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Form **990**

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.

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

OMB No 1545-0047 2013

Open to Public

Department of the Treasury

		enue Service		allon about 1 only 770 a	ind its instructions is t					mapeonon
<u>A</u>	For th	he 2013 calend	dar year, or tax year be)13, and endin	• • • • • •			2014
В		if applicable	C Name of organization (COMMUNITY JU	STICE NETWOR	RK OF VER	ТИОМ	D Employe	er Identifi	cation Number
	ا∟ا∞	ddress change	Doing Business As					45-5	1759	09
	Na	ame change	Number and street (or P C	box if mail is not deliver	ed to street address)	Room/s	uite	E Telephor	ne numbe	r
	Init	itial return	P.O. BOX 1539					(802) 22	3-5968
	Те	erminated	City or town, state or provi	nce, country, and ZIP or f	oreign postal code	_				
	Ап	mended return	MONTPELIER		7	/T 05601		G Gross re	ceipts \$	104,139.
	Ар	pplication pending	F Name and address of prin	cipal officer			H(a) Is this a	group return	for subor	Inates? Yes X No
			LISA BEDINGER P.O	. BOX 1539	MONTPELIER	VT 05601	H(b) Are all s	subordinates ii attach a list (s	ncluded?	Yes No
ī	Tax-	exempt status	X 501(c)(3) 501(c)		rt no) 4947(a)(1) or 527	II NO, 2	attach a list (s	ee insuud	cuons)
J	Wet	bsite: ► www	w.cjnvt.org	· · · · · ·		<u> </u>	H(c) Group e	exemption nun	nber ►	
ĸ	Form	n of organization	X Corporation Trust	Association	Other >	L Year of formation				al domicile VT
Pa	rt I	Summar					2012	- 1		V 1
			e the organization's mis	sion or most signific	cant activities	THE COMM	INTTY	TUSTICE	NET	WORK
a			NT UNITES THE	-		EEKING TO	MAKE	2001101		
ĕ			IVE RESPONSES							
Ë			D BY CONFLICT		- 					
Governance	2	Check this box			s operations or disp	osed of more th	nan 25% o	f its net as:	sets	
Ö			ting members of the gov	erning body (Part V	(I, line 1a)				3	9
Activities &			lependent voting membe						4	9
iŧi.			of individuals employed						5	0
냚			of volunteers (estimate					L	6	9
ď			d business revenue from						7a	0.
	ь	Net unrelated	business taxable incom	e from Form 990-T,	line 34	<u> </u>			7b	
								rior Year		Current Year
ē			and grants (Part VIII, lin					73,0	24.	104,139.
Revenue			ce revenue (Part VIII, lir							
ě			come (Part VIII, column							
_			e (Part VIII, column (A),		·				0.	0.
			- add lines 8 through 1					73,0	24.	104,139.
			milar amounts paid (Par	• • •	•					
			to or for members (Part							
S	15	Salanes, other	r compensation, employ	ee benefits (Part IX	, column (A), lines 5	5-10)		39,3	70.	131.
J.	16 a	Professional fu	undraising fees (Part IX,	column (A), line 11	e)					
Expenses	b	Total fundraisi	ing expenses (Part IX, c	olumn (D), line 25)-	<u></u>	01.		4 11	,	
Ш	17	Other expense	es (Part IX, column (A),	 	24e) RECEIV	ED		24,8	n 1	73,186.
			es Add lines 13-17 (mus	•		1		64,1		73,317.
			expenses Subtract line				-	8,8		30,822.
8 6				14		1110 1 11	Poginnin	ig of Current		End of Year
Assets of Balance	20	Total assets (F	Part X, line 16)	1	`L	SS SS	Беуллип	13,1		·
A P		•	(Part X, line 26)		OGDEN.			1,6		42,396.
Net A			fund balances Subtract	lung 21 from lung 20			\vdash	•		40.206
Da	rt II			ine 21 from line 20	<u> </u>	• • • • • • •		11,5	/2.	42,396.
		Signatur								
Comt	r penaiti dete De	ties of perjury, I decl eclaration of prepare	lare that I have examined this re er (other than officer) is based or	tum, including accompant all information of which i	ying schedules and staterr preparer has any knowled	nents, and to the bes ge	t of my knowl	edge and belie	ef, it is tru	e, correct, and
$\frac{\checkmark}{\lambda}$			d=1.1					1/15/1		
୍ଦ Sig	110	Signature	re of officer		·	 			1	
He	JII Po	THE	D T				3 frm.;	DDD		
116		JUST Type or I	PIN BULL print name and title	-	······		AUTH	REP		
			reparer's name	Preparer's signatu	re .	Date		- I t), p	TIN
_			•	' '	~ h 11	- Uate		_	ן "נ	
Pai			J. BULL	JUSTIN J	 	1 "//9	114	self-employed	<u> </u> E	01267213
	pare	da a			co. / .c.					
US	e On	Firm's addres	ss PO BOX 149	5				Firm's EIN	02-	0365454
			CONCORD		NH 03	302-1495		Phone no	(603	496-3080
May	the IF	RS discuss this	return with the prepare	r shown above? (se	e instructions)					Yes X No
			eduction Act Notice, s			TEE	A0101 11/08	2/12		Form 990 (2013)

Form	990 (2013) COMMUNITY JUSTICE NETWORK OF VERMONT	45-5175909	Page 2
Par	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		[]
1	Briefly describe the organization's mission		
	THE COMMUNITY JUSTICE NETWORK		
	OF VERMONT UNITES THE EFFORTS OF VERMONTERS SEEKING TO MAKE		
	0 E 000 B 0 E 1991 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	See Form 990, Page 2, Part III, Line 1 (continued)		
	Did the organization undertake any significant program services during the year which were not listed on the p		
	Form 990 or 990-EZ?		X No
	If Yes,' describe these new services on Schedule O		<u></u>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services'		Value
•	If Yes,' describe these changes on Schedule O	? Yes	X No
4			
7	Describe the organization's program service accomplishments for each of its three largest program services, a Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	is measured by expens of grants and allocation	ses ns to
	others, the total expenses, and revenue, if any, for each program service reported.	- 3	
4 a	(Code) (Expenses \$ 71,030. including grants of \$ 0.) (R	tevenue \$ 10	04,139.)
	COMMUNITY BASED PROGRAMS AIMED TO IMPROVE COMMUNITY HEALTH AND	· 	, , , ,
	PUBLIC SAFETY BY HELPING PEOPLE WHOSE LIVES ARE DISRUPTED BY CON		
	OR CRIME. INTENSIVE SUPPORT SERVICES TO OFFENDERS TRYING TO REEN		
	COCTEMU OROUND HOUGHIS AND CARN BURLOWS		
	SOCIETY, SECURE HOUSING AND GAIN EMPLOYMENT.		
			
		- 	
		-	
4 b	(Code) (Expenses \$ including grants of \$) (R	tevenue \$)
			
			
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	/O-1- \/ \( \sum_{-1} \)		
4 c	(Code) (Expenses \$ including grants of \$) (R	levenue \$	)
	Other program services. (Describe in Schedule O )		
	(Expenses \$ including grants of \$ ) (Revenue \$		
40	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u>,                                      </u>
_ ~ =	Total program service expenses ► 71,030.		

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

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	990 (2013) COMMUNITY JUSTICE NETWORK OF VERMONT	45-5175909		Р	age 4
Par	t IV   Checklist of Required Schedules (continued)			<del>V</del> 1	
•				Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	<u> </u>	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States or IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	Part	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complet Schedule J</i>	e	23		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	ľ	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	_	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to dany tax-exempt bonds?	lefease	24c		
	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		24d		
			24u		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction of disqualified person during the year? If 'Yes,' complete Schedule L, Part I	with a	25a		Х
t	b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior ye that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' con Schedule L, Part I	ear, and oplete	25b		х
		<u> </u>	230		<del>                                     </del>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any currer former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	it or	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantic contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family me of any of these persons? If 'Yes,' complete Schedule L, Part III	ember	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part I instructions for applicable filing thresholds, conditions, and exceptions)	<i>y</i>			*
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete				
	Schedule L, Part IV		28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV		28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	<u>⊢</u>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conser contributions? If 'Yes,' complete Schedule M	vation	30		Х
31		<u> </u>	31		Х
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II		32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations s 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	ections			Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV,		33		
	and V, line 1	_	34		X
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	_:	35a		Х
t	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	1 [:	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If Yes, complete Schedule R, Part V, line 2		36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization at treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	nd that is	37		х
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		38	Х	

BAA

Form 990 (2013)

#### COMMUNITY JUSTICE NETWORK OF VERMONT Part V Statements Regarding Other IRS Filings and Tax Compliance No 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . . . . . . . 0 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? 1 c 2 a 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 . . . . X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Χ 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?.... 3 a **b** If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O . . . . . . . 3 b 4 a 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)? . . . . Х **b** If 'Yes,' enter the name of the foreign country: **b** See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?......... X 5 a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . 5 b 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 b 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 X 7 a 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Х 7с e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... X 7 e Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... 7 f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C2 7 h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? . . . . . 9 a b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . . 9 b 10 Section 501(c)(7) organizations. Enter 4 3/ a Initiation fees and capital contributions included on Part VIII, line 12. 10 a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . 11 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders. . . . . 11 a b Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . . 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year . . . . . . . | 12b| 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? . . . . . . . 13 a 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 13 b 13 c 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 . . . . . . . . . . . .

Form 990 (2013) COMMUNITY JUSTICE NETWORK OF VERMONT 45-5175909 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. Section A. Governing Body and Management No 1 a Enter the number of voting members of the governing body at the end of the tax year . . . . . 9 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 . . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 5 X 6 Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8 a Х 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Х b if 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filting the form? 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If Yes,' describe in 12 c Х 13 X 14 Х 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? 15 a Χ 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.) 14. 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . . . . . Х 16a 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website Own website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

BAA

JUSTIN BULL

TEEA0106 07/02/13

50 BRIDGE ST

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

RICHMOND ____VT__

05477 (802) 434-3030 Form **990** (2013)

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

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

- 1 a 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

X Check this box if neither the organization in	or any rela	ated o	rgan	ızatı	on c	ompe	nsat	ed any current officer,	director, or trustee	
				(C	;)					
(A) Name and Title	(B) Average hours per week (list	one bo	x, uni cer an	ess p	erson	more that is both r/trustee	an )	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	any hours for related organiza- tions below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
_(1)_ KAREN_VASTINE	10.00						ļ			
CO-CHAIRWOMAN		Х		Χ						
(2) SUSAN CHERRY	10.00									
CO=CHAIRWOMAN		Х		X						
(3) LISA BEDINGER	10.00									
TREASURER_		Х		Х						
_(4) LARRY HAMES	10.00									
SECRETARY		Х		Х						
(5) CAROL PLANT	10.00									
DIRECTOR		Х								
(6) YVONNE BYRD	10.00									
DIRECTOR		Х								
_(7) LORI BAKER	10.00									
DIRECTOR		Х								
(8) STEVE LATULIPPE	10.00									
DIRECTOR		Х								
(9) KYM ANDERSON	10.00									
DIRECTOR		Х								
(10)										
(11)						-				
(12)										
<u>(13)</u>										
(14)										

Part VII   Section A. Officers, Directors, Trus	(B)			(0								
(A) Name and title	Average hours per week	box, offi	unles cer an	ss pe id a d	more rson i firecto	than or s both a or/truste	an ee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	amo	(F) stimated ount of oth opensation	
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W-2/1099-MISC)	(W-2/1099-MISC)	org	from the ganization nd related ganization	l
(15)								-				
(16)												
(17)												
(18)												-
(19)									-			
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Sub-total			• •		• •	• •	<b>•</b>					
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							<b>^</b>					
2 Total number of individuals (including but not limited to from the organization ►				_			ive	more than \$100,0	000 of reportable cor	npens	ation	
3 Did the organization list any former officer, director, o	r tructed	a kay	omi	nlov		or hio	hoc	et componented on			Yes	No
on line 1a? If 'Yes,' complete Schedule J for such indi	vidual		•				•			. 3		Х
4 For any individual listed on line 1a, is the sum of reporting organization and related organizations greater that such individual	ın \$150,	000?	If 'Y	'es'	com	plete	Sch	nedule J for		. 4	<u> </u>	X
5 Did any person listed on line 1a receive or accrue confor services rendered to the organization? If 'Yes,' conformation or the organization of the organization o	npensat <i>nplete</i> S	ion fr Sched	om a	any <i>I for</i>	unre suc	lated h per	org son	anization or individ	dual 	. 5		Х
Section B. Independent Contractors  1 Complete this table for your five highest compensated compensation from the organization Report compens	I indepe	nden	t cor	ntrac	ctors	that	rec	eived more than \$	100,000 of	ar.		
(A) Name and business address		i lite	Cale	liua	ı ye.	ai eiic	Jing	(B) Description of			(C) ensatio	
						_						<u> </u>
				-								
							-					
Total number of independent contractors (including bit \$100,000 of compensation from the organization	ut not lin	nıted	to th	ose	liste	ed ab	ove	) who received mo	re than			

	Check 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
ည္ လ	1 a Federated campaigns 1 a			-	
ξij	<b>b</b> Membership dues	130			
8 8	c Fundraising events 1c	139.			
R S	d Related organizations 1 d	<del></del>			
ਙੁਤੁ	Coverement grants (contributions)				
紧종	e Government grants (contributions) 1e 89, (	000.			
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1 f				
풀림	g Noncash contributions included in lines 1a-1f \$				
응폭	h Total. Add lines 1a-1f	▶ 104,139.			
IE I	Business Co				
	2a				
띭	b				
띨	c				
_≩		<del></del>			<del> </del>
S	<u> </u>		· · · · · · · · · · · · · · · · · · ·		
RA	e				
8	f All other program service revenue		-		<u> </u>
_&_	g Total. Add lines 2a-2f	•			ļ
	Investment income (including dividends, interest and other similar amounts)	▶			
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	(i) Real (ii) Persor		* ·	<del> </del>	
	6 a Gross rents		, ž.		*
	b Less rental expenses				
	c Rental income or (loss)	<del></del>			
	` ' <del>L</del>		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
	d Net rental income or (loss)	<del></del>			
	7 a Gross amount from sales of (i) Secunties (ii) Othe	er "	*		
	assets other than inventory .				
	<b>b</b> Less cost or other basis and sales expenses		*-		,
	c Gain or (loss)				
	d Net gain or (loss).	<b>—</b>	* ·		
		···			
끸	8 a Gross income from fundraising events	~			•
Ę	(not including. \$				
õ	of contributions reported on line 1c).				
8	See Part IV, line 18 a				
OTHER REVENI	b Less direct expenses b				
0	c Net income or (loss) from fundraising events	<u>.,</u> ,▶			<u> </u>
	9 a Gross income from gaming activities See Part IV, line 19 a				
	b Less. direct expenses b				
	c Net income or (loss) from gaming activities	•••			
	10 a Gross sales of inventory, less returns and allowances				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory	, . <b>&gt;</b>			
	Miscellaneous Revenue Business Co				
	11a				
	b				
			· <del>-</del> · ·		
	d All other revenue				
			0.	0.	0.
	e Total. Add lines 11a-11d	·			ļ. <u> </u>
	12 Total revenue. See instructions	▶  104 120	Λ .	l ∧	1

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
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 salanes and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				<u> </u>
10	Payroll taxes	131.	131.	0.	0.
11	Fees for services (non-employees)				
	a Management	35,000.	35,000.	0.	0.
	b Legal	678.	0.	678.	0.
(	c Accounting	1,195.	0.	1,195.	0.
(	d Lobbying	10,000.	10,000.	0.	0.
	Professional fundraising services See Part IV, line 17.				
1	FInvestment management fees				
_	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	325.	325.	0.	0.
	Advertising and promotion				
13	Office expenses	2,545.	2,545.	0.	0.
14	Information technology			+	· · · · · · · · · · · · · · · · · · ·
15	Royalties				<del></del>
16	Occupancy				
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings Interest	8,272.	8,272.	0.	0.
21	Payments to affiliates				· · · · · · · · · · · · · · · · · · ·
22	Depreciation, depletion, and amortization	<del>.</del>	<u> </u>	-	<del></del>
23	Insurance			41.4	
24		414.	0.	414.	0.
á	INFRASTRUCTURE DEVELOPMENT _	6,413.	6,413.	0.	0.
	COSA_TRAINING	3,599.	3,599.	0.	0.
	STANDARDS & COLLABORATION	4.745.	4,745.	0.	0.
	d		,		
•	All other expenses				
25	Total functional expenses Add lines 1 through 24e .	73,317.	71,030.	2,287.	0.
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)				
BAA		TEFA0110 11/0			Form 990 (2013)

COMMUNITY JUSTICE NETWORK OF VERMONT Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X  $\dots \dots \dots \dots$ (B) (A) Beginning of year End of year 32,396. 13,047 1 2 Savings and temporary cash investments . . . . . . 2 Pledges and grants receivable, net . . 3 3 Accounts receivable, net . . . . . . . . . . . . . 134 4 Loans and other receivables from current and former officers, directors, 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 10,000. 8 Prepaid expenses and deferred charges . . . . . 9 10 a 10 a **b** Less accumulated depreciation . . . . . . . . . 10 b 10 c 11 11 Investments - other securities. See Part IV, line 11 . . . . 12 12 13 Investments - program-related See Part IV, line 11 . . . . . . . . . 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . 16 16 13,181 42,396 17 17 1,609 18 18 19 19 20 20 Escrow or custodial account liability Complete Part IV of Schedule D . . . . . . . 21 21 Loans and other payables to current and former officers, directors, trustees. 22 Secured mortgages and notes payable to unrelated third parties . . . . . . . . 23 23 Unsecured notes and loans payable to unrelated third parties . . . 24 24 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  $\dots$ . 25 25 609 26 Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34. 27 10,142 27 2,974. 28 28 1,430 39,422 29 29 Q R Organizations that do not follow SFAS 117 (ASC 958), check here ▶

BAA

30

31

32

33

34

and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . . . . . . .

Paid-in or capital surplus, or land, building, or equipment fund . . . . . . . . . . . . . . . . .

Retained earnings, endowment, accumulated income, or other funds . . .

42,396 Form 990 (2013)

42,396

30

31

32

33

34

11,572

13,181

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)	104	,139.
2 Total expenses (must equal Part IX, column (A), line 25)		,317.
3 Revenue less expenses. Subtract line 2 from line 1		,822.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		,572.
5 Net unrealized gains (losses) on investments		
6 Donated services and use of facilities		
7 Investment expenses	_	
8 Prior period adjustments		2.
9 Other changes in net assets or fund balances (explain in Schedule O)		
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33.		
column (B))	42	,396.
Part XII Financial Statements and Reporting		
Check if Schedule O contains a response or note to any line in this Part XII		П
	Ye	
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?	2 a	X
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		
Separate basis Consolidated basis Both consolidated and separate basis		_
<b>b</b> Were the organization's financial statements audited by an independent accountant?	2 b	x
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	1	
Separate basis Consolidated basis Both consolidated and separate basis		
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
3 a 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?	3 a	X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit		
	3 Ь	1
		<b>0</b> (2013)

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

Department of the Treasury Internal Revenue Service

Name of the organization

### **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

Employer identification number

		CE NETWORK OF VE	RMONT					45-5	175909	9		
Part	I Reason for	<b>Public Charity Statu</b>	s (All organizations	must co	omplet	e this p	art.) S	See ins	truction	is.		
The o		rivate foundation because										
1	A church, conve	ntion of churches or assoc	ation of churches describ	ed in se	ction 17	O(b)(1)(A	A)(i).					
2		oed in section 170(b)(1)(A										
3		ooperative hospital service			170(b)	(1)(A)(iii	).					
4		rch organization operated	-				•	1)(A)(iii)	Enter th	ne hospital's		
	name, city, and		<b>,</b>				,	-,,				
5	An organization	operated for the benefit of (Complete Part II)	a college or university ow	ned or o	perated	by a gov	ernmen	ital unit d	lescribed	in section		-
6	A federal, state,	or local government or gov	ernmental unit described	ın sectio	on 170(i	o)(1)(A)(	v).					
7	An organization	that normally receives a sub)(1)(A)(vi). (Complete Pa	ibstantial part of its suppo					om the go	eneral pu	ıblıc describ	ed	
8	A community tru	st described in section 17	0(b)(1)(A)(vi). (Complete	Part II)								
9	from activities re investment incor June 30, 1975	that normally receives: (1) elated to its exempt function me and unrelated business See section 509(a)(2). (Co	ns — subject to certain ex taxable income (less sec implete Part III.)	ceptions, ction 511	and (2) tax) fror	no more n busine	than 33 sses ac	3-1/3% o	fits supp	ort from arc	SS	
10		organized and operated ex										
11	more publicly su	organized and operated ex pported organizations desi pe of supporting organizati	cribed in section 509(a)(1	) or secti-	on 509(a	functions a)(2) Sec	of, or o	arry out on 509(a	the purp (3). Che	oses of one ck the box t	or hat	
	aType I	<b>b</b> Type II	c Type III - Functior	nally integ	rated	•	<b>j</b>     '	Type III -	– Non-fu	nctionally in	tegrated	ı
е	By checking this other than found section 509(a)(2	box, I certify that the orgal lation managers and other	nization is not controlled of the than one or more publicly	directly or support	ndırec ed organ	tly by one	e or mor describ	re disqua ed in sed	ilified per ation 509	rsons (a)(1) or		
f	If the organization check this box	on received a written determ	nination from the IRS tha	t is a Typ	e I, Typ	e II or Ty	pe III sı	pporting	organiza	ation,		
g	Since August 17	, 2006, has the organization	on accepted any gift or co	ontributio	n from a	ny of the	followir	ng perso	ns?	ı		
	(i) A person v	who directly or indirectly co	ntrols, either alone or tog	ether witl	n persor	s descrit	oed ın (ı	ı) and (ııı	)	<u> </u>	Yes N	No
	below, the	governing body of the sup	ported organization?						<i>.</i>	. 11 g (i)		
	(ii) A family m	ember of a person describ	ed ın (ı) above?					<b>.</b> .		. 11g (ii)		
	(iii) A 35% cor	ntrolled entity of a person d	escribed in (i) or (ii) abov	e?						- 11 g (iii)		
h	Provide the follo	wing information about the	supported organization(s	s)						119()		
	(I) Name of supporter organization	d (II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	(iv) is organiza column (i) your go docur	ation in listed in verning	(v) Did yo the organi column (i) supp	zation in of your	(vi) I organiz colun organize U	ation in	(vii) Amount sup	of monetar port	у
	<del></del>			Yes	No	Yes	No	Yes	No			
				1					[ ]			
(A)						ļ		ļ. <u></u>	_			
(B)												
(0)												
(C)				ļ		ļ						
<u>(D)</u>												
(E)												
Total	F D		<u></u>					<u></u>				
RAA	For Paperwork Red	luction Act Notice, see th	e instructions for Form	990 or 9	90-EZ.			Schedule	A (Form	1 990 or 990	-EZ) 201	13

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.)

Sec	tion A. Public Support						
Cale: begi	ndar year (or fiscal year nning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activiti	es, etc (see instru	ctions)			1	2
13	First five years. If the Form 990 is organization, check this box and s	for the organizati	on's first, second,	third, fourth, or fifth	n tax year as a sect	tion 501(c)(3)	▶ □
Sec	tion C. Computation of Pu	blic Support F	Percentage				
14	Public support percentage for 201						<del></del>
15	Public support percentage from 20	112 Schedule A, Pa	art II, line 14			<u>1</u>	5 %
16 a	33-1/3% support test - 2013. If and stop here. The organization of	the organization di Jualifies as a publi	d not check the bo cly supported orga	ox on line 13, and t inization	he line 14 is 33-1/3	% or more, che	ck this box
t	33-1/3% support test — 2012. If t and stop here. The organization of	he organization did qualifies as a publi	d not check a box cly supported orga	on line 13 or 16a, a anization	and line 15 is 33-1/ • • • • • • • • • • • • • • • • • • •	3% or more, ch	eck this box
17 a	10%-facts-and-circumstances te or more, and if the organization me the organization meets the 'facts-a	eets the 'facts-and	-cırcumstances' te	st, check this box a	and stop here. Exc	olain in Part IV h	now —
t	10%-facts-and-circumstances to or more, and if the organization morganization meets the 'facts-and-	eets the 'facts-and	-cırcumstances' te	st, check this box a	and <b>stop here.</b> Exp	olain in Part IV h	now the
18	Private foundation. If the organiz	ation did not checi	k a box on line 13,	16a, 16b, 17a, or	17b, check this box	and see instru	ctions ▶

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.)

Sec	tion A. Public Support		<del></del>	<del></del> -			
Calen	ndar year (or fiscal yr 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						
2	any 'unusual grants ')				73,024.	104,139.	177,163.
-	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						
	Total. Add lines 1 through 5				73,024.	104,139.	177,163.
/ a	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				_		
	Public support (Subtract line	X 5,					
	7c from line 6 )	7 . 4	·	* 1		·	177,163.
<u>Sec</u>	tion B. Total Support						
Calen	ndar year (or fiscal yr beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6				73,024.	104,139.	177,163.
10 a	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	Oth			i			
	Other income Do not include					<b>I</b>	
	gain or loss from the sale of capital assets (Explain in						
40	gain or loss from the sale of capital assets (Explain in Part IV)						
	gain or loss from the sale of capital assets (Explain in Part IV)				73,024.	104,139.	177,163.
	gain or loss from the sale of capital assets (Explain in Part IV)	s for the organization	n's first, second, t	third, fourth, or fifth	tay year as a secti	on 501(c)(3)	
14	gain or loss from the sale of capital assets (Explain in Part IV)	top here	<u> </u>	third, fourth, or fifth	tay year as a secti	on 501(c)(3)	
14	gain or loss from the sale of capital assets (Explain in Part IV)	top here blic Support P	ercentage		tax year as a secti	on 501(c)(3)	
14 Sec	gain or loss from the sale of capital assets (Explain in Part IV)	blic Support P 3 (line 8, column (f)	ercentage divided by line 13	3, column (f))	tax year as a secti	on 501(c)(3)	<b>►</b> [X]
14 Sec 15 16	gain or loss from the sale of capital assets (Explain in Part IV)	blic Support P 3 (line 8, column (f) 112 Schedule A, Pa restment Incon	ercentage divided by line 13 rt III, line 15	3, column (f))	tax year as a secti	on 501(c)(3)	► X
14 Sec 15 16	gain or loss from the sale of capital assets (Explain in Part IV)	blic Support P 3 (line 8, column (f) 12 Schedule A, Pa estment Incon 2013 (line 10c, col	ercentage divided by line 13 rt III, line 15 ne Percentag umn (f) divided by	B, column (f))  e  uline 13, column (f)	tax year as a secti	on 501(c)(3)	► X
14 Sec 15 16 Sec	gain or loss from the sale of capital assets (Explain in Part IV)	blic Support P 3 (line 8, column (f) 12 Schedule A, Pa estment Incon 2013 (line 10c, col	ercentage divided by line 13 rt III, line 15 ne Percentag umn (f) divided by	B, column (f))  e  uline 13, column (f)	tax year as a secti	on 501(c)(3)	► X
14 Sec 15 16 Sec 17 18	gain or loss from the sale of capital assets (Explain in Part IV)	blic Support P 3 (line 8, column (f) 12 Schedule A, Pa restment Incon 2013 (line 10c, col m 2012 Schedule A	ercentage divided by line 13 rt III, line 15 ne Percentag umn (f) divided by A, Part III, line 17 d not check the be	e vine 13, column (f)	tax year as a secti	on 501(c)(3)	% % %
14 Sec 15 16 Sec 17 18 19a	gain or loss from the sale of capital assets (Explain in Part IV)	blic Support P 3 (line 8, column (f) 12 Schedule A, Pa restment Incon 2013 (line 10c, col m 2012 Schedule A the organization di the organization di	ercentage divided by line 13 rt III, line 15 ne Percentag umn (f) divided by A, Part III, line 17 d not check the be ere. The organizated not check a box	e  in line 13, column (f)  ox on line 14, and littion qualifies as a p	tax year as a section of the section	on 501(c)(3)	% % % % % % % % % % % % % % % % % % %
14 Sec 15 16 Sec 17 18 19 a	gain or loss from the sale of capital assets (Explain in Part IV)	blic Support P 3 (line 8, column (f) 12 Schedule A, Pa 2013 (line 10c, col m 2012 Schedule A the organization di sis box and stop he the organization di check this box and	ercentage divided by line 13 rt III, line 15 ne Percentage umn (f) divided by A, Part III, line 17 d not check the be ere. The organizate d not check a box stop here. The or	column (f))  dine 13, column (f)  ox on line 14, and lition qualifies as a p  on line 14 or line 1 ganization qualifies	tax year as a sectron as a sect	on 501(c)(3)	% % % % 7 ▶ □

Schedule A	(Form 990 or 990-EZ) 2013	COMMUNITY	JUSTICE	NETWORK	OF VERMO	TNC	45-5175909	Page 4
Part IV	Supplemental Informa or 17b; and Part III, line (See instructions).	tion. Provide 12. Also comp	the explana plete this pa	ations requi art for any a	ired by Part additional inf	II, line 10; formation.	Part II, line 17a	_
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#### SCHEDULE C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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Schedule C (Form 990 or 990-EZ) 2013

 Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B Section 527 organizations Complete Part I-A only. If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A. If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then Section 501(c)(4), (5), or (6) organizations. Complete Part III. Employer identification number COMMUNITY JUSTICE NETWORK OF VERMONT 45-5175909 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Part I-B ||Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . . . . . Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . . . . . ▶\$ If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . Yes Νo 4 a Was a correction made? N٥ b If 'Yes.' describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . . . ▶ \$ Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, 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 (e) Amount of political (d) Amount paid from filing rganization's funds If none, enter-0contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-(1) (2) (3)(4)(5) (6)

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

Schedule C (Form 990 or 990-EZ) 2	013 _{COMMUNITY 1}	MSTICE NETWORK O	F VFPMONT	45-5175	ana Page 2
Part II-A Complete if section 501	f the organizatio	n is exempt under se	ction 501(c)(3) and		
	<del>``</del>	gs to an affiliated group (and	d list in Part IV each affilia	ated group member's name	
		share of excess lobbying ex		3 1,	,
B Check ► I If the filing	ng organization check	ed box A and 'limited contro	ol' provisions apply		
(The term	Limits on Lobby	ing Expenditures	red.)	(a) Filing organization's totals	(b) Affiliated group totals
		c opinion (grass roots lobby	· .		
		islative body (direct lobbying			<u>-</u> .
		i 1b)			<del>.</del>
		s 1c and 1d)	L		
f Lobbying nontaxable an both columns	nount Enter the amou	unt from the following table in	n 		
If the amount on line 1e, co		The lobbying nontaxable			
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	s over \$500,000	, , ,	
Over \$1,000,000 but not over	\$1,500,000	\$175,000 plus 10% of the excess	s 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 a	amount (enter 25% of	line 1f)			
h Subtract line 1g from line	•		[	-	
i Subtract line 1f from line	e 1c If zero or less, er	nter -0	[		
j If there is an amount oth section 4911 tax for this	ner than zero on eithe year?	r line 1h or line 1i, did the or	ganization file Form 4720	reporting	Yes No
(Son	ne organizations tha	4-Year Averaging Period U t made a section 501(h) el ns below. See the instructi	ection do not have to co	omplete all of the five	
	Lobb	ying Expenditures During	4-Year Averaging Perio	od .	
Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) Total
2 a Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures				300 50	
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
BAA				Schedule C (Form C	200 or 000 E7\ 2013

Schedule C (Form 990 or 990-EZ) 2013 COMMUNITY	JUSTICE NETWORK	OF VERMONT	45-5175909
Part II-B Complete if the organizati (election under section 50	on is exempt under	section 501(c)(3) and	I has NOT filed Form 5768

For each "Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		1)	(b)	
		No	Amount	
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?		х		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	<u> </u>	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		10.0	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<u>  ^</u>	х	10,0	00.
i Other activities?	$\vdash$			
j Total Add lines 1c through 1i	ļ	Х	10.0	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			10,0	00.
-	<b></b>			
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?	1 ) 4 = )			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or		
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1 1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501			3	
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) I answered 'Yes.'  1 Dues, assessments and similar amounts from members		II-A, I	ine 3, is	
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		2 a		
b Carryover from last year		2 b		
c Total		2 c		
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	• • •	. 3		
1			<del></del>	
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-B, line 1. Also, complete this part for any additional information	art II-A	, line 2	, and	
Pt_II-B_Line_1ZATZ_AND_RENFREWPUBLIC_POLICY_STRATEGY_DEVELOPME	<u>NT</u>			
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Schedille C (Four 440 of 440-EZ) 2013 COMMONTTY JUSTICE NETWORK OF VERMONT	45-51/5909	i age 🕶
Part W Supplemental Information (continued)		
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#### **SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 2013

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► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number 45-5175909 COMMUNITY JUSTICE NETWORK OF VERMONT Pt_VI,_Line_11b__990_REVIEWED_BY_OFFICERS_AND_BOARD_FOR_CONSISTENCY_ Pt_VI, Line 11b OF MISSION AND FINANCIAL REPRESENTATION Pt_VI, Line 12c PERIODICALLY AT BOARD MEETINGS - A QUERY AND SEARCH FOR Pt_VI, Line 12c _ ANY BUSINESS RELATIONSHIPS OR TRANSCATIONS THAT MAY OR Pt_VI, Line 12c _ COULD LEAD TO A CONFLICT OF INTEREST PURSUANT TO THE Pt_VI, Line 12c ORGANIZATIONS POLICIES. Pt_VI, Line 15a _ COMPENSATION DETERMINED BY FAIR MARKET RATES AND DETAILS _ Pt_VI, Line 15a AND EXPERIENCE OF JOB REQUIREMENTS.

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

RESTORATIVE RESPONSES AVAILABLE FOR PEOPLE WHOSE LIVES ARE

DISRUPTED BY CONFLICT OR CRIME.