

Form 990 2012
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(2) of the Internal Revenue Code
 (except those filing Form 990-E or 990-B)

2012
 Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning 7/31, 2012, and ending 6/30, 2013

B Check the organization type:
 Religious organization
 Educational organization
 Scientific or literary organization
 Charitable organization
 Fraternal organization
 Labor organization
 Amateur sports organization
 Professional league
 Other (specify):

C The Restorative Justice Project of the Midcoast
 PO Box 141
 Belfast, ME 04915

D Employer identification number: 26-1508416

E Telephone number: (207) 338-2742

F Name and address of principal officer: Sam A. C. Moore

G Gross receipts: \$ 275,478

H Total assets: \$ 41,893

I Total liabilities: \$ 6,512

J Website: RESTORATION.ORG

K Form of organization: Corporation

L Year of formation: 2003

M State of legal domicile: ME

Part I Summary

1. Briefly describe the organization's mission or most significant activities: To be a bridge between the community, the schools and the criminal justice system.

Activities & Governance

2. Check this box if the organization discontinued its operations or disposed of more than 20% of its net assets.

3. Number of voting members of the governing body (Part VII, line 1a): 3

4. Number of independent voting members of the governing body (Part VI, line 1b): 4

5. Total number of individuals employed in calendar year 2012 (Part V, line 2a): 5

6. Total number of volunteers (estimate if necessary): 6

7a. Total unrelated business revenue from Part VII, column (C), line 12: 7a

7b. Net unrelated business taxable income from Form 990-T, line 34: 7b

	Prior Year	Current Year
8. Contributions and grants (Part VII, line 1c):	95,371	145,242
9. Program service revenue (Part VII, line 2g):	205,179	121,050
10. Investment income (Part VII, column (A), lines 3, 4, and 7b):	15	5
11. Other revenue (Part VII, column (A), lines 5, 6, 7c, 10, and 11a):	1,000	5,379
12. Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 10):	299,655	275,676
13. Grants and similar amounts paid (Part IX, column (A), lines 1-5):		
14. Benefits paid to or for members (Part IX, column (A), line 4):		
15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 6-10):	235,177	249,398
16a. Professional fundraising fees (Part IX, column (A), line 11a):		
16b. Total fundraising expenses (Part IX, column (B), line 20):	25,498	
17. Other expenses (Part IX, column (A), lines 11a-11c, 11d-11g):	104,967	102,076
18. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 20):	340,188	351,474
19. Revenue less expenses. Subtract line 18 from line 12:	-40,533	-75,798
20. Total assets (Part X, line 1b):	Beginning of Current Year: 54,203	End of Year: 41,893
21. Total liabilities (Part X, line 2b):	6,512	6,525
22. Net assets or fund balances. Subtract line 21 from line 20:	47,691	35,368

Part II Signature Block

Under penalty of perjury, I declare that I have prepared 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
 Officer: Jay Davis, Chairman

Paid Preparer Use Only
 Preparer's name: Richard J. Robinson, CPA, # [Signature] 0126/15
 Firm name: Robinson P.A.
 Firm address: P.O. Box 111, Belfast, ME 04913-0111
 Preparer's phone: (207) 338-2742

Why do you discuss this return with the preparer shown above? (see instructions) Yes No

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012)

Part III Statement of Program Service Accomplishments

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

1. Briefly describe the organization's mission: To be a bridge between the community, the schools and the criminal justice system.

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

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

4. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(29) organizations and section 4947(a)(2) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) Expenses \$ 68,160, including grants of \$ () Revenue \$ 52,061. Restorative School Practices of Maine has provided training to more than 2000 school administrators and teachers in restorative practices to decrease behavioral incidences in the classroom, detentions, expulsions and suspensions, impacting more than 10,000 students and their parents state wide. Processes in office referrals by 100, detentions by 300, suspensions by 600 and other serious offenses by as much as 500. In addition to training over 100 community members and youth from churches and population in the use of restorative practices.

4b (Code) Expenses \$ 53,924, including grants of \$ () Revenue \$ 53,817. Maine Coastal Regional Reentry Center provides the successful transition of inmates of Corrections and County Individuals to their home communities after they complete their sentences. RTR provides mentoring and group programming for all residents at the center and jail. 95% of residents have participated in introduction to Restorative Justice. 80% were restored both pre-release and 40% post-release. Recidivism for the center is 10% compared to statewide average of 30%.

4c (Code) Expenses \$ 38,386, including grants of \$ () Revenue \$ () See Schedule O

4d Other program services (describe in Schedule O) See Schedule O Expenses \$ 11,568, including grants of \$ () Revenue \$ ()

4e Total program service expenses 163,914

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in association with a candidate for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 513(c)(3) organizations: Did the organization engage in lobbying activities, or have a section 501(c) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(28), 501(c)(29), or 501(c)(30) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-18? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for expense or substantial account liability, serve as a guarantor 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable:		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 2% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments - common stock 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Did the organization's expense or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FFI 48 (ASC 740)? If "Yes," complete Schedule D, Part XI	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XII, XIII, and XIV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 complete Schedule D, Parts XII and XIII as optional	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(D)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (K), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts I and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (K), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts I and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$10,000 of expenses for professional fundraising services on Part IX, column (K), lines 6 and 7? If "Yes," complete Schedule G, Part I (see instructions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$10,000 total of fundraising event gross income and contributions on Part VII, lines 1c and 3a? If "Yes," complete Schedule G, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$10,000 of gross income from gaming activities on Part VII, line 3a? If "Yes," complete Schedule G, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21 If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to the return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$1,000 of grants and other assistance to governments and organizations in the United States on Part III, column (A), line 11? If 'Yes,' complete Schedule L, Parts I and II		X
22 Did the organization report more than \$1,000 of grants and other assistance to individuals in the United States on Part III, column (A), line 21? If 'Yes,' complete Schedule L, Parts I and II		X
23 Did the organization answer 'Yes' to Part VI, Section A, line 5, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2007? If 'Yes,' answer lines 24b through 24d and complete Schedule A. If 'No,' go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account after the a refunding event at any time during the year to defuse any tax-exempt bonds?		
d Did the organization act as an 'in behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(2) and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I		X
b If the organization owns that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E? If 'Yes,' complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 20% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I		X
32 Did the organization sell, exchange, lease, or convey more than 10% of its net assets? If 'Yes,' complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, V, and VI, line 1		X
35a Did the organization have a controlled entity within the meaning of section 132321(b)?		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 132321(b)? If 'Yes,' complete Schedule R, Part V, line 2		
36 Section 501(c)(2) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 2% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O to Part VI, lines 11a and 12? Note: All Form 990 filers are required to complete Schedule O		X

BAA

Form 990 (2012)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 1 of Form 1099. Enter -0- if not applicable	1a	
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
2a Did the organization comply with backup withholding rules for reportable payments to vendors and noncharitable gaming (gambling) winnings to other winners?	2a	
2b Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
3b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
4b If 'Yes,' enter the name of the foreign country: *		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
5c If 'Yes,' to line 5b or 5c, did the organization file Form 8866-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization elect any contributions that were not tax deductible as charitable contributions?	6a	X
6b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(e)		
7a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
7b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	
7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8867?	7c	X
7d If 'Yes,' indicate the number of Forms 8867 filed during the year	7d	
7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8879 as required?	7g	
7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 5006-D?	7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(c)(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	
9 Sponsoring organizations maintaining donor advised funds		
9a Did the organization make any taxable distributions under section 4966?	9a	
9b Did the organization make a distribution to a donor, donor advised, or related person?	9b	
10 Section 501(c)(6) organizations. Enter:		
10a Initiation fees and capital contributions included on Part VII, line 12	10a	
10b Gross receipts, included on Form 990, Part VII, line 12, for public use of club facilities	10b	
11 Section 501(c)(2) organizations. Enter:		
11a Gross income from members or shareholders	11a	
11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(2) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
12b 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		
13a Is the organization licensed to issue qualified health plans in more than one state?	13a	
13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
13c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
14b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b	

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 9b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. 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.	13	
1b Enter the number of voting members included in line 1a, above, who are independent.	13	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		<input checked="" type="checkbox"/>
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
7b Are any governance decisions of the organization reserved to, or subject to approval by, members, stockholders, or other persons other than the governing body?		<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document its meetings held in written actions undertaken during the year by the following:		
a The governing body?	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		<input checked="" type="checkbox"/>

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
10b If 'Yes,' do the organization have written policies and procedures governing its activities if such chapters, affiliates, and branches to ensure fair operations so consistent with the organization's exempt purpose?		<input checked="" type="checkbox"/>
11a Did the organization provide a complete copy of its Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O.		
12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.		<input checked="" type="checkbox"/>
12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done.		
13 Did the organization have a written whistleblower policy?		<input checked="" type="checkbox"/>
14 Did the organization have a written document retention and destruction policy?		<input checked="" type="checkbox"/>
15 Did the process for obtaining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous justification of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		<input checked="" type="checkbox"/>
b Other officers of key employees of the organization		<input checked="" type="checkbox"/>
c If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
16b 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

- 17 List the states with which a copy of this Form 990 is required to be filed: None
- 18 Section 5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-E (501(c)(29) only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the year. See Schedule O
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

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

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

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

* 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 if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of key employees.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Enter the number of the organization's tax year for which this compensation is reported	(C) Type of compensation (do not check more than one box, unless a person is paid in more than one capacity)							(D) Reportable compensation from the organization (do not check any of these boxes)	(E) Reportable compensation from related organizations (do not check any of these boxes)	(F) Estimated amount of other compensation (do not check any of these boxes)
		Salary or honoraria	Dividends or interest	1099-MISC	Other reportable compensation	Other reportable compensation	Other reportable compensation	Other reportable compensation			
01. Jay Davis Chair	1	X	X					0	0	0	
02. Dr. T. Richard Jester Member	1	X						0	0	0	
03. Jim Miller Treasurer	1	X	X					0	0	0	
04. Glenn Costanzo Member	1	X						0	0	0	
05. Judy Mullins Vice - Chair	1	X	X					0	0	0	
06. Lynn Talbot Secretary	1	X	X					0	0	0	
07. Dr. Dorothy Eadie Member	1	X						0	0	0	
08. Marie Sperrywood Member	1	X						0	0	0	
09. William Walsh Member	1	X						0	0	0	
10. Jarae Greenie Member	1	X						0	0	0	
11. Margaret Nicolson Executive Direc	92	X	X					46,324	0	0	
12. Perry Johnson Member	1	X						0	0	0	
13. Kathleen Oliver Member	1	X						0	0	0	
14. Donna Gilbert Member	1	X						0	0	0	

(A) Name and title	(B) Organization address City State ZIP	(C) Position						(D) Number of shares of organization owned by individual in 2012	(E) Reportable compensation from organization in 2012 (2012 only)	(F) Indicate whether or not individual is an officer, director, trustee, key employee, or highest compensated employee
		Officer	Director	Trustee	Key employee	Highest compensated employee	Other			
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1a Subtotal								46,524	0	0
b Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1a and 1c)								46,524	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization: **0**

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual: **3** Yes **3** No

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual: **4** Yes **4** No

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person: **5** Yes **5** No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization: **0**

BAA 1504796 12-2014 Form 990 (2012)

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question 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, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS, AND OTHER SIMILAR REVENUE	1a Fundraising campaigns				
	1b Membership dues				
	1c Fundraising events				
	1d Related organizations				
	1e Government grants (contributions)				
	1f All other contributions, gifts, grants, and similar amounts not included above	145,242			
	1g Receipt contributions included in 1a-1f				
1h Total. Add lines 1a-1f	145,242				
PROGRAM SERVICE REVENUE	2a Contract income	58,983	58,983		
	2b Royalties	52,967	52,967		
	2c				
	2d				
	2e				
	2f All other program service revenue				
2g Total. Add lines 2a-2f	111,950				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)				5
	4 Income from investment of tax-exempt bond proceeds				5
	5 Royalties				
	6a Gross rents				
	6b Less: rental expenses				
	6c Net rental income or (loss)				
	7a Gross profit from sales of assets other than inventory				
	7b Less: cost or other basis and sales expenses				
	7c Gain or (loss)				
	7d Net gain or (loss)				
	8a Gross income from fundraising events (not including § 170(e)(2)(B) contributions reported on line 1c) See Part IV, line 18				
	8b Less: direct expenses				
	8c Net income or (loss) from fundraising events				
9a Gross income from gaming activities See Part IV, line 19					
9b Less: direct expenses					
9c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances					
10b Less: cost of goods sold					
10c Net income or (loss) from sales of inventory					
11a		9,379	9,379		
11b					
11c					
11d All other revenue					
11e Total. Add lines 11a-11d		9,379	9,379		
12 Total revenue. See instructions		275,676	130,429	5	5

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(29) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 29, 30, 31, and 32 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 23 and 24				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	48,524	32,101	6,979	7,444
6 Compensation not included above, to disqualified persons (as defined under section 4958(b)(1)) and persons described in section 4958(c)(2)(B)	0	0	0	0
7 Other salaries and wages	120,613	75,108	29,178	16,327
8 Pension plan accounts and contributions (include section 401(a) and section 408(a) employer contributions)				
9 Other employee benefits	7,590		7,590	
10 Payroll taxes	14,671	10,005	3,245	1,321
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	1,808		1,808	
d Lobbying				
e Professional fundraising services. See Part IX, line 17				
f Investment management fees				
g Other (if the 1% net-worth 10% of net-worth, or 1% of net-worth, or 1% of net-worth test is exceeded)	4,813	3,798	3,015	
12 Advertising and promotion				
13 Office expenses	3,611	222	3,169	220
14 Information technology				
15 Royalties				
16 Occupancy	5,338	1,295	4,043	
17 Travel	13,241	10,759	2,081	391
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,551	2,451	819	281
23 Insurance	18,054		18,054	
24 Other expenses. Storage expenses not covered above. If the miscellaneous expenses in line 24e or line 24b amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.				
* BPP Consultants	22,742	22,742		
* Miscellaneous	6,599	328	6,247	24
* Food, Meetings & Training	6,227	5,938	277	12
* Telephone & Internet	3,822		3,822	
* All other expenses	10,230	5,190	1,623	3,417
25 Total federal expenses. Add lines 1 through 24	292,674	189,918	92,058	29,698
26 State costs. Complete this line only if the organization reported in column (B) part costs from a combined educational campaign and fundraising solicitation. Check box <input type="checkbox"/> if following SOP 86.2 (ASC 986.700)				

Part X Balance Sheet

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

		(A) Beginning of year	(B) End of year
ASSETS	1 Cash – non-interest-bearing	88,481	1 29,255
	2 Savings and temporary cash investments	2	134
	3 Prepaid and grants receivable, net	3	
	4 Accounts receivable, net	10,281	4 10,281
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6 Loans and other receivables from other disqualified persons (as defined under section 5130(b)(1)), persons described in section 5130(c)(2)(B), and contributing employees and sponsoring organizations of section 501(c)(29) voluntary employee beneficiary organizations (see instructions). Complete Part II of Schedule L		6
	7 Notes and loans receivable, net		7
	8 Inventories for sale or use		8
	9 Prepaid expenses and deferred charges	320	9 320
	10a Land, buildings, and equipment, cost or other basis. Complete Part III of Schedule D	10a 13,584	
10b Less: accumulated depreciation	10b 10,873	4,360	18a 2,711
11 Investments – publicly traded securities		11	
12 Investments – other securities. See Part IV, line 11		12	
13 Investments – program-related. See Part IV, line 11		13	
14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		64,203	16 65,128
LIABILITIES AND NET ASSETS	17 Accounts payable and accrued expenses	8,512	17 3,625
	18 Grants payable		18
	19 Deferred revenue		19
	20 Tax-exempt bond liabilities		20
	21 Excess or deficit account liability. Complete Part IV of Schedule D		21
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23 Secured mortgages and notes payable to unrelated third parties		23
	24 Unsecured notes and loans payable to unrelated third parties		24
	25 Other liabilities (including federal income tax payables to related third parties, and other liabilities not included on lines 17–24). Complete Part V of Schedule D		25
	26 Total liabilities. Add lines 17 through 25		8,512
NET ASSETS OR FUND BALANCES	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34		
	27 Unrestricted net assets	57,491	27 41,893
	28 Temporarily restricted net assets		28
	29 Permanently restricted net assets		29
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34		
	30 Capital stock or trust principal, or owner funds		30
	31 Pledges or capital leases, or land, building, or equipment fund		31
	32 Retained earnings, endowment, accumulated income, or other funds		32
33 Total net assets or fund balances.	57,491	33 41,893	
34 Total liabilities and net assets/fund balances.	64,203	34 65,128	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VII, column (A), line 12)	1	275,676
2	Total expenses (must equal Part IX, column (A), line 25)	2	291,674
3	Revenue less expenses. Subtract line 2 from line 1	3	-15,998
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	57,693
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	41,695

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant?	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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3 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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
4a As a result of a felony event, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		
4b		

BAA

Form 990 (2012)

SCHEDULE A
Form 990 or 990-EZ

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 504(c)(7) nonexempt charitable trust.
* Attach to Form 990 or Form 990-EZ. * See separate instructions.

OMB No. 1545-0047
2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization: **The Restorative Justice Project of the NJSCourt** Employer identification number: **26-1508414**

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.)

- A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
- A school described in section 170(b)(1)(A)(ii). (Attach Schedule C.)
- A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 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: _____
- 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.)
- A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 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.)
- A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
- 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 (this section-EIT) (see Form 990-B) acquired by the organization after June 30, 1975. (See section 513(c).) (Complete Part III.)
- An organization organized and operated exclusively to test for public safety. (See section 501(c)(6).)
- An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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)(2). Check the box that describes the type of supporting organization and complete lines 17a through 17c.
 - Type I
 - Type II
 - Type III - Functionally integrated
 - Type III - Non-functionally integrated

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 persons described in section 509(a)(2) or section 509(a)(3)).

1. 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:

2. Since August 17, 2005, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? Yes No

(ii) A family member of a person described in (i) above? Yes No

(iii) A 25% controlled entity of a person described in (i) or (ii) above? Yes No

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

68 Name of supported organization	69 EIN	70 Type of organization (Check only one box.) (1) 501(c)(3) (2) 501(c)(29) (3) 501(c)(42) (4) 501(c)(6) (5) Other (specify):	67 Is the organization an individual or other natural person?		71 Did the organization's net assets at year-end consist of (a) cash or (b) other investments?		72 Is the organization in the U.S.?		73 Percent of monetary support
			Yes	No	Yes	No	Yes	No	
(a)									
(b)									
(c)									
(d)									
(e)									
Total									

68A For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2012

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

(Complete only if you checked the box on line 3, 7, or 8 of Part I or if the organization failed to qualify under Part I. 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) *	00 2008	00 2009	00 2010	00 2011	00 2012	00 Total
1 2% gross contribution test (include the amount of an individual's "net long-term capital gain" and "net short-term capital gain")	103,966	233,109	56,435	95,373	145,282	634,123
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	103,966	233,109	56,435	95,373	145,282	634,123
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 (2)						0
6 Public support. Subtract line 5 from line 4						634,123

Section B. Total Support

Calendar year (or fiscal year beginning in) *	00 2008	00 2009	00 2010	00 2011	00 2012	00 Total
7 Amounts from line 4	103,966	233,109	56,435	95,373	145,282	634,123
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	137	178	66	15	5	401
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 (Form 990, Part IV, 484-1342, 14)				1,100	9,379	10,479
11 Total support. Add lines 7 through 10						645,003
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 type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (2) divided by line 11, column (2))	14	98.31%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	99.14%
16 25-10% support test - 2012. If the organization did not check the box on line 13, and the line 14 is 25-10% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
16 25-10% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 25-10% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17 10%-facts-and-circumstances test - 2012. 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"/>	
17 10%-facts-and-circumstances test - 2011. 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 III.

Section A. Public Support

Enter year (or fiscal year) reported	06/2008	06/2009	06/2010	06/2011	06/2012	(b) 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.						
7b 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 12 for the year.						
8 Add lines 7a and 7b.						
9 Public support. (Subtract line 8 from line 6.)						

Section B. Total Support

Enter year (or fiscal year) reported	06/2008	06/2009	06/2010	06/2011	06/2012	(b) Total
10a Amounts from line 6.						
10b Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
10c Unrelated business taxable income (see section 513(b)(3)) from businesses acquired after June 30, 1975.						
11 Add lines 10a and 10c.						
12 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
13 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
14 Total support. (Add lines 9, 11, and 12.)						
15 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)(2) organization, check this box and stop here.	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

16 Public support percentage for 2012 (line 9, column (b) divided by line 14, column (b)).	15	%
17 Public support percentage from 2011 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

18 Investment income percentage for 2012 (line 10b, column (b) divided by line 14, column (b)).	17	%
19 Investment income percentage from 2011 Schedule A, Part III, line 17.	18	%

20a 25-10% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 25-10%, and line 17 is not more than 10-10%, check this box and stop here. The organization qualifies as a publicly supported organization.

20b 25-10% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 25-10%, and line 18 is not more than 10-10%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

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Schedule A Form 990 or 990-EZ 2012

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

Area with horizontal dashed lines for supplemental information.

2012		Schedule A, Part IV - Supplemental Information					Page 5	
		The Restorative Justice Project of the Midcoast					26-1508416	
Part 8, Line 18 - Other Income								
Nature and Source	2012	2011	2010	2009	2008			
	\$ 379.	\$ 1,100.						
Total	\$ 379.	\$ 1,100.	\$ 0.	\$ 0.	\$ 0.			

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Schedule of Contributors

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

• Attach to Form 990, Form 990-EZ, or Form 990-PF

Name of the organization
The Restorative Justice Project of the
Midcoast

Employer identification number
26-1308414

Organization type (check one)

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(7) nonexempt charitable trust **not** treated as a private foundation
- 507 political organization
- 501(c)(3) exempt private foundation
- 4947(a)(7) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Form 990-PF

Check if your organization is covered by the **General Rule** or a **Special Rule**

Note. Only a section 501(c)(3), (6), or (7)(C) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(2) and 170(b)(1)(A)(ii) and received from any one contributor, during the year, a contribution of the greater of (i) \$5,000 or (ii) 2% of the amount of (i) Form 990, Part VII, line 13, or (ii) Form 990-EZ, line 7. Complete Parts I and II.

For a section 501(c)(7), (6), or (7)(C) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,500 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (6), or (7)(C) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,500. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year: **\$** _____

Caution: An organization that is not covered by the General Rule under the Special Rules may not file Schedule B (Form 990, 990-EZ, or 990-PF) but must answer Part IV, line 2, of its Form 990 or check the box on line 11 of its Form 990-EZ or on Part I, line 2, of its Form 990-PF. To verify Part II does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

AAA - For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Jay Davis 18 Kaler Road Belfast, ME 04815	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
2	Jacob Shoult 60 Howe Hill Road Centon, ME 04812	\$ 3,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
3	Poliz, Kathryn 25 Dutton Way Apt. 221 Brunswick, ME 04031	\$ 3,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
4	Dick Sander 40 Washington Street, Apt. 301 Centon, ME 04812	\$ 3,175.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
5	Jim and Eric Hughes PO Box 485, 11 Spring St. Belfast, ME 04815	\$ 3,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
6	Marie Underwood PO Box 358 Sebecport, ME 04874	\$ 2,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

The Restorative Justice Project of the

25-1508414

Part B Noncash Property (see instructions). Use duplicate copies of Part B if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
(a) No. from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
(a) No. from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
(a) No. from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
(a) No. from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
(a) No. from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received

BAA

The Restorative Justice Project of the Employee identification number 26-1506616

Part III Exclusively religious, charitable, etc. individual contributions to section 501(c)(7), (8) or (18) organizations that total more than \$1,000 for the year. Complete columns (a) through (d) and the following line only for organizations completing Part III. For organizations completing Part III, enter total of exclusively religious, charitable, etc. contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) 0 N/A Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferor's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferor's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferor's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferor's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

2012

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 5, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Open to Public Inspection

The Restorative Justice Project of the MIDCOAST

26-1508415

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 5.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1. Total number at end of year, 2. Aggregate contributions to (during year), 3. Aggregate grants from (during year), 4. Aggregate value at end of year, 5. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property... 6. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

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

1. Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure. 2. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement in the 1st 512 of the tax year. 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (c), 2d Number of conservation easements included in (c) acquired after 8/17/96... 3. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4. Number of states where property subject to conservation easement is located. 5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6. Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year. 7. Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year. 8. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(b)(2)(B)(i) and section 170(b)(4)(B)(i)? 9. In Part III, describe how the organization reports conservation easements in its revenue and expense statement, and attach (sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

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

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

- 1 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
 - Public education
 - Scholarly research
 - Preservation for future generations
 - Loan or exchange programs
 - Other _____
- 2 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 3 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be used to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Excess and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8, or reported an amount on Form 990, Part X, line 21.

- 1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
1 Beginning balance	1 a
2 Additions during the year	1 b
3 Distributions during the year	1 c
4 Ending balance	1 d
- 2 a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

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

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

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

- (i) unrelated organizations Yes No
- (ii) related organizations Yes No

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

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

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

Description of property	(a) Cost or other basis (unadjusted)	(b) Cost or other basis (adjusted)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment		13,388	13,875	2,723
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (d), line 10c.)				2,723

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return N/A

1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VII, line 12:		
a Not realized gains on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return N/A

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

Part XIII Supplemental Information

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

SCHEDULE O
(Form 990 or 990-EZ)

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

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

The Restorative Justice Project of the
Midwest

Employer identification number

26-1108418

Form 990, Part IV, Line 4c - Program Service Accomplishments

The Court Diversion program provides mentors to guide adolescents and young adults to meet their conditions with the courts and/or probation. Each referral is required to participate in the Community Resolution Conference process. The conference process provides facilitators who bring together the victim, offender, families, mentor, and community participants to provide a chance for victims to talk about how they felt and how the offender impacted them. For offenders it is an opportunity to accept responsibility for their actions and restore relationships. The program has worked with 229 juveniles and young adult offenders, with 92% victim satisfaction of the process. A 95% success rate of agreements being completed and a 93% success rate of individuals not re-offending. For those juveniles that did re-offend, the average time between first offense and the second was 16.5 months, almost double the state-wide average of 8.7 months.

Form 990, Part IV, Line 4d - Other Program Services Description

Volunteer development and training with more than 100 mentors and conference facilitators. Supervise supervision. Facilitate monthly meetings, provide development workshops. Support to board and committee members.

Form 990, Part VI, Line 11b - Form 990 Review Process

Treasurer reviews and shares with Board members.

Form 990, Part VI, Line 12 - Other Organization Documents Publicly Available

It is the policy of The Restorative Justice Project to make available governing documents and financial statements upon public request. In addition, The Restorative Justice Project will make available in accordance with section 6104, forms 1023 and 990 upon request. This information will also be made available through website on the internet.