Form 9

(Rev January 2020)

CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Open to Public Inspection

29493:2804700

A For the 2018 calendary year, or tax year beginning JUL 1, 2019 and ending DRC 31, 2019 Chank of Committed Comm			of the Treasury	Go to www.irs.gov/Form990 for instructions and the latest i	information. ON	Inspection
Received State CRIMINAL JUSTICE REFORM FOUNDATION 8.3-1597624						
Second Part Post	В	heck if		f organization	D Employer identific	cation number
Section Description Des	Гх	Addre	SS CRIM	ITNAL JUSTICE REFORM FOUNDATION		
Room/Sulf E-Telephone number C1675 BROADWAY C1675	<u> </u>	Name			83-15976	24
1675 BROADWAY 1019 1,263,622. 1,263,	<u> </u>	Initial				
Signal Property in the Chy or town, state or provonce, country, and ZIP or foreign postal code Same	<u> </u>	Final	1675		•	
NEW YORK, NY 10019		termir				
Same and address of principal officer KAREN CALDWELL for subordinates? Yes No SAME AS C ABOVE Tax-exempt status X 501(c)(3) 501(c) (insert no.) 4947(3)(1) to 224 (the rt no.) 4947(3)(1) to 4947(3)(Γ-	Amen	ded NTETAT			
SAME AS C ABOVE Mebsite: HTTPS: //REFORMALLIANCE.COM/ Help / Are all absordantian enclosed Very of the property of the	7	Applic				
Taxe-example status	_	pendi				
J. Website: ▶ HTTPS: //REFORMALLIANCE.COM Hick Group exemption number ▶ Vear of formation: 2018 M State of legal domicie: DE	1 7	ax-ex				. — . —
Form of organization:						
Benefity describe the organization's mission or most significant activities						
NUMBER OF PEOPLE WHO ARE UNJUSTLY UNDER THE CONTROL OF THE CRIMINAL						
NUMBER OF PEOPLE WHO ARE UNJUSTLY UNDER THE CONTROL OF THE CRIMINAL		1	Briefly describ	be the organization's mission or most significant activities TO DRAMATIO	CALLY REDUCE	THE
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 6 Total number of volunteers (estimate of necessary) 7 a Total unrelated business revenue (rom Part VIII, column (C), line 12 7 a Total unrelated business taxable income from Form 990-T, line 39 8 Contributions and grants (Part VIII, line 1h) 9 Prior Year 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13 Grants and similar amounts paid (Part IX, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), line 12) 14 Benefits paid to or for members (Part IX, column (A), line 11) 15 Salanes, other compensation, employee benefits (Part IX, column (A), line 11) 16 Total fundraising sepenses (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses Part IX, column (A), line 11e) 19 Revenue less expenses (Part IX, column (A), line 11e) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Total assets or fund balances. Subtract line 15 from line 20 21 Total liabilities (Part X, line 16) 22 Total assets or fund balances. Subtract line 15 from line 20 22 Total assets or fund balances. Subtract line 21 from line 20 23 Total assets or fund balances. Subtract line 21 from line 20 24 Total assets or fund balances. Subtract line 21 from line 20 25 Total assets or fund balances. Subtract line 21 from line 20 26 Total assets or fund balances. Subtract line 21 from line 20 27 Total liabilities (Part X, line 26) 28 Total assets or fund balances. Subtract line 21 from line 20 28 Total assets or fund balances. Subtract line 21 from line 20 29 Total assets or fund balances. Subtract line 21 from line 20 20 Total assets or fund balances. Subtract line 21 from line 20 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Total assets or fund balances. Subtract line 21 from line 20 20 Total asset	ဥ	-				
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 6 Total number of volunteers (estimate of necessary) 7 a Total unrelated business revenue (rom Part VIII, column (C), line 12 7 a Total unrelated business taxable income from Form 990-T, line 39 8 Contributions and grants (Part VIII, line 1h) 9 Prior Year 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13 Grants and similar amounts paid (Part IX, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), line 12) 14 Benefits paid to or for members (Part IX, column (A), line 11) 15 Salanes, other compensation, employee benefits (Part IX, column (A), line 11) 16 Total fundraising sepenses (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses Part IX, column (A), line 11e) 19 Revenue less expenses (Part IX, column (A), line 11e) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Total assets or fund balances. Subtract line 15 from line 20 21 Total liabilities (Part X, line 16) 22 Total assets or fund balances. Subtract line 15 from line 20 22 Total assets or fund balances. Subtract line 21 from line 20 23 Total assets or fund balances. Subtract line 21 from line 20 24 Total assets or fund balances. Subtract line 21 from line 20 25 Total assets or fund balances. Subtract line 21 from line 20 26 Total assets or fund balances. Subtract line 21 from line 20 27 Total liabilities (Part X, line 26) 28 Total assets or fund balances. Subtract line 21 from line 20 28 Total assets or fund balances. Subtract line 21 from line 20 29 Total assets or fund balances. Subtract line 21 from line 20 20 Total assets or fund balances. Subtract line 21 from line 20 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Total assets or fund balances. Subtract line 21 from line 20 20 Total asset	nar	2	Check this bo	x If the organization discontinued its operations or disposed of more t	than 25% of its net ass	ets
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 6 Total number of volunteers (estimate of necessary) 7 a Total unrelated business revenue (rom Part VIII, column (C), line 12 7 a Total unrelated business taxable income from Form 990-T, line 39 8 Contributions and grants (Part VIII, line 1h) 9 Prior Year 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13 Grants and similar amounts paid (Part IX, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), line 12) 14 Benefits paid to or for members (Part IX, column (A), line 11) 15 Salanes, other compensation, employee benefits (Part IX, column (A), line 11) 16 Total fundraising sepenses (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses Part IX, column (A), line 11e) 19 Revenue less expenses (Part IX, column (A), line 11e) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Total assets or fund balances. Subtract line 15 from line 20 21 Total liabilities (Part X, line 16) 22 Total assets or fund balances. Subtract line 15 from line 20 22 Total assets or fund balances. Subtract line 21 from line 20 23 Total assets or fund balances. Subtract line 21 from line 20 24 Total assets or fund balances. Subtract line 21 from line 20 25 Total assets or fund balances. Subtract line 21 from line 20 26 Total assets or fund balances. Subtract line 21 from line 20 27 Total liabilities (Part X, line 26) 28 Total assets or fund balances. Subtract line 21 from line 20 28 Total assets or fund balances. Subtract line 21 from line 20 29 Total assets or fund balances. Subtract line 21 from line 20 20 Total assets or fund balances. Subtract line 21 from line 20 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Total assets or fund balances. Subtract line 21 from line 20 20 Total asset	Ver				1 1	
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 6 Total number of volunteers (estimate of necessary) 7 a Total unrelated business revenue (rom Part VIII, column (C), line 12 7 a Total unrelated business taxable income from Form 990-T, line 39 8 Contributions and grants (Part VIII, line 1h) 9 Prior Year 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13 Grants and similar amounts paid (Part IX, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), line 12) 14 Benefits paid to or for members (Part IX, column (A), line 11) 15 Salanes, other compensation, employee benefits (Part IX, column (A), line 11) 16 Total fundraising sepenses (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses Part IX, column (A), line 11e) 19 Revenue less expenses (Part IX, column (A), line 11e) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Total assets or fund balances. Subtract line 15 from line 20 21 Total liabilities (Part X, line 16) 22 Total assets or fund balances. Subtract line 15 from line 20 22 Total assets or fund balances. Subtract line 21 from line 20 23 Total assets or fund balances. Subtract line 21 from line 20 24 Total assets or fund balances. Subtract line 21 from line 20 25 Total assets or fund balances. Subtract line 21 from line 20 26 Total assets or fund balances. Subtract line 21 from line 20 27 Total liabilities (Part X, line 26) 28 Total assets or fund balances. Subtract line 21 from line 20 28 Total assets or fund balances. Subtract line 21 from line 20 29 Total assets or fund balances. Subtract line 21 from line 20 20 Total assets or fund balances. Subtract line 21 from line 20 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Total assets or fund balances. Subtract line 21 from line 20 20 Total asset	Go					
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2p) 10 Investment income (Part VIII, line 2p) 11 Other revenue (Part VIII, lone 3, 4, and 7d) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3) 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 14 Benefits paid to or for members (Part IX, column (A), lines 1.3) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 1.5) 16 Professional fundraising fees (Part IX, column (A), lines 1.6) 17 Other expenses (Part IX, column (A), line 1te) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), lines 1.5) 19 Revenue less expenses Subtract line 18 from (Pig 12 19 7020) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Total liabilities (Part X, line 26) 23 Total expenses Subtract line 21 from line 20 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Total expenses of pripary, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and apopplete. Declaration of prograer (other than officer) is based on all information of which preparer has any knowledge Priparer is signature Primar and CORI ROTHE YOKOBOSKY CPA LORI ROTHE YOKOBOSKY 10/12/20 etit employed Pol 273422	8				. ĭ./	
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2p) 10 Investment income (Part VIII, line 2p) 11 Other revenue (Part VIII, lone 3, 4, and 7d) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3) 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 14 Benefits paid to or for members (Part IX, column (A), lines 1.3) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 1.5) 16 Professional fundraising fees (Part IX, column (A), lines 1.6) 17 Other expenses (Part IX, column (A), line 1te) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), lines 1.5) 19 Revenue less expenses Subtract line 18 from (Pig 12 19 7020) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Total liabilities (Part X, line 26) 23 Total expenses Subtract line 21 from line 20 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Total expenses of pripary, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and apopplete. Declaration of prograer (other than officer) is based on all information of which preparer has any knowledge Priparer is signature Primar and CORIR ROTHE YOKOBOSKY CPA LORI ROTHE YOKOBOSKY 10/12/20 etit employed Pol 273422	itie				\	
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2p) 10 Investment income (Part VIII, line 2p) 11 Other revenue (Part VIII, lone 3, 4, and 7d) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3) 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 14 Benefits paid to or for members (Part IX, column (A), lines 1.3) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 1.5) 16 Professional fundraising fees (Part IX, column (A), lines 1.6) 17 Other expenses (Part IX, column (A), line 1te) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), lines 1.5) 19 Revenue less expenses Subtract line 18 from (Pig 12 19 7020) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Total liabilities (Part X, line 26) 23 Total expenses Subtract line 21 from line 20 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Total expenses of pripary, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and apopplete. Declaration of prograer (other than officer) is based on all information of which preparer has any knowledge Priparer is signature Primar and CORIR ROTHE YOKOBOSKY CPA LORI ROTHE YOKOBOSKY 10/12/20 etit employed Pol 273422	tiv			•		
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue and times 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses (Part IX, column (A), lines 1-3) 19 Revenue less expenses (Part IX, column (A), lines 1-3) 19 Revenue less expenses Subtract line 18 from 0 (6 12 1 9 2020) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Not assets or fund balances. Subtract line 21 from line 20 22 Total liabilities (Part X, line 26) 23 A 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Ā			• • • • • • • • • • • • • • • • • • • •		
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	_					
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses (Part IX, column (A), line 11e) 19 Total fundraising expenses (Part IX, column (A), line 11e) 19 Total fundraising expenses (Part IX, column (A), line 12e) 19 Revenue less expenses Subtract line 12 from [life 12 g 7()20] 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Net assets or fund balances. Subtract line 21 from line 20 23 4, 292, 793. 21 Total liabilities (Part X, line 26) 22 Total assets (Part X, line 26) 23 4, 297, 770. 32,002, 826. 24 Total liabilities (Part X, line 26) 25 Net assets or fund balances. Subtract line 21 from line 20 26 Total assets (Part X, line 26) 27 Total expenses flow the department of this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is frue, correct, and epoplete. Decirating of preparer (other than officer) is based on all information of which preparer has any knowledge. 28 Preparer 29 Use Only 20 Total assets (Part X, Inc. 26) 20 Total assets (Part X, Inc. 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 4, 292, 793. 21 (13 2) 22 Net assets or fund balances. Subtract line 21 from line 20 24 (17 2) 25 (18 2) 26 (18 2) 27 (18 2) 28 (18 2) 29 (18 2) 29 (18 2) 29 (18 2) 29 (18 2) 29 (18 2) 29 (18 2) 29 (18 2) 29 (18 2) 29 (18 2) 29 (18 2) 29 (18 2) 29 (18 2) 29 (18 2) 29 (18 2) 29 (18 2) 29 (18 2) 29 (18 2) 29 (18 2) 29 (18		8	Contributions	and grants (Part VIII, line 1h)		
12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 1-1) 17 Other expenses (Part IX, column (A), line 1-1) 18 Total expenses Add lines 13-17 (must explaid Part IX, column (A), line 2-1) 19 Revenue less expenses Subtract line 18 from (Part IX 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ıυe					
12 Total revenue (Part VIII, column (A), lines 5, 6d, 2c. 9c., 1uc., and 11e) 13 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 4) 17 Other expenses (Part IX, column (A), line 1e) 18 Total expenses Add lines 13-17 (must explail Part IX, column (A), line 221	ver		-	· · · · · · · · · · · · · · · · · · ·		34.284.
12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12) 37, 206, 598. 1, 263, 622. 13 Grants and similar amounts paid (Part IX, column (A), lines 1·3) 166, 993. 188, 112. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5·10) 574, 611. 1,798, 388. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 17 Other expenses (Part IX, column (A), line 11e) 0. 2,172, 201. 2,092,794. 18 Total expenses Add lines 13·17 (must equal Part IX, column (A), line 3) 19 Revenue less expenses Subtract line 18 from (No. 11e.) 19 (20. 12) 20 (20. 134, 292, 793. -2,815, 672. 18 Evenue less expenses Subtract line 18 from (No. 11e.) 20. 20. 34, 292, 793. -2,815, 672. 19 Revenue (Part X, line 26) 0GDEN UT 234, 977. 323, 002, 826. 20 Total assets (Part X, line 26) 0GDEN UT 234, 977. 525, 705. 21 Total liabilities (Part X, line 26) 0GDEN UT 234, 977. 525, 705. 22 Net assets or fund balances. Subtract line 21 from line 20 34, 292, 793. 31, 477, 121. Part II Signature Block 10 / 13 / 2020	Re			· · · · · · · · · · · · · · · · · · ·		
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 166, 993. 188, 112. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 0. 17 Other expenses (Part IX, column (A), lines 11e) 0. 18 Total expenses Add lines 13-17 (mus equilal Part IX, column (A), line 3) 2, 913, 805. 4, 079, 294. 18 Total expenses Subtract line 18 from (Mg 12) 9, 200 34, 292, 793. -2, 815, 672. 18 Revenue less expenses Subtract line 18 from (Mg 12) 9, 200 34, 292, 793. -2, 815, 672. 19 Revenue less expenses Subtract line 18 from (Mg 12) 9, 200 34, 292, 793. -2, 815, 672. 19 Revenue less expenses Subtract line 18 from (Mg 12) 9, 200 34, 292, 793. -2, 815, 672. 10 Total liabilities (Part X, line 16) OGDEN, UT 234, 977. 525, 705. 10 Signature Block Signature Block Signature Block Signature Call DWELL, CFO Type or print name and title Preparer's signature Preparer Signature CART ROTHE YOKOBOSKY CPA LORI ROTHE YOKOBOSKY 10/12/20 Self employed P01273422 Firm's address 4 BECKER FARM ROAD Phone no. 973-228-3500 P				· · · · · · · · · · · · · · · · · · ·		
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 574, 611 . 1,798,388 . 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0	_					
15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 574,611. 1,798,388. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 17 Other expenses (Part IX, column (A), lines 114 ftd Treate 0. 18 Total expenses Add lines 13-17 (must squal Part IX, column (A), line 31 19 Part IX, column (A), line 32 19 Part				The state of the s		
16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. 0. 17 Other expenses (Part IX, column (A), line 11e) 0. 2,172,201. 2,092,794. 17 Other expenses (Part IX, column (A), line 11e) 0. 2,913,805. 4,079,294. 18 Total expenses Add lines 13-17 (mus 19 Revenue less expenses Subtract line 12 from () [6] [2] 9 20(2) 34,292,793. -2,815,672. 20 Total assets (Part X, line 16) OGDEN, UT 234,977. 32,002,826. 21 Total liabilities (Part X, line 26) OGDEN, UT 234,977. 525,705. 34,527,770. 32,002,826. 22 Net assets or fund balances. Subtract line 21 from line 20 34,292,793. 31,477,121. Part II Signature Block Signature Block Signature Block Signature Block Signature Block Signature Calumett Network (Check Interest) Signature Calumett Network (Check Interest) Network (Check Interest) Network (Check Interest) Print/Type preparer is name CORI ROTHE YOKOBOSKY 10/12/20 Self employed P01273422 Firm's name COHNREZNICK LLP Firm's address 4 BECKER FARM ROAD Phone no. 973-228-3500 Phone no. 973			•	, , , , , , , , , , , , , , , , , , , ,		1,798,388.
18 Total expenses Add lines 13-17 (mus explail Part IX, column (A), line 35 19 Revenue less expenses Subtract line 18 from () (6 12 1 9 2020) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 34 , 292 , 793 .	ses					
18 Total expenses Add lines 13-17 (mus explail Part IX, column (A), line 35 19 Revenue less expenses Subtract line 18 from () (6 12 1 9 2020) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 34 , 292 , 793 .	- Seu			· · · · · · · · · · · · · · · · · · ·		
18 Total expenses Add lines 13-17 (mus soulal Part IX, column (A), line \$\frac{1}{2}\$ \$2,913,805\$. \$\frac{4}{2},079,294\$. \$\frac{3}{2}\$ \$2,927,793\$. \$\frac{2}{2}\$ \$34,292,793\$. \$\frac{2}{2}\$ \$34,292,793\$. \$\frac{2}{2}\$ \$34,292,793\$. \$\frac{2}{2}\$ \$34,527,770\$. \$\frac{3}{2}\$ \$32,002,826\$. \$\frac{2}{2}\$ \$21\$ \$22\$ \$25,705\$. \$\frac{2}{2}\$ \$22\$ \$25,705\$. \$\frac{2}{2}\$ \$234,977\$. \$\frac{2}{2}\$ \$25,705\$. \$\frac{2}{2}\$ \$234,977\$. \$\frac{2}{2}\$ \$25,705\$. \$\fr	Ä	17	Other expense	es (Part IX, column (A), lines 11a Tri Cristale D	2,172,201.	2.092.794.
19 Revenue less expenses Subtract line 18 from 16 12 19 20 20 34 292 793 -2 815 672 672 672 672 673		18	Total expense	s. Add lines 13-17 (mus gould Part IX, column (A), line 25)		
Beginning of Current Year End of Year 34,527,770. 32,002,826. 234,977. 525,705. 234,977. 525,705. 234,977. 525,705. 34,292,793. 31,477,121. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and expiplete. Deckaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date		19	Revenue less	expenses. Subtract line 18 from life 121 9 2020		
Under penalities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and examined this return, of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here KAREN CALDWELL, CFO Type or print name and title Print/Type preparer's name Preparer's signature LORI ROTHE YOKOBOSKY, CPA LORI ROTHE YOKOBOSKY 10/12/20 self employed P01273422 Preparer Use Only Firm's address 4 BECKER FARM ROAD ROSELAND, NJ 07068 Phone no. 973-228-3500	200		1107011001000			
Under penalities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and examined this return, of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here KAREN CALDWELL, CFO Type or print name and title Print/Type preparer's name Preparer's signature LORI ROTHE YOKOBOSKY, CPA LORI ROTHE YOKOBOSKY 10/12/20 self employed P01273422 Preparer Use Only Firm's address 4 BECKER FARM ROAD ROSELAND, NJ 07068 Phone no. 973-228-3500	ets	20	Total assets (F			
Under penalities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and examined this return, of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here KAREN CALDWELL, CFO Type or print name and title Print/Type preparer's name Preparer's signature LORI ROTHE YOKOBOSKY, CPA LORI ROTHE YOKOBOSKY 10/12/20 self employed P01273422 Preparer Use Only Firm's address 4 BECKER FARM ROAD ROSELAND, NJ 07068 Phone no. 973-228-3500	Ass	21	•			
Under penalities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and examined this return, of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here KAREN CALDWELL, CFO Type or print name and title Print/Type preparer's name Preparer's signature LORI ROTHE YOKOBOSKY, CPA LORI ROTHE YOKOBOSKY 10/12/20 self employed P01273422 Preparer Use Only Firm's address 4 BECKER FARM ROAD ROSELAND, NJ 07068 Phone no. 973-228-3500	Net	22				
true, correct, and sopplete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer	Pa	rt II			1	
true, correct, and sopplete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer			ities of perjury.	declare that I have examined this return, including accompanying schedules and statemen	nts, and to the best of my	knowledge and belief, it is
Sign Here KAREN CALDWELL, CFO Type or print name and title Print/Type preparer's name LORI ROTHE YOKOBOSKY, CPA LORI ROTHE YOKOBOSKY 10/12/20 self employed P01273422 Preparer Use Only Firm's address 4 BECKER FARM ROAD ROSELAND, NJ 07068 10 / 13 / 2020 Date Check PTIN Firm's EIN 22-1478099 Phone no. 973-228-3500				The state of the s		,
Sign Here Signature of officer Date KAREN CALDWELL, CFO Type or print name and title Print/Type preparer's name LORI ROTHE YOKOBOSKY, CPA LORI ROTHE YOKOBOSKY 10/12/20 self employed P01273422 Preparer Use Only Firm's address 4 BECKER FARM ROAD ROSELAND, NJ 07068 Pote Date Date PTIN Check PTIN If print/Signature P1 PTIN Firm's EIN 22-1478099 Phone no. 973-228-3500			Vare	r Caldwell		2020
Here KAREN CALDWELL, CFO Type or print name and title Print/Type preparer's name Preparer's signature LORI ROTHE YOKOBOSKY, CPA LORI ROTHE YOKOBOSKY 10/12/20 self employed P01273422 Preparer Use Only Firm's name	Sıar		Signature	e of officer 🛝 .		
Type or print name and title Print/Type preparer's name Preparer's signature LORI ROTHE YOKOBOSKY, CPA LORI ROTHE YOKOBOSKY 10/12/20 Self employed P01273422 Preparer Firm's name			■ KARE	N CALDWELL, CFO		
Paid LORI ROTHE YOKOBOSKY, CPA LORI ROTHE YOKOBOSKY 10/12/20 Self employed P01273422 Preparer Firm's name COHNREZNICK LLP Firm's EIN 22-1478099 Use Only Firm's address 4 BECKER FARM ROAD Phone no.973-228-3500					•	_
Paid LORI ROTHE YOKOBOSKY, CPA LORI ROTHE YOKOBOSKY 10/12/20 self employed P01273422 Preparer Use Only Firm's address 4 BECKER FARM ROAD ROSELAND, NJ 07068 Phone no. 973-228-3500			Print/Tyne pres	parer's name Preparer's signature Da	ate Check	PTIN
Preparer Use Only Firm's address 4 BECKER FARM ROAD ROSELAND, NJ 07068 Phone no. 973-228-3500	Paid				0/12/20 self emplove	P01273422
Use Only Firm's address 4 BECKER FARM ROAD ROSELAND, NJ 07068 Phone no.973-228-3500						
ROSELAND, NJ 07068 Phone no. 973-228-3500						
			5 434,000		Phone no. 973	3-228-3500
	May	the IF	RS discuss this			

Form 990

Forn	1990 (2019) . CRIMINAL JUSTICE REFORM FOUNDATION 83-1597624 Page 2
Pa	rt 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
	THE MISSION OF THE REFORM ALLIANCE IS TO DRAMATICALLY REDUCE THE
	NUMBER OF PEOPLE WHO ARE UNJUSTLY UNDER THE CONTROL OF THE CRIMINAL
	JUSTICE SYSTEM STARTING WITH PROBATION AND PAROLE. TO WIN, WE WILL
	LEVERAGE OUR CONSIDERABLE RESOURCES TO CHANGE LAWS, POLICIES, HEARTS
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
9	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	
_	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 3,384,975. including grants of \$ 188,112.) (Revenue \$ 523,823.)
	WE WILL LEVERAGE OUR CONSIDERABLE RESOURCES TO CHANGE LAWS, POLICIES,
	HEARTS AND MINDS.
	
4b	(Code) (Expenses \$) (Revenue \$)
4c	(Code) (Expenses \$
4d	Other program services (Describe on Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 3,384,975.
	Form 990 (2019)

Form 990 (2019) CRIMINAL JUST 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	1	X	\vdash
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		 	1
7	during the tax year? If "Yes," complete Schedule C, Part II	4	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			ĺ
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			,,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	-	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
_	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			٠
а	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	, ,			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
l2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			.,
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	405		х
3	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	_16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	_17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		ļ	v
^	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		Х
0-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? [f "Yes," complete Schedule I. Parts I and II	21	x	
2003	01-20-20	Form	990 (2019)

Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		_	
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		1
	Schedule J	23	X	<u> </u>
24 a	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 24b through 24d and complete			37
	Schedule K If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		1
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u> 24u</u>		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		i	ĺ
	Schedule L. Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
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)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? [Fig. 2]			v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28b		
C	"Yes," complete Schedule L, Part IV	28c		х
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 7701-37 if "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30	If "Yes." complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
<i></i>	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	İ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
(<u>P</u> ar				
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 53			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Ÿ	
banne d	(gambling) winnings to prize winners?	1c] Form	X 990 (2010)
902004	V 1-EV-EV		(,

	(communication)			T
0-	Fatas the grapher of ampleyage reported on Farm M.C. Transmitted of Mone and Tay Statements		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 24			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	
U	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		-
22	Did the organization have unrelated business gross income of \$1,000 or more during the year?	 За		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		
→ a	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country	70		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	 5а		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	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(c).			
а	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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	_7f		_X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	\dashv	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	 8		
9	sponsoring organization have excess business holdings at any time during the year?	<u> </u>	-	
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	 9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		-	
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	I	Í	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			- 1
	Enter the amount of reserves on hand			 -
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.		X
	excess parachute payment(s) during the year? If "Yes " see instructions and file Form 4720. Schodule N	15	\dashv	
6	If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		$\overline{\mathbf{x}}$
	If "Yes," complete Form 4720, Schedule O		\dashv	 -
	in 100, Complete Communication	Form	990 ((2019)

CRIMINAL JUSTICE REFORM FOUNDATION 83-1597624 Form 990 (2019) Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes_ No 9 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 on Schedule O. 9 b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8b 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 on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? // "Yes," describe 12c in Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 14 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? Х a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b 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 X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request ___ Another's website Other (explain on Schedule O) ___ Own website 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records KAREN CALDWELL - 646-280-9062 1675 BROADWAY , NEW YORK, NY 10019

Partivil 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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

 See instructions for the order in which to list the persons above

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

(A)	(B)	Ī			C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	itior	l than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	s boti	h an	compensation	compensation	amount of
	week		T a	lu a u	T ecte	T	1	from	from related	other
	(list any hours for	Individual trustee or director				_	ļ	the organization	organizations (W-2/1099-MISC)	compensation from the
	related	90.0	stee			Satec	1	(W-2/1099-MISC)	(**-2/1099-141130)	organization
	organizations	truste	al friis	l	ag M	in per	l	(and related
	below	uqna	Institutional trustee	 =	Key employee	esto	يق			organizations
	line)	Ę	Inst	Officer	Şe Ye	Highest compensated employee	Former			
(1) CLARA WU TSAI	1.00									
BOARD MEMBER		X	<u> </u>		L	<u> </u>		0.	0.	0.
(2) DANIEL LOEB	1.00									
BOARD MEMBER		X						0.	0.	0.
(3) LAURA ARNOLD	1.00]		
BOARD MEMBER		X						0.	0.	0.
(4) MEEK MILL	1.00						ŀ			
CHAIR	<u> </u>	X		X	L			0.	0.	0.
(5) MICHAEL NOVOGRATZ	1.00						İ			
BOARD MEMBER		X	L					0.	0.	0.
(6) MICHAEL RUBIN	1.00					1			·	
PRESIDENT / TREASURER		X		X				0.	0.	0.
(7) ROBERT KRAFT	1.00	İ		1	ĺ	ľ	Ì	ĺ		
BOARD MEMBER		X						0.	0.	0.
(8) ROBERT SMITH	1.00									
BOARD MEMBER		X			L.	<u> </u>		0.	0.	0.
(9) SHAWN CARTER	1.00				l					
BOARD MEMBER		X						0.	0.	0.
(10) VAN JONES	35.00						İ			
CEO			L	X				389,221.	0.	13,155.
(11) ROBERT PILON JR	35.00									
CHIEF GROWTH OFFICER AND PRESIDENT				X		L		116,608.	0.	794.
(12) JESSICA JACKSON	35.00						ł			
CHIEF ADVOCACY OFFICER				X				101,294.	0.	3,772.
(13) KAREN CALDWELL	35.00									
CFO				X				219,088.	0.	15,371.
(14) MONIQUE HAUGHTON WORRELL	35.00							}		
CHIEF LEGAL OFFICER	<u> </u>			Х				185,939.	0.	11,163.
(15) ANDREA LICHTENFELD	35.00									
SENIOR COMMUNICATIONS MANAGER	<u> </u>					Х		150,880.	0.	<u>6,289.</u>
(16) SUSAN THOMPSON	35.00		ļ							
CHIEF OF STAFF						X		212,313.	0.	<u>6,340.</u>
	<u></u>									Form 990 (0010)

Form 990 (2019)

Part VII Section A. Officers, Directors, Trus										<u> </u>	OZ4 Fage C
(A) Name and title	(B) Average hours per week	(do box	not ci	Pos Pos heck a ss per	ition more rson i		ne an	(D) (E) Reportable Reportable compensation compensation			(F) Estimated amount of other
	(list any hours for related organizations below	dual trustee or director	institutional trustee	ı	Key employee	Highest compensated employee	er	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	ns	compensation from the organization and related organizations
	(ine)	Individual	Institu	Officer	Key er	Highe	Former				
						-					
								_			
									<u> </u>		
									 		
•											··-
1b Subtotal c Total from continuation sheets to Part VII	, Section A					 	>	1,375,343. 0. 1,375,343.		0.	56,884. 56,884.
Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization	ot limited to the	ose I	iste	d ab	ove)) who	o re		000 of reportable		<u>56,884.</u> 7
Did the organization list any former officer,	director, truste	e. k	ev e	mple	ove	e. or	hial	hest compensated empl	ovee on		Yes No
line 1a? If "Yes," complete Schedule J for su 4 For any individual listed on line 1a, is the su	ich individual	·		•	•	·	_	,	·		3 X
and related organizations greater than \$150Did any person listed on line 1a receive or a			•						lual for services	ľ	4 X
rendered to the organization? If "Yes." composition B. Independent Contractors	olete Schedule	J fo	r su	ch p	erso	on					5 X
Complete this table for your five highest cor the organization. Report compensation for the complete this table.										ensat	on from
(A) Name and business								(B) Description of se	ervices	C	(C) ompensation
J.T. MAGEN & COMPANY, INC STREET, 11TH FLOOR, NEW Y					H ——		_	CONSTRUCTION			241,084.
UHURU DESIGN 185 VAN DYKE STREET, BROO						770	_	CONSTRUCTION	77017		120,748.
ESM PRODUCTIONS*, 1500 JO STE 600, PHILADELPHIA, PA PJA		—— MIN1		<u> </u>	——	- U	_ 5	MEDIA PRODUCT SERVICES MEDIA PRODUCT			109,158.
492 9TH ST , BROOKLYN, NY	11215							SERVICES	TON		104,500.
Total number of independent contractors (in	cluding but no	t lım	ııted	to t	hose	e list	ed a	above) who received mo	re than		

\$100,000 of compensation from the organization

Color Colo	Form	1 99	90 (2019) CRIMINAL JUST	ICE REFO	RM FOUNDAT	ION	<u>83-1597</u>	624 Page 9
Total revenue Related or exempt Concrete the Management of the Man	Pa	rt '	VII						
Total revenue Felalact or assempt United to resempt United States of States of Control (Including States) (I				Check if Schedule O contains a response	or note to any lin		(B)	(C)	
The program of the program service revenue of the program service for the prog						, ,			Revenue excluded
1 a Federated campaigns b Membership dues c Pundarsing events d Related organizations d Related organizations e Government grants (contributions) f All other contributions, gliss, grants, and significant amounts not include above y hoseast-ecorbacter newaded niese tan! 1 Total. Add lines 1a:11 2 a b b Total. Add lines 1a:11 3 Total. Add lines 2a:27 3 Investment amounts) 4 Income from investment of tax exempt bond proceeds 5 Royaltes 6 Gross rents b Less rental expenses c Rental income or (loss) 6 B Gross rental income or (loss) 7 a Gross amount from sales of a sest of the than income or (loss) 7 a Gross rental income or (loss) 8 b 1 Less rental expenses c Rental income or (loss) 7 a Gross rental income or (loss) 7 a Gross rental income or (loss) 7 a Gross rental income or (loss) 8 b 1 Less rental expenses c Rental income or (loss) 7 a Gross rental income or (loss) 7 a Gross rental income or (loss) 7 a Gross rental income or (loss) 8 b 1 Less rental income or (loss) 9 a Gross rental income or (loss) 1 b Less order or (loss) 9 a Gross rental income or (loss) 1 b Less order from fundatising events (lost rendered from fundatising events) 1 b Less order or (loss) 1 a Gross rence from fundatising events 1 contributions reported on line 1c) See 2 Part (l. Income or (loss) from fundatising events 9 a Gross income from fundatising events 9 a Gross income from gaming activities See 2 Part (l. Income or (loss) from gaming activities 9 a Gross income from gaming activities 9 a Gross income from gaming activities 9 a Gross income from gaming activities 9 a Gross income from or gloss) from gaming activities 9 a Gross income from gaming activities 9 a Gross income from gaming activities 9 a Gross income from gaming activities 9 a Gross income from gaming activities 9 a Gross income from gaming activities 9 a Gross income from gaming activities 9 a Gross income from gaming activities 9 a Gross income from gaming activities 9 a Gross income from gaming activities 9 a Gross income from gaming activities 9 a Gross income from								business revenue	from tax under
Business Code 2 a b c c c c c c c c c			_						Sections 512 - 514
Business Code 2 a b c c c c c c c c c	nts nts	1		· • • • • • • • • • • • • • • • • • • •					
Business Code 2 a b c c c c c c c c c	3ra Iou			·					
Business Code 2 a b c c c c c c c c c	S, (Am			_					
Business Code 2 a b c c c c c c c c c	Giff					1			
Business Code 2 a b c c c c c c c c c	S, imi			- ' '					
Business Code 2 a b c c c c c c c c c	tior S. S		f			1			
Business Code 2 a b c c c c c c c c c	ib E				705,515.				
Business Code 2 a b c c c c c c c c c	ag Od		9	Noncash contributions included in lines 1a-1f 1g \$					
2 a b d d d d d d d d d d d d d d d d d d	<u> </u>		h	Total. Add lines 1a-1f		705,515.			
b c c d d d d d d d d d d d d d d d d d					Business Code				
g Total. Add lines 2a.2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents 6 b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 17 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gan or (loss) 3 4 Net gan or (loss) 7 a Gross ancome from fundraising events (not including S of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 0 a Gross sinceme from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less' cost of goods sold c Net income or (loss) from sales of inventory e Total. Add lines 11a-11d 5 23 , 823 . 12 Total. Add inventers, and advances b Less' cost of goods sold c All other revenue e Total. Add lines 11a-11d 5 23 , 823 . 10 3 34 , 284 . 34 , 284	မွ	2	? a						
g Total. Add lines 2a.2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents 6 b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 17 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gan or (loss) 3 4 Net gan or (loss) 7 a Gross ancome from fundraising events (not including S of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 0 a Gross sinceme from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less' cost of goods sold c Net income or (loss) from sales of inventory e Total. Add lines 11a-11d 5 23 , 823 . 12 Total. Add inventers, and advances b Less' cost of goods sold c All other revenue e Total. Add lines 11a-11d 5 23 , 823 . 10 3 34 , 284 . 34 , 284	ه چ		þ						
g Total. Add lines 2a.2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents 6 b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 17 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gan or (loss) 3 4 Net gan or (loss) 7 a Gross ancome from fundraising events (not including S of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 0 a Gross sinceme from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less' cost of goods sold c Net income or (loss) from sales of inventory e Total. Add lines 11a-11d 5 23 , 823 . 12 Total. Add inventers, and advances b Less' cost of goods sold c All other revenue e Total. Add lines 11a-11d 5 23 , 823 . 10 3 34 , 284 . 34 , 284	Sag		¢						
g Total. Add lines 2a.2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents 6 b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 17 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gan or (loss) 3 4 Net gan or (loss) 7 a Gross ancome from fundraising events (not including S of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 0 a Gross sinceme from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less' cost of goods sold c Net income or (loss) from sales of inventory e Total. Add lines 11a-11d 5 23 , 823 . 12 Total. Add inventers, and advances b Less' cost of goods sold c All other revenue e Total. Add lines 11a-11d 5 23 , 823 . 10 3 34 , 284 . 34 , 284	am		d						
g Total. Add lines 2a.2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents 6 b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 17 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gan or (loss) 3 4 Net gan or (loss) 7 a Gross ancome from fundraising events (not including S of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 0 a Gross sinceme from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less' cost of goods sold c Net income or (loss) from sales of inventory e Total. Add lines 11a-11d 5 23 , 823 . 12 Total. Add inventers, and advances b Less' cost of goods sold c All other revenue e Total. Add lines 11a-11d 5 23 , 823 . 10 3 34 , 284 . 34 , 284	Ped		е						
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax exempt bond proceeds 5 Royalties 6 a Gross rents b Less rental expenses c Rental income or (loss) 6 d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other hasis and sales expenses c G an or (loss) d Net gam or (loss) d Net gam or (loss) 8 a Gross income from fundraising events (not including \$	ے ا		f	All other program service revenue	L				
other similar amounts) Income from investment of tax-exempt bond proceeds Royalties Royalties (i) Real (ii) Personal Sa (ii) Securities (ii) Real (iii) Personal Sa (iii) Securities (iii) Securities (iii) Other assets other than inventory b Less cost or other basis and sales expenses 7b (iii) Continuous and sales expenses A Royalties (iii) Securities (iii) Other assets other than inventory b Less cost or other basis and sales expenses A Royalties (iv) Other assets other than inventory b Less cost or other basis and sales expenses A Royalties (iv) Other assets other than inventory b Less cost or other basis and sales expenses A Royalties (iv) Other assets other than inventory b Less cost or other basis and sales expenses A Royalties (iv) Other assets other than inventory and sales expenses A Royalties (iv) Other assets other than inventory b Less cost or other basis and sales expenses A Royalties (iv) Other assets other (iv) Other assets other assets other than inventory Bab Bab Bab Bab Bab Bab Bab Ba			g	Total. Add lines 2a-2f					
4 Income from investment of tax-exempt bond proceeds Royalties 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses 7 b d Net gan or (loss) 8 a Gross income from fundraising events (not including \$		3	}	Investment income (including dividends, interes	est, and				
For Royalties Continuous conti				other similar amounts)	•	34,284.		<u></u>	34,284.
(i) Real (ii) Personal (iii) Personal Personal (iii) Personal Person		4	}	Income from investment of tax-exempt bond p	roceeds				ļ
Sa Sc Sc Sc Sc Sc Sc Sc		5	;	Royalties	<u> </u>				
b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 7 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less cost of goods sold c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Business Code 900099 523,823. 523,823. 12 Total revenue. See instructions P 1, 263,622. 523,823. 0. 34,284.				(i) Real	(II) Personal				,
The service of the se		6	a	Gross rents 6a	<u> </u>				1
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Garn or (loss) 7 b Less cost or other basis and sales expenses and sales expenses and sales expenses and sales expenses and sales expenses and sales expenses and sales expenses and sales expenses and sales expenses and sales expenses and sales expenses and sales expenses and sales expenses and sales expenses and sales expenses and sales expenses and sales expenses and sales expenses and sales expenses are contributions reported on line 1c) See Part IV, line 18 b Less direct expenses and sales of inventory less returns and allowances and a	ı		b	Less rental expenses 6b	<u> </u>				
To a Gross amount from sales of assets other than inventiony b Less cost or other basis and sales expenses 7b 7c d Net gain or (loss) d Net gain or (loss) for contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less' cost of goods sold c Net income or (loss) from sales of inventory 11 a SPONSORSHIP PASSTHROUG 900099 523,823. 12 Total revenue e Total. Add lines 11a-11d 523,823. 12 Total revenue. See instructions 12 Total revenue. See instructions 12 Total revenue. See instructions 12 Total revenue. See instructions 12 Total revenue. See instructions 13 Other (i) Other (iii) Other (iiii) Other (iiii) Other (iiii) Other (iiii) Other (iiiii) Other (iiii) Other (iiiiiii) Other (iiiiiii) Other (iiiiiii) Other (iiiiiiiiiiiiiii) Other (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii			C	Rental income or (loss) 6c	<u> </u>				
assets other than inventory b Less cost or other basis and sales expenses 7b 7c			d	Net rental income or (loss)					
b Less cost or other basis and sales expenses c Gann or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$		7	a	Gross amount from sales of (i) Securities	(II) Other				ĺ
and sales expenses c Gain or (loss) d Net gain or (loss) a Gross income from fundraising events (not including \$				assets other than inventory 7a	<u> </u>				
C Gain or (loss) R a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Source Substitute Sub			þ	Less cost or other basis					1
d Net gan or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a SPONSORSHIP PASSTHROUG b C All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions A line of the first description of the first descr	e			and sales expenses 7b	<u> </u>				
d Net gan or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a SPONSORSHIP PASSTHROUG b C All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions A line of the first description of the first descr	- Ke		¢	Gain or (loss) 7c					
contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a SPONSORSHIP PASSTHROUG b C All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions 8a Ba Ba Ba Ba Ba Ba Ba Ba Ba	æ		þ	Net gain or (loss)					
contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a SPONSORSHIP PASSTHROUG b C All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions 8a Ba Ba Ba Ba Ba Ba Ba Ba Ba	를	8	a	Gross income from fundraising events (not	1				
Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a SPONSORSHIP PASSTHROUG b Less cost of goods sold c Net income or (loss) from sales of inventory 11 a SPONSORSHIP PASSTHROUG b Less cost of goods sold c Net income or (loss) from sales of inventory 11 a SPONSORSHIP PASSTHROUG b Less cost of goods sold c Total revenue 12 Total revenue. See instructions 13 Total revenue. See instructions 14 Total revenue. See instructions	₹			including \$ of					
b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less' cost of goods sold c Net income or (loss) from sales of inventory 11 a SPONSORSHIP PASSTHROUG b C d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions Net income or (loss) from sales of inventory Business Code 900099 523,823.				contributions reported on line 1c) See					
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 9 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a SPONSORSHIP PASSTHROUG SPONSORSHIP PASSTHROUG	- 1			Part IV, line 18					
9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a SPONSORSHIP PASSTHROUG 900099 523,823. 523,823. 12 Total revenue. See instructions 1,263,622. 523,823. 0.34,284.			þ	Less direct expenses 8b	L				
Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a SPONSORSHIP PASSTHROUG b C d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions 9a 9b 10a 10a 10b 10b 10b 10b 10b 10b 10b 10b 10b 10b			С	Net income or (loss) from fundraising events			-		
b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory 11 a SPONSORSHIP PASSTHROUG b C All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions 9b	- 1	9	а	Gross income from gaming activities. See					
C Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a SPONSORSHIP PASSTHROUG b C C C C C C C C C C C C C C C C C C				Part IV, line 19					
10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a SPONSORSHIP PASSTHROUG b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions 10a 10b Business Code 900099 523,823. 523,823.					L				
and allowances b Less' cost of goods sold c Net income or (loss) from sales of inventory 11 a SPONSORSHIP PASSTHROUG b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions 10a 10b 10b 10b 10b 10c 10c 10c 10c 10c 10c 10c 10c 10c 10c	ļ		С	Net income or (loss) from gaming activities					
b Less cost of goods sold c Net income or (loss) from sales of inventory 11 a SPONSORSHIP PASSTHROUG SPONSORSHIP P	1	10 a Gross sales of inventory, less returns						ļ	
C Net income or (loss) from sales of inventory 11 a SPONSORSHIP PASSTHROUG SPONSORSHIP PA				and allowances 10a					
11 a SPONSORSHIP PASSTHROUG 900099 523,823. 523,823.	ŀ		b	Less: cost of goods sold 10b)				
11 a SPONSORSHIP PASSTHROUG b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions 900099 523,823. 523,823. 900099 523,823. 523,823. 12 Total revenue. See instructions 900099 523,823. 523,823. 12 Total revenue. See instructions 900099 523,823. 523,823. 12 Total revenue. See instructions	\dashv		С	Net income or (loss) from sales of inventory	<u> </u>				
e Total. Add lines 11a-11d	က္က					502 002	502 002		
e Total. Add lines 11a-11d	og a	11	а	SPONSORSHIP PASSTHROUG	900099	5∠3,823.	523,823.		
e Total. Add lines 11a-11d	eb d		b						
e Total. Add lines 11a-11d	See!								
12 Total revenue. See instructions ▶ 1,263,622. 523,823. 0. 34,284.	Σ̈́				<u></u>	522 822			
							523 822		34 291
					<u> </u>	1,203,022.		<u></u>	

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Do not include amounts reported on lines 6b. Total expenses Management and Fundraising Program service 7b, 8b, 9b, and 10b of Part VIII expenses generăl expenses expenses Grants and other assistance to domestic organizations 188,112. 188,112 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 651,142. 868,189. 217,047. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 534,848. 178,283. 713,131. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 96,690. 72,518. 24,172. Other employee benefits 9 120,378. 90,283. 30,095. Payroll taxes 10 Fees for services (nonemployees): a Management 51,124. 51,124. Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 194,299. 172,862. 21,437. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 109,626. 82,219. 27,407. 13 Office expenses 15,977. 11,983. 3,994. Information technology 14 15 Royalties 266,521. 199,891. 66,630. 16 Occupancy 128,917. 42,972. 171,889. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 552,055. 544,997. 7.058. Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 11,296. 8,472. 2,824. 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 465,056. 465,056. PROGRAM EXP 64,199. 72,400. TEMPORARY STAFFING 136,5<u>99</u>. VIDEO PRODUCTION EXP 118,352. 118,352. e All other expenses 3,384,975. 4,079,294 694,319. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2019)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 2,940,171. 2,733,339. 1 Cash - non-interest-bearing 262,701. 2 Savings and temporary cash investments 2 31,338,000. 27,838,000. 3 Pledges and grants receivable, net 35,799. 4 38,055. 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 8 Inventories for sale or use 23,965. 59,417. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 786,108. basis Complete Part VI of Schedule D 10a 0. 786,108. 10b 10c b Less accumulated depreciation Investments - publicly traded securities 11 11 12 12 Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 Intangible assets 14 14 189,835. 285,206. Other assets See Part IV, line 11 15 15 34,527,770. 32,002,826. Total assets. Add lines 1 through 15 (must equal line 33) 16 16 234,977. 525,705. Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, 22 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 234,977. 525,705. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here > X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 2,954,793. 3,639,121. 27 Net assets without donor restrictions 27 31,338,000. $27,838,\overline{000}$. 28 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 34,292,793. 31,477,121. 32 Total net assets or fund balances 32 32,002,826. 34,527,770. 33 Total liabilities and net assets/fund balances

Form 990 (2019)

Form 990 (2019)

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A.

Department of the Treasury

Internal Revenue Service

(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 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

Name of the organization

		CRIM	INAL JUSTI	CE REFORM FO	UNDAT:	ION		8	3-1597624					
Pá	art	Reason for Public	Charity Status	(All organizations must c	omplete th	ıs part) S	ee instructions	;						
The	organ	ization is not a private found							[4]/					
1		A church, convention of ch					1)(A)(i).							
2	一	A school described in sect					-76-76-7		())					
3	二	A hospital or a cooperative		•			ıi)		O					
4	一	A medical research organiz					•	(iii) Enter	the hospital's name					
4	ш		cation operated in co	injunction with a nospital	described	Section)	(in). Linter	the hospital s hame,					
_		city, and state	or the benefit of a co	llago or university owner		od by a g	······································	art dooorib						
5	ш	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)												
_														
6	烘	A federal, state, or local go	ū				• •							
7	X	An organization that norma	ally receives a substa	intial part of its support f	rom a gove	ernmental	unit or from th	e general	public described in					
	_	section 170(b)(1)(A)(vi). (C	Complete Part II)											
8	\Box	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II)									
9		An agricultural research org	ganization described	in section 170(b)(1)(A)((ix) operate	ed in conji	unction with a	land-grant	college					
		or university or a non-land-o	grant college of agric	culture (see instructions)	Enter the	name, city	, and state of	the college	e or					
		university												
10		An organization that norma	ally receives (1) more	than 33 1/3% of its sup	port from o	contributio	ns, membersh	ip fees, an	nd gross receipts from					
		activities related to its exen	•						- ·					
		income and unrelated busin	•	•					•					
		See section 509(a)(2). (Co		(1000 000tion of ready in		oco acqu	.00 2) 1 0.9	arnzanorr c						
11	\Box	, ., .	•	welv to test for public sa	faty Saa	caction F	00(0)(4)							
	吕	An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or												
12	ш													
		more publicly supported or	•						Sheck the box in					
		lines 12a through 12d that	•											
а		Type I. A supporting orga	•	•		-								
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direct	tors or trustee	s of the su	upporting					
		organization. You must o	•											
b	· L_	Type II. A supporting org	janization supervised	or controlled in connec	tion with it	s supporte	ed organization	n(s), by hav	/ing					
		control or management o	of the supporting org	anization vested in the s	ame perso	ns that co	ntrol or manag	e the supp	oorted					
		organization(s) You mus	st complete Part IV,	Sections A and C.										
С		Type III functionally inte	egrated. A supportin	g organization operated	in connect	tion with, a	and functionall	y integrate	ed with,					
		its supported organization	n(s) (see instructions	You must complete	Part IV, Se	ctions A,	D, and E.							
d		Type III non-functionally						ted organiz	zation(s)					
		that is not functionally int						-						
		requirement (see instructi	-											
ے	_	Check this box if the orga	•	•				I. Type III						
Ū		functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, .)						
	Ente	r the number of supported of	• •	nany integrated dapperts	ng organiz	4								
,		ide the following information	•	nd organization(s)										
) Name of supported	(ii) EIN	(III) Type of organization	(iv) is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other					
	•	organization		(described on lines 1-10	Yes	No No	support (see in:	structions)	support (see instructions)					
			 	above (see instructions))		- 140								
			1		1									
				<u> </u>										
			1											
ota														

Schedule A (Form 990 or 990-EZ) 2019 CRIMINAL JUSTICE REFORM FOUNDATION 83-1597 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not			1			
include any "unusual grants ")				37144809.	705,515.	37850324.
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf			l			
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 through 3				37144809.	705,515.	37850324.
5 The portion of total contributions						
by each person (other than a	1		1			
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the	ļ			1		ļ
amount shown on line 11,						1
column (f)						30628851.
6 Public support. Subtract line 5 from line 4			†			7221473.
Section B. Total Support		<u> </u>	. !			=
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4				37144809.	705,515.	37850324.
8 Gross income from interest,		-				
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources				25,990.	34,284.	60,274.
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on						
10 Other income Do not include gain			 		 	
or loss from the sale of capital			1			
assets (Explain in Part VI)				35.799	523.823.	559,622.
11 Total support. Add lines 7 through 10				30710		38470220.
12 Gross receipts from related activities.	etc (see instruction	ne)		<u> </u>	12	001/02201
13 First five years. If the Form 990 is for	•	•	rd fourth or fifth	ا tax vear as a section		
organization, check this box and stor		mot, occoria, triii	a, 10a.c.i, 0. mar	tax your as a socitor.	, 55 (6)(6)	$\triangleright X$
Section C. Computation of Publi		centage	· · · · · · · · · · · · · · · · · · ·			
14 Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, o	column (f))		14	%
15 Public support percentage from 2018		•	\ <i>"</i>		15	%
16a 33 1/3% support test - 2019. If the o			n line 13, and line	e 14 is 33 1/3% or mi	ore, check this bo	
stop here. The organization qualifies					•	ightharpoons
b 33 1/3% support test - 2018. If the o		=		d line 15 is 33 1/3%	or more, check th	is box
and stop here. The organization qual	•				•	
17a 10% -facts-and-circumstances test				ne 13. 16a. or 16b. a	nd line 14 is 10%	or more.
and if the organization meets the "fac	-					
meets the "facts-and-circumstances"			-	•		▶ □
b 10% -facts-and-circumstances test	•	•			7a. and line 15 is	·
more, and if the organization meets the	•					
organization meets the "facts-and-circ						•
18 Private foundation. If the organization		-	•			
10 1 114410 TOURISERIOTE IT THE OTGETHERIO	dia not officer a l	00.0.1.1.1.16 10, 10	<u>u, 100, 170, 01 17</u>		dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2019 CRIMINAL JUSTICE REFORM FOUNDATION Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed belief	ow, picase com	piete Fait II				
alendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
include any "unusual grants ")						1/
· · · · · · · · · · · · · · · · · · ·		 		 	 	 /
2 Gross receipts from admissions, merchandise sold or services per-				,		X
formed, or facilities furnished in				j	/	
any activity that is related to the						
organization's tax-exempt purpose		1				
3 Gross receipts from activities that		1			/	
are not an unrelated trade or bus-						
iness under section 513		1	ł	1	1 /	1
		 	<u> </u>		 /	
4 Tax revenues levied for the organ-			İ		./	
ization's benefit and either paid to					Ί	
or expended on its behalf	_		<u> </u>		<u> </u>	1
5 The value of services or facilities				1		T
furnished by a governmental unit to			·			ļ
the organization without charge		1	ļ		1	1
· · · · · ·		 		 / 	-	+
6 Total. Add lines 1 through 5		 	 	//	 	
7a Amounts included on lines 1, 2, and			/	1		
3 received from disqualified persons		<u> </u>		ļ		<u> </u>
b Amounts included on lines 2 and 3 received				1	1	
from other than disqualified persons that						}
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year]]	
· —		 	 / 		 	
c Add lines 7a and 7b		 	,/	 -		
8 Public support. (Subtract line 7c from line 6)		<u> </u>	·[<u> </u>		
ection B. Total Support				,		T
lendar year (or fiscal year beginning in) ► 🔔	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6					<u> </u>	<u> </u>
0a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources		/			'	
		/	 	 	 	
b Unrelated business taxable income			ł		1	1
(less section 511 taxes) from businesses						
acquired after June 30, 1975						<u> </u>
c Add lines 10a and 10b			L_			L
Net income from unrelated business						
activities not included in line 10b,					}	
whether or not the business is	/		1			
regularly carried on 2 Other income Do not include gain		 	 	 	 	
or loss from the sale of capital						1
assets (Explain in Part VI)		<u> </u>		ļ <u>.</u>	<u> </u>	
3 Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>		<u> </u>	<u> </u>	
4 First five years. If the Form, 990 is for th	ne organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
check this box and stop here	•			•		▶ [
ection C. Computation of Public	Support Per	centage				
5 Public support percentage for 2019 (line			column (fl)		15	
, , , , , , , , , , , , , , , , , , ,			Column (1))			
Public support percentage from 2018 Si					16	
ection D. Computation of Investr	nent income	Percentage			 	
 Investment income percentage for 2019 	(line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	
Investment income percentage from 20	18 Schedule A,	Part III, line 17			18	
,			on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
3a 33 1/3% súpport tests - 2019. If the or			. ,		,	
,	=	Organization disable	fies as a nublichi s	unnorted organiza	ition	<u> </u>
9a 33 1/3% support tests - 2019. If the or more than 33 1/3%, check this box and	stop here. The	_				▶∟
more than 33 1/3%, check this box and b 33 1/3% support tests - 2018. If the or	stop here. The ganization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	▶∟ and
more than 33 1/3%, check this box and	stop here. The ganization did r this box and st	not check a box on top here. The orga	i line 14 or line 19a inization qualifies a	a, and line 16 is mo as a publicly suppo	ore than 33 1/3%, a orted organization	► L and ► <u></u>

Yes No

Part IV Supporting Organizations

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

	0000.00	,,	<u> , </u>	011001100		
Section A	All Su	norting	Orga	nization	15	

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

 2 Did the organization have any supported organization that does not have an IRS determination of status.
- under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1		
2		
3a_		
3b		
3c		
4a	ļ	<u> </u>
4b	ļ	
4c		
5a		<u> </u>
5c		
6		- ,
7		
8		
9a		
9b		
	—	
9c		
10a		
iva		
10b		

	dule A (Form 990 or 990 EZ) 2019 CRIMINAL JUSTICE REFORM			83-1597624 Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		<u> </u>
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		<u> </u>
6	Portion of operating expenses paid or incurred for production or	1 1		1
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year).			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets_	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrated	d Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

a Excess from 2015
b Excess from 2016
c Excess from 2017
d Excess from 2018
e Excess from 2019

Schedule A (Form 990 or 990-EZ) 2	2019 CRIMINAL	JUSTICE REFO	RM FOUNDATION	83-1597624 Page 8
Part IV, Section A, line 1, Part IV, Section	es 1, 2, 3b, 3c, 4b, 4c, n D, lines 2 and 3, Part	5a, 6, 9a, 9b, 9c, 11a, 11 IV, Section E, lines 1c, 2a	d by Part II, line 10, Part II, line 17a of b, and 11c, Part IV, Section B, lines a, 2b, 3a, and 3b, Part V, line 1; Part liss complete this part for any addition	or 17b, Part III, line 12, 1 and 2, Part IV, Section C, V, Section B, line 1e, Part V,
SCHEDULE A, PART	II, LINE 10,	EXPLANATION	FOR OTHER INCOME:	-
OTHER INCOME				
2018 AMOUNT: \$	35,799.			
2019 AMOUNT: \$ 5	523,823.			
			-	
				· ·
				
				
		<u>,</u>		
				
			·	
				
				-
				<i>•</i>

SCHEDULE C.

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

lete if the organization is described below. Attach to Form 990 or Form 990-E

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

2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

 Section 501(c)(4), (5), or (6) organ 	izations Complete Part III			
Name of organization			Emj	oloyer identification number
CRIMII	NAL JUSTICE REFORM	FOUNDATION	<u> </u>	83-1597624
Part I-A Complete if the	organization is exempt und	er section 501(c)	or is a section 527 o	rganization.
 Provide a description of the orga Political campaign activity expersions Volunteer hours for political campaign 	nditures	cal campaign activities		\$
Part I-B Complete if the	organization is exempt und	ler section 501(c))(3).	
1 Enter the amount of any excise	tax incurred by the organization un-	der section 4955	>	\$
2 Enter the amount of any excise	tax incurred by organization manag	ers under section 495		\$
3 If the organization incurred a sec	ction 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV				
Part I-C Complete if the c	organization is exempt und	ler section 501(c)	, except section 501(c)(3).
1 Enter the amount directly expen	ded by the filing organization for se	ection 527 exempt fund	ction activities	\$
2 Enter the amount of the filing or	ganization's funds contributed to of	ther organizations for s	section 527	
exempt function activities			•	\$
3 Total exempt function expenditu	ires Add lines 1 and 2 Enter here a	and on Form 1120-PO		
line 17b			•	\$No
4 Did the filing organization file Fo	rm 1120-POL for this year?			Yes No
5 Enter the names, addresses and		•	•	
, ,	ization listed, enter the amount par			•
	promptly and directly delivered to if additional space is needed, provi		•	te segregated rund or a
		_		
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
			funds If none, enter -0-	promptly and directly delivered to a separate
				political organization
	İ			If none, enter 0-
	<u> </u>			
		 		
			<u></u>	<u> </u>

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

Schedule C (Form 990 or 990 EZ) 2019 (Part II-A Complete if the organization 501(h)).	CRIMIN anization	IAL JU	STICE REFOR	RM FOUNDATION on 501(c)(3) and file	N 83-1 ed Form 5768 (ele	597624 ection und	Page 2
A Check If the filing organizate expenses, and share	e of excess	lobbying	expenditures)	in Part IV each affiliated	group member's name	e, address, El	N,
Limit	s on Lobb	ying Expe	nd "limited control" pi nditures ints paid or incurred		(a) Filing organization's totals	(b) Affiliated total	
Total lobbying expenditures to influ Total lobbying expenditures to influ Total lobbying expenditures (add lir	ence a legi	slative boo	•		40,675. 182,857. 223,532.		
d Other exempt purpose expenditure e Total exempt purpose expenditures	add lines		•		3,161,443. 3,384,975.		
f Lobbying nontaxable amount Ente If the amount on line 1e, column (a) or Not over \$500,000 Over \$500,000 but not over \$1,000 Over \$1,000,000 but not over \$1,50 Over \$1,500,000 but not over \$17,0 Over \$17,000,000	(b) is: ,000 00,000	20% of \$100,00 \$175,00	bying nontaxable and the amount on line 1e 20 plus 15% of the except plus 10% of the except plus 5% of the exc	nount is: ecess over \$500,000 cess over \$1,000,000	319,249.		
g Grassroots nontaxable amount (ent h Subtract line 1g from line 1a If zero i Subtract line 1f from line 1c If zero j If there is an amount other than zero reporting section 4911 tax for this y	or less, en or less, en o on either	ter -0- ter -0-	line 1ı, dıd the organız	eation file Form 4720	79,812.	Yes	
(Some organizations th	at made a	section 5	eraging Period Unde 01(h) election do not ate instructions for li	have to complete all c	of the five columns be		<u> </u>
			nditures During 4-Ye				_
Calendar year (or fiscal year beginning in)	(a) 20	016	(b) 2017	(c) 2018	(d) 2019	(e) To	tal
2a Lobbying nontaxable amount b Lobbying ceiling amount					319,249.	319,	249.
(150% of line 2a, column(e))							874.
c Total lobbying expenditures					223,532.		532.
d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))					79,812.		812. 718.
f Grassroots lobbying expenditures					40,675.	40,	675.

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		a)	(1	0)
of the	e lobbying activity	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:	<u> </u>	<u></u>		
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?		<u> </u>		
9	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
þ	If "Yes," enter the amount of any tax incurred under section 4912	1			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	<u></u>			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	1			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(5), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	ne prior year	7 3		
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members		1		O, 13
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ical	-		
_	expenses for which the section 527(f) tax was paid).	ioui			
а	Current year		2a		
b	Carryover from last year		2b		
c	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	cess			
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par					
Provi	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group ctions); and Part II-B, line 1. Also, complete this part for any additional information.	list), Part II-	A, lines 1 ai	nd 2 (see	
			<u> </u>		<u> </u>
		•			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Name of the organization

CRIMINAL JUSTICE REFORM FOUNDATION

Employer identification number 83-1597624

[P a	Ttil Organizations Maintaining Donor Advise		Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		<u></u>
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised fu	ınds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose confe	erring
	impermissible private benefit?		Yes No
[Pa	rtll Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part I	V, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (for example, recreating	tion or education) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a c	conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the orga	inization during the tax
	year ▶		-
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l		tion easements during the year
	•		• •
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation e	easements during the year
•	▶ \$	3	,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(f	B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense state	
J	balance sheet, and include, if applicable, the text of the footn		
	organization's accounting for conservation easements	oto to the organization o inhanotal otation on the	
Pa	rtillif Organizations Maintaining Collections of	Art. Historical Treasures, or Other	Similar Assets.
(1-A	Complete if the organization answered "Yes" on Form		
12	If the organization elected, as permitted under FASB ASC 958		alance sheet works
10	of art, historical treasures, or other similar assets held for pub	•	
	service, provide in Part XIII the text of the footnote to its finan		ance of public
_	• •		no shoot works of
b	If the organization elected, as permitted under FASB ASC 958	•	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherant	se or public service,
	provide the following amounts relating to these items.		~ •
	(i) Revenue included on Form 990, Part VIII, line 1		\$
_	(ii) Assets included in Form 990, Part X	Harris II.	\$
2	If the organization received or held works of art, historical trea		, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2019

Sche		L JUSTICE I						<u>83-15</u>	97624	Page 2
Pa	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, o	r Other S	Simila	r Assets	(continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	s, check a	any of the	following tha	t make sigr	nificant	use of its		
	collection items (check all that apply)									
а	Public exhibition	d	ı 🗀 L	oan or exc	hange progra	am				
b	Scholarly research	e	: 🗆 c	ther						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how the	y further th	ne organizatio	on's exemp	t purpo	se in Part	XIII	
5	During the year, did the organization solicit of	r receive donations o	of art, hist	orical treas	sures, or othe	er sımılar a:	ssets			
	to be sold to raise funds rather than to be ma	aintained as part of the	he organiz	zation's co	llection?				Yes	☐ No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the d	organizatio	n answered	"Yes" on F	orm 990), Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custode	an or other intermed	ary for co	ntribution	s or other as:	sets not inc	luded		_	
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing tal	ole						
									<u>Amount</u>	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance	•					1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for es	crow or cu	ustodial acco	unt liability	?		Yes	No
_	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete	f the organization an	swered "	res" on Fo	orm 990, Part	IV, line 10				
		(a) Current year	(b) Pri	or year_	(c) Two yea	rs back (d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance				ļ					
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs				ļ					
f	Administrative expenses			.						
9	End of year balance	L								
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g,	column (a))) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
C		. %								
	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that a	are held ar	nd administer	ed for the	organiza	ation	_	
	by									es No
	(i) Unrelated organizations								3a(i)	-
	(ii) Related organizations								3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza								3b	
Bar	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment <u>tur</u>	nas						
[rai			Dort IV	uno 11o C	00 Form 000	Dort V In	o 10			
	Complete if the organization answered							- T	(d) Dealer	
	Description of property	(a) Cost or of basis (investment)		• •	or other (other)	(c) Acc	umulate eclation	;u	(d) Book	/diue
	Lond	Dadio (illyesti)	,	24010	(54101)	depie				
	Land									
	Buildings			62	8,583.				628	,583.
	Leasehold improvements Equipment			<u> </u>	5,505.			- -		, 555.
	Other	 		15	7,525.				157	,525.
	. Add lines 1a through 1e (Column (d) must e	L	Y column							108.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.	1101 1111 0101		
Complete if the organization answered "Yes" o	n Form 900 Part IV Juna	11h Soo Form 000 Part V line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end	d-of-year market value
(1) Financial derivatives	(b) Book value	(e) manager valuation cost of one	or your market value
(2) Closely held equity interests		 	
(3) Other			
(A)			
(X) (B)		· · · · · · · · · · · · · · · · · · ·	
(C)			
(O)			
(E)			
(F)	·		
(G)	-		
(H)	·		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or end	l-of-year market value
(1)			
(2)			
(3)			-
(4)			
(5)			
(6)			<u> </u>
(7)			
(8)			
(9)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" or		11d See Form 990, Part X, line 15.	(b) Deals well a
	escription		(b) Book value
			
<u>(2)</u>			
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15.1		
Part X Other Liabilities.	3,		
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			-
(3)			
(4)			
(5)			
(6)			
(8)		•	
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line 2	25.)		
2. Liability for uncertain tax positions. In Part XIII, provide the		the organization's financial statements th	at reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019 CRIMINAL JUSTICE REFORM	M FOUNDATION	83-1597624 Page
Part XI Reconciliation of Revenue per Audited Financial Sta	atements With Revenue	
Complete if the organization answered "Yes" on Form 990, Part IV,	ine 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 VIII, line 12.		
a Net unrealized gains (losses) 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 VIII, line 12, but not on line 1.	1 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b		4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I. line 12	2.)	5
Part XII Reconciliation of Expenses per Audited Financial St		s per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a	<u> </u>
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	1 1	1
a Donated services and use of facilities	2a	
b Prior year adjustments	<u>2b</u>	
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:	1 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b		4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line Part XIII Supplemental Information.	18.)	5
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and ines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide a		V, line 4, Part X, line 2, Part XI,
		
		·
	<u></u>	

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047	2019	Open to Public	Inspection

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

Name of the organization	THSTICE R	REFORM FOUNDATION	ATION				Employer identification number 83-1597624
1 Does the organization maintain records to substantiate the amount of the	o substantiate the	amount of the grants	or assistance, the c	trantees' eligibility	or the grants or assis	le grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	[
criteria used to award the grants or assistance?	tance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use	cedures for monitor		of grant funds in the United States	States			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Cor received more than \$5,000 Part II can be direlicated if additional space is needed	Somestic Organiz	ations and Domestic	Domestic Governments. C	omplete if the orga સત	nization answered "Y	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any deed	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
20/20 BIPARTISAN JUSTICE CENTER 912 ATLANTA HWY GAINESVILLE GA 30501	82-3516196 501C3	50103	15,000.	0			SPONSORSHIP
1 0 0 -	52-1294680 501C3	50103	92,500.	0			REGRANT TO PARTNER WITH CJRF MISSION
DREAM CORPS 436 14TH ST SUITE 920 OAKLAND, CA 94612	26-1140201	501C3	.000,000	0			REGRANT TO PARTNER WITH CJRF MISSION
GEORGIA JUSTICE PROJECT 438 EDGEWOOD AVE SE ATLANTA, GA 30312	58-1917659	501C3	25,000.	0			REGRANT TO PARTNER WITH CJRF MISSION
	nd government ore	ganizations listed in th	e line 1 table				4.
3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s listed in the line see the Instructi	rable ons for Form 990.					Schedule I (Form 990) (2019)

Page 2 (f) Description of noncash assistance 83-1597624 (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. THE ORGANIZATION REQUESTS REPORTS FROM ORGANIZATION'S IN ORDER TO MONITOR Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance CRIMINAL JUSTICE REFORM FOUNDATION (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance THE USE OF FUNDS. PART I, LINE 2: Schedule I (Form 990) (2019) Part III

Schedule I (Form 990) (2019)

33

932102 10-26-19

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ➤ Attach to Form 990.

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

2019 2019

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

CRIMINAL JUSTICE REFORM FOUNDATION

Employer identification number 83-1597624

Schedule J (Form 990) 2019

Ц								
			Yes	No				
1a			!					
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items							
	First-class or charter travel Housing allowance or residence for personal use							
	Travel for companions Payments for business use of personal residence	l	l					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees							
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			ļ İ				
				1				
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or							
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b						
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		<u> </u>				
^								
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's							
	CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to							
	establish compensation of the CEO/Executive Director, but explain in Part III							
	Compensation committee X Written employment contract							
	Independent compensation consultant Compensation survey or study							
	X Form 990 of other organizations X Approval by the board or compensation committee							
	Describes and described as Feet 200 Dest/III Oest as A loss to such assess to the files			1				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
_	organization or a related organization.							
	Receive a severance payment or change-of-control payment?	4a 4b		x				
	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?							
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X				
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III							
	Only costion 501(a)(2), 501(a)(4), and 501(a)(20) organizations must complete lines 5-9							
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
9	contingent on the revenues of							
2	The organization?			X				
	Any related organization?	5b		X				
J	If "Yes" on line 5a or 5b, describe in Part III.	-05		_ _				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			1				
Ū	contingent on the net earnings of							
•	The organization?	6a		<u></u>				
h	Any related organization?	6b		X				
	If "Yes" on line 6a or 6b, describe in Part III							
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			. [
•	not described on lines 5 and 6? If "Yes," describe in Part III	7	$\overline{\mathbf{x}}$					
B								
5				$\overline{\mathbf{x}}$				
q	• • • • • • • • • • • • • • • • • • • •	Ť						
3	· · · · ·	9						
9	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	8		X				
_	Regulations section 53 4958-6(c)?	9	i					

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

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

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

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

		(B) Breakdown of W·2 an	W-2 and/or 1099-MIS	id/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)·(i)(a)	ın column (B) reported as deferred on prior Form 990
(1) VAN JONES	E	389,158.	0	63.	0	13,155.	402.376.	0
CEO	Ξ		0			4		0
(2) KAREN CALDWELL	ε	143,906.	75,000.	182.	0	15,371.	234,459.	0
CFO	(ii)							0.
(3) MONIQUE HAUGHTON WORRELL	Ξ	160,	0.	25,017.		11,163.	197,102.	0
CHIEF LEGAL OFFICER	Ξ		0.			0		0
(4) ANDREA LICHTENFELD	(3)	145,80	0.	5,074.		6,289.	157,169.	0
SENIOR COMMUNICATIONS MANAGER	(ii)	0.	0.	• 0		0	0	0
(5) SUSAN THOMPSON	Ξ	212,28	0.	.82		6,340.	218,653.	0
CHIEF OF STAFF	Œ	0.	0	• 0	0	0	0	0
	Θ							
	(ii)				-			
	€							
	Ξ							
	Ξ							
	흳							
	Ξ							
	3							
	Ξ							
	3							
	Ξ							
	3							
	Ξ							
	9							
	Ξ							
	≘							
	Ξ							
	≘							
•	Ξ							
	3							
,	Ξ							
	≘]

Schedule J (Form 990) 2019

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information.
PART I, LINE 7:
AMOUNTS IN COLUMN B(II) REPRESENT BONUSES. THESE AMOUNTS WERE APPROVED BY
1
PART I, COLUMN B(III):
TS
ING EXPENSES

Schedule J (Form 990) 2019

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

CRIMINAL JUSTICE REFORM FOUNDATION

Employer identification number 83-1597624

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
JUSTICE SYSTEM STARTING WITH PROBATION AND PAROLE. TO WIN, WE WILL
LEVERAGE OUR CONSIDERABLE RESOURCES TO CHANGE LAWS, POLICIES, HEARTS
AND MINDS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND MINDS.
FORM 990, PART VI, SECTION A, LINE 8B:
THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS PROVIDED TO THE BOARD PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
WHEN A COVERED PERSON BECOMES AWARE OF A PREVIOUSLY UNDISCLOSED CURRENT OR
PROPOSED COVERED TRANSACTION, HE OR SHE SHALL HAVE A DUTY TO:
(A) IMMEDIATELY DISCLOSE THE EXISTENCE AND CIRCUMSTANCES OF SUCH
COVERED TRANSACTION, IN WRITING, TO THE BOARD OF DIRECTORS OR ANY
APPLICABLE BOARD COMMITTEE;
(B) REFRAIN FROM USING HIS OR HER PERSONAL INFLUENCE TO ENCOURAGE THE
FOUNDATION TO ENTER INTO THE COVERED TRANSACTION; AND
(C) PHYSICALLY EXCUSE HIMSELF OR HERSELF FROM PARTICIPATION IN ANY
DISCUSSIONS REGARDING THE COVERED TRANSACTION WITH DIRECTORS, OFFICERS AND
EMPLOYEES OF THE FOUNDATION AND AT MEETINGS OF THE BOARD OR ANY APPLICABLE
BOARD COMMITTEE, EXCEPT TO RESPOND TO REQUESTS FOR INFORMATION ABOUT THE
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019) 932211 09-08-19

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization CRIMINAL JUSTICE REFORM FOUNDATION	Employer identification number 83-1597624
COVERED TRANSACTION.	
FORM 990, PART VI, SECTION B, LINE 15:	
ALL EXECUTIVE COMPENSATION IS REVIEWED AND APPROVED BY THE	BOARD OF
DIRECTORS ON AN ANNUAL BASIS.	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS ARE AVAILABLE UPON REQUEST	
	
	·····
	_

SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

	ı
6	
1	
\mathbf{z}	į
-	Ī
	Ì

OMB No 1545-0047

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

JUSTICE REFORM FOUNDATION

CRIMINAL

Employer identification number 83-1597624 Open to Public Inspection

Schedule R (Form 990) 2019 (g) Section 512(b)(13) S × controlled entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year Direct controlling entity End-of-year assets N/A status (if section Public charity 501(c)(3)) Total income Exempt Code section 501(C)(4) ਉ Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) DELAWARE CRIMINAL JUSTICE REFORM Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN (if applicable) Name, address, and EIN of related organization REFORM ACTION FUND - 84-3260533 of disregarded entity 10019 675 BROADWAY NEW YORK, NY Part Part II

39

83-1597624

Page 2

CRIMINAL JUSTICE REFORM FOUNDATION Schedule R (Form 990) 2019

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year

(i) (k) General or Percentage managing ownership				ore related	Section 512(bx13) controlled entry?			
				one or m	(h) Percentage ownership	ļ		
(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)				Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	(g) Share of Pe end-of-year ov assets			
(h) Disproportionate allocations? Yes No				IV, line 34			<u>-</u> .	
(g) Share of end-of-year assets				ırm 990, Parl	(f) Share of total income			
<u> </u>				J "Yes" on Fo	(e) Type of entity (C corp, S corp, or trust)			
(f) Share of total income			ļ	n answered			<u>. </u>	
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)				ne organizatio	(d) Direct controlling entity			
Predomin (related, excluded fr				omplete if th	(c) Legal domicile (state or foreign country)			
(d) Direct controlling entity		i			(b) Primary activity			
(c) Legal domictle (state or foreign				is a Corpo	Pnm			
(b) Primary activity				ganizations Taxable a	≧ c			
(a) Name, address, and EIN of related organization				Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Organizations treated as a corporation or trust during the tax year.	(a) Name, address, and EIN of related organization			

Schedule R (Form 990) 2019

Page 3

Yes

9

<u>5</u>

ပ္

9

ē

Đ ŧ Ŧ

¥

Part. V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

- Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
 - Gift, grant, or capital contribution to related organization(s)
 - Gift, grant, or capital contribution from related organization(s)

 - d Loans or loan guarantees to or for related organization(s)
 - e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)

를

¥ = f 9 **1**p

- Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)
- 2 If the answer to any of the above is "Yes." see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

1 HIG STANGE TO SHIP OF THE SECOND TO THE SECOND TO THE SECOND THE SECOND TO THE SECON	io iliasi collibiere tilis	a line, illeladil ig covered i	datorial iba and transaction timesticies.
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(6)			
(4)			
(9)			
/(9)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	-					
(k) rcentage rnership						
6 6		ļ			 	
(j) Jeral o Jagung Trher?		l —	 		 	
O Ba g		<u> </u>			 	
Code V-UBI General or Percentage amount in box 20 partners or Schedule K-1 partners ownership (Form 1065) Yes No						
S S S S S S S S S S S S S S S S S S S				-		
Disproportionate allocations?						
(g) Share of end-of-year assets						
(f) Share of total income						
(e) Are all partners sec. 501(c)(3) 018.? Yes No						
(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)						
(c) Legal domicile (state or foreign country)						
(b) Primary activity						
(a) Name, address, and EIN of entity						

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019	CRIMINAL	JUSTICE	REFORM	FOUNDATION	83-1597624 Page 5
Schedule R (Form 990) 2019 Part VII Supplemental Inf	ormation				<u> </u>
Provide additional info	rmation for responses	to questions or	Schedule R	See instructions	
					
					•
					
					
					
				-	
					
				<u>. </u>	
					
		·			
					-
		,			
				 	<u> </u>
					
					
					
					
					
	- 				
	<u> </u>				