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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

OMB No 1545-1150

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20 B Check if applicable C Name of organization D Employer identification number Address change Community Reentry Program inc 832818426 Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 6175995817 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ▶ Cambridge, MA Application pending H Check ► if the organization is not ☐ Accrual Other (specify) ▶ G Accounting Method: 🔽 Cash required to attach Schedule B Website: ▶ mass-reentry (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) — 2 501(c)(3) 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 K Form of organization: Corporation ☐ Association Other ☐ Trust L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets 765 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I . 765 1 2 2 Program service revenue including government fees and contracts 0 3 0 4 4 0 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 0 C Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue oof contributions Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances . 7a 7a b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7с C 0 8 0 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 765 10 Grants and similar amounts paid (list in Schedule O) 0 11 11 Benefits paid to or for members 0 12 Salaries, other compensation, and employee benefits 12 0 13 13 Professional fees and other payments to independent contractors . . . 0 14 14 0 15 15 0 16 16 0 17 17 0 18 765 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 0 20 20 Other changes in net assets or fund balances (explain in Schedule O) 0 Net assets or fund balances at end of year. Combine lines 18 through 20 765

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Page	4
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Pa	Balance Sheets (see the instructions	•		5			
	Check if the organization used Schedule	e O to respond to a	ny question in this	(A) Beginning of year	• •	(B) End of y	· <u> </u>
22	Cash, savings, and investments		ŀ		22	(b) End or y	~ 765
23	Land and buildings				23		1 - 765
24	Other assets (describe in Schedule O)				24		1
25	Total assets				25		4
26	Total liabilities (describe in Schedule O)				26		
27	Net assets or fund balances (line 27 of column	n (B) must agree witi	n line 21)		27		765
Par		•		•		_	
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part III	/Ren	Expense Juired for sec	
What	t is the organization's primary exempt purpose?				501(c)(3) and 501	(c)(4)
as m	cribe the organization's program service accomple neasured by expenses. In a clear and concise not cons benefited, and other relevant information for e	nanner, describe the			orga othe	nizations; op rs.)	otional for
28	Organisation begun in December, no services in this year						
	(Grants \$) If this amount	t includes foreign gra	nte chack hara		28a		
29	<u></u>				204	<u> </u>	
						Ì	
	(Grants \$) If this amount	t includes foreign gra	ints, check here .	▶ 🛘	29a	<u> </u>	
30							
	(Cronto \$) If this amount	t includes foreign gra	oto chook boro		30a	1	
31	(Grants \$) If this amount Other program services (describe in Schedule O)		ints, check here .		Sua	<u> </u>	
٥.	• •	t includes foreign gra			31a		
32	Total program service expenses (add lines 28a				32	 	0
Pari	List of Officers, Directors, Trustees, and Ke	y Employees (list cact	n one even if not com	pensated-see the ir	struc	tions for F	Part IV)
	Check if the organization used Schedule	O to respond to a			<u> </u>	<u> </u>	. 🗆
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)		0	Estimated a ther compe	
Micha	ael Carey, President	_	0				
		8	0		-		
Mary	Jane Foley, Clerk	-	U				
Sam	Washington, Outreach coordinator	8	0	 	+	•	
Cum	Transition, Caroaci Coolando	4		Į.			
Jonat	han Best, Member of board		0				
		2			\bot		
Carl N	McClaren, Member of board		"		1		
		2			-		
				 	+		
		-			-		
					1		
		-					
				 	\perp		
			-		1		
				<u> </u>	_		

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	٧.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		/
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions			
35a	change on Schedule O. See instructions	34		V
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		Y
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		V
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			,
a	Initiation fees and capital contributions included on line 9	1		
ь 40а	Gross receipts, included on line 9, for public use of club facilities		·	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		/
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		/
41	List the states with which a copy of this return is filed ► MA			
42a	V	61759		
	Located at ► 3 Fayette Park, Cambridge, MA ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	02139		
D			Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶	42b		V
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		V
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		.)	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
4.4		, <u>.</u>	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
С	Did the organization receive any payments for indoor tanning services during the year?	44c		
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		[
4-	explanation in Schedule O	44d		_
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓,
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	AEL		
	TOTAL 350-LZ. SEE HISHUCHORS	45b		$\prec\!$

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

rom 990	-EZ (2018)						,	age
46	Did the organization engage, directly or in	ndirectly in political c	ramnainn activities	on behalf of or	in appositio	on [Yes	No
10 1	to candidates for public office? If "Yes,"	complete Schedule C	. Part I	· · · · ·	· · · ·	46		
Part V			, , , , , , , , , , , , , , , , , , , ,			1 40	l	_
	All section 501(c)(3) organization		estions 47-49b ar	nd 52, and cor	nplete the	tables f	or line	es
	50 and 51.	•			•			
	Check if the organization used Sc	hedule O to respond	to any question in	n this Part VI	· · · ·	<u> </u>	<u>.</u>	. <u>C</u>
							Yes	No
	Did the organization engage in lobbying /ear? If "Yes," complete Schedule C, Par		section 501(h) elec			ax 47		
	s the organization a school as described in		-			48		V
	Did the organization make any transfers t	· · · · · · · · · · · · · · · · · · ·	_			49a	L	V
	f "Yes," was the related organization a se					49b		
	Complete this table for the organization's employees) who each received more thar							
		(b) Average	(c) Reportable	(d) Health I				
	(a) Name and title of each employee	hours per week	compensation	contributions t		(e) Estimated amount of other compensation		
		devoted to position	(Forms W-2/1099-MIS	compens		outer con	фензас	1011
NONE								
				l				
		-						
				<u>. </u>				
	Total number of other employees paid ov							
51 (Complete this table for the organization 5100,000 of compensation from the orga	's five nignest compo inization, if there is no	ensated independe one. enter "None."	nt contractors	wno each i	received	more	tna
	(a) Name and business address of each independ		(b) Type of s	ervice	(c) C	Compensation	on	
NONE								
NONE			1					
				-				
_								
			-					
			1	į				
d T	otal number of other independent contra	ctors each receiving	over \$100.000 .	. •				
	Did the organization complete Schedu	J	•	ganizations mu	ust attach	а		
	completed Schedule A			<u> </u>		► ☐ Yes		No
Under pen true, corre	alties of penury, I declare that I have examined this r ct, and complete. Declaration of preparer (other than	eturn, including accompan officer) is based on all info	ying schedules and state irmation of which prepare	ements, and to the t er has any knowled	pest of my knov ge.,	wledge and	belief,	ıt ıs
	Mudael Co.	1 100		5	110/19	7		
Sign	Signature of officer Date/							
Here	Michael Carey, President				· .			
	Type or print name and title	Preparer's signature	1	Date	г —	PTIN		
Paid Prenai	Print/Type preparer's name				Check I if self-employed	f		

Use Only

Firm's name

Firm's address ▶

May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

Firm's EIN ▶

Phone no

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

~COI	MMUNITY REENTRY PROGRAM INC					8328	18426
Pai	t I Reason for Public Cha	rity Status (All	organizations mus	t comple	ete this p	art.) See instruction	ons.
The 6 1 2 3 4	organization is not a private foundation of church A church, convention of church A school described in section A hospital or a cooperative ho	hes, or associati 170(b)(1)(A)(ii). spital service org	ion of churches descr (Attach Schedule E (F ganization described i	ribed in s Form 990 in sectio i	ection 17 or 990-E n 170(b)(/0(b)(1)(A)(i). Z).) 1)(A)(iii).	09 (iii) Enter the
5	hospital's name, city, and stat An organization operated for section 170(b)(1)(A)(iv). (Com	e: the benefit of a					
6 7	A federal, state, or local gover An organization that normally described in section 170(b)(1)	nment or govern receives a subs	stantial part of its sup				n the general public
8 9	☐ A community trust described i ☐ An agricultural research organ or university or a non-land-gra university:	ization described	d in section 170(b)(1)	(A)(ix) op			
10	An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt fu t income and un fter June 30, 19	nctions—subject to c related business taxa 75. See <mark>section 509(</mark> a	ertain exe ble incon a)(2). (Co	ceptions, ne (less s mplete Pa	and (2) no more tha ection 511 tax) from art III.)	n 331/3% of its
11 12	An organization organized and of one or more publicly support Check the box in lines 12a through the control of	operated exclusorted organizatio	sively for the benefit o	f, to perfe ion 509(a	orm the fo	unctions of, or to car ection 509(a)(2). Se	e section 509(a)(3)
а	Type I. A supporting organithe supported organization supporting organization. You	(s) the power to	regularly appoint or e	elect a ma	jority of t		
b	☐ Type II. A supporting organ control or management of organization(s). You must	the supporting o	organization vested in	the same			
C	Type III functionally integ its supported organization(ally integrated with,
d	Type III non-functionally integrated that is not functionally integrequirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an	
e	Check this box if the organ functionally integrated, or 1	ype III non-func	tionally integrated sup				e II, Type III
f	Enter the number of supported of						
<u>9</u>	Provide the following information (i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) is the c	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
A)							
B)							
C)							
D)							
E)							
-4-1			<u> </u>	i			

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.

Secti	ion A. Public Support	under the te	SIS IISICA BOIL	ow, picase c	ompiete i art		
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees	<u></u>	17,20.0	(5, 25.5	1	(-, -0.0	,
	received. (Do not include any "unusual grants.")					765	765
2	Gross receipts from admissions, merchandise					100	
	sold or services performed or facilities						
	furnished in any activity that is related to the		l				
3	organization's tax-exempt purpose	· · · · · · · · · · · · · · · · · ·	ļ				
3	unrelated trade or business under section 513		1		1	İ	
						<u> </u>	
4	Tax revenues levied for the			•			
	organization's benefit and either paid to				İ		
_	or expended on its behalf						
5	The value of services or facilities		1				
	furnished by a governmental unit to the		[1		
	organization without charge						
6	Total. Add lines 1 through 5						765
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .				<u> </u>		
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)		<u> </u>		<u> </u>		765
	on B. Total Support				,		
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6		ļ			765	765
10a	Gross income from interest, dividends,				1		
	payments received on securities loans, rents,					•	
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b					_	
11	Net income from unrelated business		l				
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or					1	
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)					765	765
14	First five years. If the Form 990 is for the	_			_		
	organization, check this box and stop her			• • • • •		• • • •	> 🗸
	on C. Computation of Public Suppor	<u>~</u>					
15	Public support percentage for 2018 (line 8		•			15	%
16	Public support percentage from 2017 Sch			<u> </u>	<u></u>	16	<u>%</u>
$\overline{}$	on D. Computation of Investment Inc					T .= T	
17	Investment income percentage for 2018 (I		• •	-		17	%_
18	Investment income percentage from 2017					18	<u>%</u>
19a	331/s% support tests—2018. If the organi						
_	17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization . •						_
þ	331/a% support tests—2017. If the organiz						
	line 18 is not more than 331/3%, check this b	_	_		•	• •	_
20	Private foundation. If the organization did	not check a	box on line 14,	19a, or 19b, c	check this box	and see instruc	tions 🕨 🔲