

Form 990 OMB No. 1545-0047
2013

Return of Organization Exempt From Income Tax
Under section 501(c)(3), or 501(c)(29) 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.

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 1/1/13 and ending 12/31, 2013

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amendment
 Reinstatement

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

D Employer identification number
26-1508416

E Telephone number
(207) 338-2742

F Gross receipts \$ 381,252

G See instructions for additional information.
 Yes No
 Yes No

H Form of organization: Corporation Trust Association Other

I Type of taxpayer: 501(c)(3) 501(c)(29)

J Website: www.midwest.org

K Form of organization: Corporation Trust Association Other

L Type of taxpayer: 501(c)(3) 501(c)(29)

M State of legal domicile: ME

Part I Summary

1 Briefly describe the organization's mission or most significant activities: The Restorative Justice Project of the Midwest facilitates compassionate responses to crime and wrongdoing that restore respect and healing for the victim, accountability, rehabilitation and reintegration of the offender. Add renewal and safety for the community.

2 Check the box if the organization discontinued its operations or disposed of more than 25% of its net assets.

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

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

5 Total number of individuals employed in calendar year 2013 (Part V, line 2d) 5

6 Total number of volunteers (estimate if necessary) 4

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 100

7b Net unrelated business taxable income from Form 990-T, line 34 7b 0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1a)	145,141	258,422
9 Program service revenue (Part VIII, line 2a)	127,050	119,379
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5	718
11 Other revenue (Part VIII, column (A), lines 5, 6d, 6e, 6f, 10c, and 11a)	5,319	5,128
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	277,515	381,252
13 Grants and similar amounts paid (Part IX, column (A), line 1-3)		
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	189,398	152,880
16a Professional fundraising fees (Part IX, column (A), line 11a)		
16b Total fundraising expenses (Part IX, column (A), line 2b) *	13,322	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-11g)	102,075	111,012
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 2b)	204,795	263,892
19 Revenue less expenses. Subtract line 18 from line 12	-27,280	117,360

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 10)	45,518	168,762
21 Total liabilities (Part X, line 20)	3,845	3,309
22 Net assets or fund balances. Subtract line 21 from line 20	41,673	165,453

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
 Signature of officer: Jay Davis
 Title: Chairman

Paid Preparer Use Only
 Preparer's name: Michael S. Richardson, CPA
 Firm: Richardson P.A.
 P.O. Box 211
 Belfast, ME 04911-0211
 Date: 2/28/15
 Preparer's signature: [Signature]
 Tax ID No: 25-0416088
 Phone No: (207) 338-2770

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

BAF For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2013)

Part III 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

See Schedule O

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

If 'Yes,' describe these new services on Schedule O.

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

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(29) organizations and section 501(c)(30) 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 \$ 18,152, including grants of \$ Revenue \$ 169,000

See Schedule O

4b Code Expenses \$ 42,812, including grants of \$ Revenue \$ 49,643

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, detention, suspensions and expulsions, impacting more than 10,000 students and their parents state wide. Processes in place include by 1st, detention by 1st, suspensions by 1st and other actions of course by as much as 3rd. In addition to training over 100 community members and youth from various and disciplines in the use of restorative practices.

4c Code Expenses \$ 22,421, including grants of \$ Revenue \$ 66,122

Maine Coastal Regional Reentry Center provides support the successful transition of Department of Corrections and courts individuals to their home communities after they complete their sentences. RRC provides mentoring and group programming for all residents at the center and jail. 80% of residents have participated in introduction to Restorative Justice. 30% were released both successful and 40% post-release. Recidivism for the center is 17% compared to statewide average of 30%.

4d Other program services (Describe in Schedule O.) See Schedule O

Expenses \$ 13,789, including grants of \$ Revenue \$ 60,000

4e Total program service expenses 159,140

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 507(a)(2) (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 opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(28) 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)(6), 501(c)(29), or 501(c)(30) organization that receives membership dues, assessments, or similar amounts (as defined in Revenue Procedure 96-18)? 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 escrow or custodial account liability (serve as a custodian for amounts not held 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 5% or more of its total assets reported in Part X, line 10? If 'Yes,' complete Schedule D, Part VII.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 10? 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 10? 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 20? If 'Yes,' complete Schedule D, Part X.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 FASB 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 XIV as applicable.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(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 (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? 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 (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? 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 (A), lines 6 and 11a? If 'Yes,' complete Schedule G, Part I (see instructions).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$5,000 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 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 17? If Yes, complete Schedule I, Parts 7 and 8	21	X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 21? If Yes, complete Schedule I, Parts 7 and 8	22	X
23 Did the organization answer 'Yes' to Part VII, Section A, line 2, 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	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If Yes, answer lines 24a through 24d and complete Schedule K. If No, go to line 25a	24a	X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defuse any tax-exempt bonds?	24c	
24d Did the organization act as an 'on behalf' of issuer for bonds outstanding at any time during the year?	24d	
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	25a	X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E? If Yes, complete Schedule L, Part I	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part I	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or substantial benefit, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If Yes, complete Schedule L, Part IV	27	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 instructions, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If Yes, complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If Yes, complete Schedule L, Part IV	28b	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	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If Yes, complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If Yes, complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If Yes, complete Schedule N, Part II	32	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	33	X
34 Was the organization related to any tax-exempt or taxable entity? If Yes, complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35a Did the organization have a controlled entity within the meaning of section 13230(b)?	35a	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 13230(b)? If Yes, complete Schedule R, Part V, line 2	35b	
36 Section 501(c)(29) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If Yes, complete Schedule R, Part V, line 2	36	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	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O to Part VI, lines 11a and 12P? Note. All Form 990 filers are required to complete Schedule O	38	X

BAA

Form 990 (2012)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1099. Enter -0- if not applicable.		
b	Enter the number of Forms W-20 included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wages and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	7	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If 'Yes,' enter the name of the first Form 990-T for the part of the year the organization operated as a Schedule C.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If 'Yes,' enter the name of the foreign country: <i>See instructions for filing requirements for Form TDF 90-22.1, Report of Foreign Bank and Financial Accounts.</i>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	X	
c	If 'Yes,' to line 5a or 5b, did the organization file Form 990-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible or charitable contributions?	X	
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payer?	X	
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8867?	X	
d	If 'Yes,' indicate the number of Forms 8867 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1099-C?		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4967?		
b	Did the organization make a distribution to a donor, donor advised, or related person?		
10 Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11 Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders.	11a	
b	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 507(c)(2) 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?	13a	
<i>Note.</i> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for broker-fee services during the tax year?	X	
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a) Enter the number of voting members of the governing body at the end of the tax year; 1b) Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4) Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5) Did the organization become aware during the year of a significant diversion of the organization's assets?; 6) Did the organization have members or stockholders?; 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?; 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?; 8) Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a) The governing body?; b) Each committee with authority to act on behalf of the governing body?; 9) Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a) Did the organization have local chapters, branches, or affiliates?; 10b) If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure that operations are conducted in the organization's best interests?; 11a) Has the organization provided a complete copy of its Form 990 to all members of its governing body before filing the form?; 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; 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 was done; 13) Did the organization have a written whistleblower policy?; 14) Did the organization have a written document retention and destruction policy?; 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?; 15a) The organization's CEO, Executive Director, or top management official; 15b) Other officers or key employees of the organization; 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?; 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. Disclosures

- 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 1321 (or 1024 if applicable), 990, and 990-T (001)(a)(3)(b) only) available for public inspection. Indicate how you make these available. Check all that apply.
[X] Own website [X] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O another (and if so, list) 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.
*Restorative Justice Project, 95 Main Street, Belfast, ME 04913, 207-338-2742

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

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

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

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

- 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 E of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average annual salary or other fixed or determinable compensation (do not include amounts for nonexcess benefits)	(C) Position (do not check more than one box, unless person holds 2 or more offices or is a director or trustee)						(D) Reportable compensation from the organization (do not include W-2)	(E) Reportable compensation from related organizations (do not include W-2)	(F) Total amount of other compensation from the organization and related organizations
		Officer	Director	Trustee	Key Employee	Highest Comp. Employee	Former			
01 Jay Denis Chair	0	X	X				0	0	0	
02 Margaret Nicolubek Executive Dir.	0	X	X				14,472	0	0	
03 Jim Blisset Treasurer	0	X	X				0	0	0	
04 Glenn Costantini Member	0	X					0	0	0	
05 Judy Mullins Vice - Chair	0	X	X				0	0	0	
06 Lynn Leibert Secretary	0	X	X				0	0	0	
07 Marie Jnderwood Member	0	X					0	0	0	
08 William Walsh Member	0	X					0	0	0	
09 Sarah Abouli Member	0	X					0	0	0	
10 Tony Aton Member	0	X					0	0	0	
11 Kathleen Quizer Member	0	X					0	0	0	
12										
13										
14										

Form **990-BIB** The Restorative Justice Project of the 25-1528416 Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Is the individual an officer, director, trustee, key employee, or highest compensated employee?	(C) Position held during the year (check all that apply) Officer _____ Director _____ Trustee _____ Key employee _____ Highest compensated employee _____ Other _____						(D) Reportable compensation for the year (990-BIB 7c)	(E) Reportable compensation for a 990-BIB 7c organization (990-BIB 7c)	(F) Is the individual an officer, director, trustee, key employee, or highest compensated employee of the organization?
1a Subtotal: 							14,672	0	0	
b Total from continuation sheets to Part VII, Section A 							0	0	0	
c Total (add lines 1a and 1b) 							14,672	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 <u>0</u>										

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on the 1a? If "Yes," complete Schedule J for each individual.	3	2
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 each individual.	4	2
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 each person.	5	2

Section B. Independent Contractors

1 Complete this table for your top 25 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 of compensation from the organization <u>0</u>		

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 513-514
CONTRIBUTIONS, GIFTS, GRANTS, AND OTHER SIMILAR AMOUNTS	1a Federated campaigns				
	b Membership dues				
	c Fundraising events				
	d Related organizations				
	e Government grants (contributions)				
	f All other contributions, gifts, grants, and similar amounts not included above	258,422			
	g Total. Add lines 1a-1f	258,422			
PROGRAM SERVICE REVENUE	2a Contract income	79,633	79,633		
	b Workshops	36,740	36,740		
	c				
	d				
	e All other program service revenue				
	f Total. Add lines 2a-2e	116,374			
3 Investment income (including dividends, interest and other similar amounts)		716		716	
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
OTHER REVENUE	6a Gross rents				
	b Less: rental expenses				
	c Net rental income or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of assets after first inventory				
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
	8a Gross income from fundraising events (not including: \$ of contributions reported on line 1c; See Part IV, line 18)				
	b Less: direct expenses				
	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19				
b Less: direct expenses					
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances					
b Less: cost of goods sold					
c Net income or (loss) from sales of inventory					
11a Elec. Income	9,736	9,736			
b					
c					
d All other revenue					
e Total. Add lines 11a-11d	9,736				
12 Total revenue. See instructions	385,252	126,114	0	716	

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Form 990 (2013)

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 or note to any line in this Part IX.

Do not include amounts reported on lines 29, 30, 31, 32, 33, and 34 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.	14,473	10,124	3,201	2,348
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(3)) and persons described in section 4958(c)(5)(B).	0	0	0	0
7	Other salaries and wages.	117,952	78,021	32,775	8,178
8	Pension plan amounts and contributions (include section 401(a) and 408(a) employer contributions).				
9	Other employee benefits.	6,371		6,371	
10	Payroll taxes.	13,884	9,324	3,471	1,389
11	Fees for services (non-employees):				
	a Management				
	b Legal				
	c Accounting	629		629	
	d Lobbying				
	e Professional fundraising services. See Part III, line 17.				
	f Investment management fees.				
	g Other (if line 1g and exceed 10% of line 25, column (A), report for line 1g amount on Schedule O.)	11,706	9,006	2,700	
12	Advertising and promotion.				
13	Office expenses.	6,075	370	5,205	500
14	Information technology.				
15	Royalties.				
16	Occupancy.	6,017	1,479	4,338	
17	Travel.	12,473	11,813	708	152
18	Payments of hotel 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.	4,054	2,709	932	385
23	Insurance.	19,713		19,710	
24	Other expenses. Report expenses not covered above. List miscellaneous expenses in line 24a. If line 24a amount exceeds 10% of line 25, column (A), amount, list line 24a expenses on Schedule O.				
	a RSR CONSULTANTS	25,290	25,290		
	b Food - Meetings & Training	4,226	4,017	239	
	c Miscellaneous	3,927	3,746	181	
	d Telephone & Internet	3,278	319	2,955	
	e All other expenses	13,279	5,032	6,198	2,149
25	Total functional expenses. Add lines 1 through 24.	283,892	159,180	88,783	15,929
26	Total assets. Complete this line only if the organization reported in column (B) and assets from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 954-100).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
1	Cash – non interest-bearing	29,355	1	149,665
2	Savings and temporary cash investments	124	2	1,331
3	Pledges and grants receivable, net	8	3	
4	Accounts receivable, net	10,281	4	10,281
5	Loans and other receivables from current and former officers, directors, trustees, key employees, highest compensated employees, Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(3)), persons described in section 4958(f)(2)(B), and contributing employees and sponsoring organizations of section 501(c)(29) voluntary employee beneficiary organizations (see instructions). Complete Part I of Schedule L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	330	9	330
10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	14,219	10a	
10b	Less: accumulated depreciation	2,264	10b	2,955
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	2,407	14	3,299
15	Other assets. See Part IV, line 11		15	1
16	Total assets. Add lines 1 through 15 (must equal line 34)	45,518	16	169,161
17	Accounts payable and accrued expenses	3,623	17	3,509
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax payable to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	3,623	26	3,509
Organizations that follow SFAS 117 (ASC 960), check here <input checked="" type="checkbox"/> and complete lines 27 through 34, and lines 33 and 34.				
27	Unrestricted net assets	41,895	27	163,253
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
Organizations that do not follow SFAS 117 (ASC 960), check here <input type="checkbox"/> and complete lines 30 through 34.				
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	41,895	33	163,253
34	Total liabilities and net assets/fund balances	45,518	34	169,161

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Form 990 (2012)

NONPROFIT. PRINT

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 VII, column (A), line 12)	1	385,252
2	Total expenses (must equal Part IX, column (A), line 25)	2	263,892
3	Revenue less expenses. Subtract line 2 from line 1	3	121,360
4	Net assets or fund balances at beginning of year (must equal Part X, line 31, column (A))	4	61,897
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 31, column (B))	10	163,257

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		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		
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
2d As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
2e 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.		

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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)(3) nonexempt charitable trust.
 • Attach to Form 990 or Form 990-EZ.
 • Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: **The Restorative Justice Project of the RI Circuit** 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 E.)
 - 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)(iv). 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)(v). (Complete Part II.)
 - A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi).
 - 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)(vii). (Complete Part II.)
 - A community trust described in section 170(b)(1)(A)(viii). (Complete Part II.)
 - An organization that normally receives: (i) 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 (ii) no more than 33 1/3% of its support from gross investment income and proceeds from business activities (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 170(b)(1)(A)(ix). (Complete Part II.)
 - An organization organized and operated exclusively to test for public safety. See section 509(a)(2).
 - 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)(3). Check the box that describes the type of supporting organization and complete lines 12a through 12c.
 - Type I
 - Type II
 - Type III - Functionally integrated
 - Type III - Non-functionally integrated
- 12 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than function managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- 13 If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check the box:

- 14 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (a) A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of the supported organization? **11 g (B)**
- (b) A family member of a person described in (a) above? **11 g (B)**
- (c) A 25% controlled entity of a person described in (a) or (b) above? **11 g (B)**

15 Provide the following information about the supported organization(s):

15a Name of supported organization	15b EIN	15c Type of organization (check one): (i) church or 501(c)(3) section 504(c)(3) nonexempt charitable trust	15d Is the organization organized or operated to inure to the private inurement of any individual?		15e Has the organization received a substantial part of its support from a governmental unit or from the general public?		15f Is the organization a community trust organized under state law?		15g Amount of membership support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

832001 12-31-13 **SAI For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** Schedule A (Form 990 or 990-EZ) 2013

Part III Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v)

(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 II. 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) *	09/2009	09/2010	09/2011	09/2012	09/2013	09 Total
1 Gifts, grants, contributions, and membership fees received. (Do not deduct any offsetting payments.)	233,109	56,435	95,371	145,242	258,422	788,579
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	233,109	56,435	95,371	145,242	258,422	788,579
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						788,579

Section B. Total Support

Calendar year (or fiscal year beginning in) *	09/2009	09/2010	09/2011	09/2012	09/2013	09 Total
7 Amounts from line 4	233,109	56,435	95,371	145,242	258,422	788,579
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	178	68	13	5	716	980
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. (Attach Form 990-B if applicable.)			1,100	9,379	9,736	20,215
11 Total support. Add lines 7 through 10						809,774
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 2013 (line 6, column (2) divided by line 11, column (2))	14	97.38%
15 Public support percentage from 2012 Schedule A, Part III, line 14	15	98.31%
16a 25-10% support test - 2013. 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"/>	
16b 25-10% support test - 2012. 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"/>	
17a 10% facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part IV how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17b 10% facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part IV how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 1 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 I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any amount for private inurement.)						
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 13 for the year.						
8 Add lines 7a and 7b.						
9 Public support. (Subtract line 8 from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
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 (less section 511 taxes) from businesses acquired after June 30, 1975.						
11 Add lines 10a and 10c.						
12 Net income from unrelated business activities not included on line 10c, whether or not the business regularly carries on.						
13 Other income. Do not include gain or loss from the sale of capital assets (explain in Part IV.)						
14 Total Support. (Sum lines 11, 12, and 13.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 9, column (f) divided by line 14, column (f)).	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 9.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 13b, column (f) divided by line 14, column (f)).	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17.	18	%

- 19a **33-1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
- 19b **33-1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

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

Lined area for supplemental information with horizontal dashed lines.

Part II, Line 18 - Other Income

Nature and Source	2013	2012	2011	2010	2009
Total	<u>0,735.</u>	<u>0,779.</u>	<u>1,100.</u>	<u>0.</u>	<u>0.</u>

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

Schedule of Contributors

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

• Attach to Form 990, Form 990-EZ, or Form 990-PF
• Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990

Name of the organization: **The Restorative Justice Project of the**
MICHIGAN

Employer identification number:
26-1508411

Organization type (check one)

Files as:

Form 990 or 990-EZ

Form 990-PF

Section:

- 501(c)(3) (or other number) organization
- 501(c)(7) nonexempt charitable trust **not** treated as a private foundation
- 507 political organization
- 501(c)(29) exempt private foundation
- 501(c)(27) nonexempt charitable trust treated as a private foundation
- 501(c)(28) taxable private foundation

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

Note. Only a section 501(c)(7), (8), or (10) 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, \$1,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

- For a section 501(c)(29) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 501(c)(2) and 1700021(a)(5)(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 on (i) Form 990, Part VIII, line 14, or (ii) Form 990-EZ, line 7. Complete Parts I and II.
- For a section 501(c)(8), (9), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 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), (8), or (10) 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 \$1,000. 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 the organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year **• 3**

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer "No" on Part IV, line 2, of its Form 990 or check the box on line 14 of its Form 990-EZ or on its Form 990-PF, Part I, line 3, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

GSA: 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) 2013

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	Anonymous Donator 700 Brickell Avenue Miami, FL 33131	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Schedule B (Form 990, 990-EZ, or 990-PF) 2013

Page 1 of 1 of Part B

Name of organization

Employer identification number

The Restorative Justice Project of the

26-1528414

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		

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Schedule B (Form 990, 990-EZ, or 990-PF) 2013

1044999 10/1/13

Name of organization: The Restorative Justice Project of the Employer identification number: 28-1588414

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8) or (10) 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, enter total of exclusively religious, charitable, etc. contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) * 0 3/3 Use duplicate copies of Part III if additional space is needed.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Row 1 contains 'N/A'.

Table with 2 columns: (a) Transfer of gift, (b) Relationship of transferor to transferee. Sub-headers: Transferor's name, address, and ZIP + 4.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

Table with 2 columns: (a) Transfer of gift, (b) Relationship of transferor to transferee. Sub-headers: Transferor's name, address, and ZIP + 4.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

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Table with 2 columns: (a) Transfer of gift, (b) Relationship of transferor to transferee. Sub-headers: Transferor's name, address, and ZIP + 4.

SCHEDULE D (Form 990)

Supplemental Financial Statements
* Complete if the organization answered 'Yes' to Form 990, Part IV, lines 8, 9, & 10, 11, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
* Attach to Form 990.
* Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization: The Restorative Justice Project of the Midcoast

Employer identification number: 26-1508416

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 8.

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, subject to the organization's exclusive legal control?, 6. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose concerning impermissible private inurement?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1. Purpose(s) of conservation easements held by the organization (check all that apply), 2. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3. Total number of conservation easements, 4. Total acreage restricted by conservation easements, 5. Number of conservation easements on a certified historic structure included in (a), 6. Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register, 7. Number of conservation easements, modified, transferred, released, extinguished, or terminated by the organization during the tax year, 8. Number of states where property subject to conservation easement is located, 9. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 10. Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 11. Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 12. Does each conservation easement reported on line 2(b) satisfy the requirements of section 170(b)(6)(B)(i) and section 170(b)(6)(B)(ii)?, 13. In Part III, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1. If the organization elected, as permitted under SFAS 116 (ASC 960), 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 elected 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 960) 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)

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 5, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributors or other assets not included on Form 990, Part XI? Yes No
 - b If 'Yes,' explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1a |
| d Additions during the year | 1a |
| e Distributions during the year | 1a |
| f Ending balance | 1a |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
 - b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Yes No

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

	\$0-\$250,000	\$250,000-\$500,000	\$500,000-\$1,000,000	\$1,000,000-\$5,000,000	\$5,000,000 or more
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column 00) held as:

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

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

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

	Yes	No
b1 unrelated organizations	1a	1a
b2 related organizations	1a	1a

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (book value)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		18,219	12,166	2,055
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (d), line 1001.)				2,055

Part VII: Investments – Other Securities. N/A
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
Total. (Column (b) must equal Form 990, Part X, column (b) line (2).)		

Part VIII: Investments – Program Related. N/A
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
(12)		
Total. (Column (b) must equal Form 990, Part X, column (b) line (1).)		

Part IX: Other Assets. N/A
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (b) line (5).)	

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (b) line (25).)	

Liability for unrelated business income tax (UBIT) for the calendar year ending 12/31/2013. If the organization's liability for UBIT is greater than zero, check the box below.
 I checked the box above and the organization is not reporting the liability for UBIT in Part III, column (c) for the year ending 12/31/2013.

Part XIII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. N/A
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VII, line 12:		
a Net unrealized 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 XIV Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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 16.)		5

Part XV Supplemental Information.

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

SCHEDULE D (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. * Information about Schedule D (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	15450-104-0000 2013
		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 26-1508414

Form 990, Part III, Line 1 - Organization Mission
 The Restorative Justice Project of the Midwest facilitates compassionate responses to crime and wrongdoing that fosters support and healing for the victim, accountability, rehabilitation and reintegration of the offender, and respect and safety for the community.

Form 990, Part III, Line 4a - Program Service Accomplishments
 The Court Diversion program provides mentors to assist 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 offense impacted them. For offenders it is an opportunity to accept responsibility for their actions and restore relationships. The program has worked with 226 juveniles and young adult offenders, with 89% victim satisfaction of the process, a 69% success rate of adolescents being completed and a 63% success rate of individuals not re-offending. For those juveniles that did re-offend, the average time between first offense and the second was 14.5 months, about double the state-wide average of 7.7 months.

Form 990, Part III, Line 4d - Other Program Services Descriptions
 Volunteer development and training with more than 100 mentors and conference facilitators. Ongoing 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.

Name of the organization The Restorative Justice Project of the Midcoast	Employer identification number 26-1506416
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Form 990, Part VI, Line 19: 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 508, forms 1022 and 1020 upon request. This information will also be made available through guidestar in the internet.