY RESTORATIVE JUSTICE CENTER, INC.

Formerly known as

ST. JOHNSBURY COMMUNITY JUSTICE CENTER, INCORPORATED

As filed in this department effective December 23, 2013

January 2, 2014

Given under my hand and the seal
of the State of Vermont, at
Montpelier, the State Capital

James C. Condos

James C. Condos
Secretary of State



Articles of Amendment Form**Vermont domestic nonprofits and cooperatives (T.11B, 10.05)**

Vermont Secretary of State, 128 State Street, Montpelier, VT 05633-1104 (802-828-2386)

VERMONT
SECRETARY OF STATE
CORPORATIONS

2013 DEC 23 PM 2:11

CORPORATE NAME: St. Johnsbury Community Justice Center, Incorporated**TEXT & DATE OF AMENDMENT(S):**

Nov. 3, 2012 Board of Directors Meeting. Former name of St. Johnsbury Community Justice Center, Incorporated is now changed to The Community Restorative Justice Center, Inc. April 18, 2013 Annual Meeting. Purpose and By-Laws approved unanimously changing the organization name to: The Community Restorative Justice Center, Inc.

APPROVAL BY DIRECTORS OR INCORPORATORS:

Nov. 3, 2012 Board of Directors Meeting. Former name of St. Johnsbury Community Justice Center, Incorporated is changed to: The Community Restorative Justice Center, Inc. April 18, 2013 Annual Meeting. Purpose and By-Laws approved unanimously to change the organization name to: The Community Restorative Justice Center, Inc.

APPROVAL BY MEMBERS: Please (a) include the designation, number of memberships outstanding, number of votes entitled to be cast by each class entitled to vote separately on the amendment, and number of votes of each class indisputably voting. Then, (b) enter either the total number of votes cast for and against the amendment by each class entitled to vote separately or the total number of undisputed votes cast by each class and a statement that the number cast by each class was sufficient for approval by that class.

(a) Nov. 3, 2012 Board of Directors, one vote per Director, 7 Directors present.
April 18, 2013 Annual Meeting, one vote per Director, 8 Directors present.

(b) Nov. 3, 2012 Board of Directors, 7 votes cast, 7 votes to approve name change.
April 18, 2013 Annual Meeting, 8 votes cast, 8 votes to amend By-Laws/name change.

APPROVAL BY OTHER PERSON(S): If approval for amendment is needed by some person(s) other than the members, the board or the incorporators, state below that the approval was obtained.

INDICATE THE PURPOSE HERE: Charitable**Printed name** Susan A. Cherry**Title** Executive Director**Signature** **Date** 12-19-2013**FEE: \$25.00**

File in duplicate with a self-addressed envelope.

Email or phone contact: