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Form **990**

Return of Organization Exempt From Income Tax

20

20**09**

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Form **990** (2009)

<u>A</u>	For the	e 2009 cal	endar ye	ar, or tax ye	ear beginning	1		, ,	and en	ndıng					
В	Check if ap	pplicable	Please	C Name of	organization	MAINE	PEOPLE'S	ALLIANCE			D Employe	r identification	on number		
\square	Address	change	use IRS label or	Doing Bu	usiness As						01-038349				
Π,	Name ch	anne	print or			O boy if mail	is not delivered	to street address)	Bac	om/suite		<u> </u>			
=		- 1	type		•		is not delivered	to street address)			E Telephon				
=	Initial ret		See Specific		<u>GRESS STR</u>			<u></u>	200	0	<u> 207-797-09</u>	967			
Щ.	Terminat	ed	Instruc-	1	own, state or cour	ntry, and ZIP									
\square	Amended	d return	tions	PORTLAN	1D		N	<u>/IE 041</u>	101		G Gross rec	eipts \$		76	32,920
	Application	on pending	FN	lame and ad	dress of princi	ipal officer				H(a) Is ti	his a group ret	urn for affiliat	es?	Yes	X No
														= =	==
											all affiliates in		<u> </u>] Yes [X No
1 1	ax-exe	mpt status	X 50	01(c) (4) ◄ (insert	ino) 📙	4947(a)(1)	or 527		if "i	No," attach a li	st (see instri	uctions)		
JV	Vebsite	e: ► www	v mainei	peoplesalli	ance org					H(c) Gro	oup exemption	number 🕨	N/A		
		rganization		orporation	7 7	Association	Other ▶						_	1-	
			=			Association	Other >	<u> </u>	L Year	of format	tion1983	M State	of legal do	micile	<u>ME</u>
	art l		mmary												
	1	Briefly d	escribe	the organiz	zation's miss	ion or mos	t significant	activities In 2	2009, 1	MPA co	onducted ca	ampaigns	to suppo	rt th	ne
<u>⇒</u>		debate i	n Maine	on Health	care Reform	; the elimin	ation of mer	cury from the F	enob	scot Riv	ver. afforda	ble housir	na initiativ	ves. t	OXICS
⊃ 8	1							orm (helping to							
_ HE								ork of voluntee							
, , E	1 _													arivas	55619
3	2							erations or disp	osed	of more	than 25%	of its net a	assets		
- ~ ~ ·	3				s of the gove							3			11
	4	Number	of indep	pendent vo	ting member	rs of the go	verning bod	y (Part VI, line	1b)			4			11
₹	5	Total nu	mber of	employees	s (Part V, line	e 2a)						5			85
TI S	6				(estimate if	•)					6			1,410
Z	7a				ness revenue	•	•	n (C) line 12				7a			0
\mathbb{Z}_{2}	1	_			able income		•	• • •				7b			
₹	<u> </u>	Netunit	siateu bt	usiness tax	able income	110/11 1 0/11	1 990-1, 11116	J 4		1	D-ver Verr	1 / D	C		
SCANNED SER 17 LUIU Activities & Governance					D (1411)	41.5					Prior Year		Currer		
	8											23,463			<u> 42,910</u>
ž	9	Program	ogram service revenue (Part VIII, line 2g)								2	21,921			<u> 15,535</u>
Revenue	10	Investm	ent incoi	me (Part V	'III, column (A	A), lines 3,	4, and 7d)					0			0
œ	11	Other re	venue (l	Part VIII, co	olumn (A), lir	nes 5, 6d, 8	3c, 9c, 10c,	and 11e)				-5,097			-607
	12	Total reve	enue—ad	dd lines 8 thr	rough 11 (mus	t equal Part	VIII. column	(A), line 12)			1.04	0,287		7:	57,838
	13				s paid (Part I							3,000			3,000
	14											0			0,000
		Calamaa	paiu io	or ioninen	MEGE		(A), III le 4)	umn (A), lines 5	- 40						
S	15	Salaries	s, otner c	compensa u	en, employe	e-beneuts	(Part IX, col	umn (A), lines s	ן (טו –כ			6,760		4	<u>70,727</u>
ÜŠ	16a	Professi	ional tun	idrais[n p][e	es (Part IX, d	column (A)	தூe 11e)				0				0
Expenses	b	Total fur	ndraising	g exp er ses	es (Part IX, d s (Pahhl[X2]c3)	վ վ:[[[D), 	ine 25) ▶		8,168						_
Ü	17	Other ex	xpenses	i(Pan(l¥k),∫c	olumn (A), lir	nes 11a- 1	[2] 11f-24f)			_	25	57,071		2	77,152
	18	Total ex	penses.	. Add ines	A3-17-(must	requal-₽ar	TX, column	(A), line 25)			88	36,831		7:	50,879
	19	Revenue	e less ex	xpenses S	HOWAR IIne	8 from line	e 12	,			15	3,456			6,959
- "	-		<u> </u>	.,,		<u> </u>			<u></u> -	Beginn	ning of Curren		End o	f Year	
Net Assets or	20	Total as	cate (Pa	art X, line 1	6)							57,117			66,698
SSE	20				•										
4 5	21			Part X, line	•					<u> </u>		7,240			6,106
					es Subtract I	ine 21 fron	n line 20	· · · · · · · · · · · · · · · · · · ·		l	72	19,877			<u>60,592</u>
Pa	art <u>II</u>	Sig	nature	Block					_						
			•					ling accompanying s						-	
		and t	belief, it 🎜 t	true, correct, a	and complete De	eclaration of p	reparer (other th	nan officer) is based	on all ir	nformation	n of which prep	parer has any	knowledge	;	
		1.	/\	1111 -	-111							۔ اید	12		
0:-			1	WK.								8/15	2010)	
Sig			Signature	of officer				· · · · · · · · · · · · · · · · · · ·			Date	T			
He	re			Jesse	e Graha	W. E	recutive	e Directo	۸ <i>۱</i> –						
			Type or pr			<u> </u>	XCCO IIV	<u>c (AlCCII</u>	<u> </u>						
		- Pron	arer's	rint name and	uue			Date	1 6	neck if		Preparer's	dentifying	numh	
	الد!	signa		10	A 10	← ^		Date	se			(see instruc		HUITIDE	
Pai		1 -	T	$\mathcal{U}(\mathcal{U})$	aucella	, د له ر		8/10/2010	•	nployed	►X	N/A	*		
	epare r '	i Firm	's name (or	5 14014F0 .										•	
Us	e Only	1	f-employed	d),	Al Aucella							N/A			
			ess, and ZI	IP+4 7 6	<u>69 Field Roa</u>	<u>id, Falmou</u>	<u>th, ME 0410</u>	5			Phone no	(207) 78	31-3853		
Ma	v the If	RS discus	ss this re	eturn with th	he preparer s	shown abo	ve? (see ins	structions)					XY	es [No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

	990 (2009) MAINE PEOPLE'S ALLIANCE	01-0383493	Page 2
Pa	Statement of Program Service Accomplishments		
1,	Briefly describe the organization's mission:		_
•	MPA's mission is to involve un/underrepresented people in our democracy and to strengthen indiv		
	decision-making processes that affect our lives We are dedicated to advancing economic, environmental decision-making processes that affect our lives.		
	and racial justice MPA members envision a society in which we have the courage together to mo		
	and respect for all walks of life by promoting the common interest and exercising shared power in		oals
2	Did the organization undertake any significant program services during the year which were not list		
	the prior Form 990 or 990-EZ?	Yes	X No
_	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any progreservices?		ਹਾ N-
		Yes [X No
4	If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program s	onuces by expenses	
4	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report		4
	allocations to others, the total expenses, and revenue, if any, for each program service reported	the amount of grants and	
<u> </u>	(Code) (Expenses \$ 327,366 including grants of \$ 3,000) (Re	evenue \$ 1,00	00.)
74	STATEWIDE & LOCAL COMMUNITY ORGANIZING - Identification of community leaders and pre		'
	statewide concern, and organizing and providing technical assistance on issue campaigns. In 20		
	reform (37 public events, 181 media stories, 31 meetings with legislators, etc), grew our Maine Sn		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	to more than 2000 members, helped pass two important pieces of toxics legislation, worked again	· • • • • · · · · · · · · · · · · · · ·	allot
	proposal and advanced for account receives, manages accepts, and manages which		
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41.	(O-d-)/5		
4b			<u>(0</u>)
	ENGAGE MAINE VOTES - A coalition of organizations working to advance a progressive issue a organizing coalitions, developing grassroots leadership and coordinating a public policy message		
	landar and formal arrant	• • • • • • • • • • • • • • • • • • • •	
	leader and fiscal agent	, 	
			
			
4c	(Code) (Expenses \$ 151,866 including grants of \$ 0) (Re		19)
	TELEPHONE CANVASS - Public outreach and education staff contacts households in Maine via		
	issue-oriented information, renew members, and solicit contributions. In 2009, the MPA Phone C		- <i></i>
	conversations with 15,000 members MPA organizers had trainings with over 250 active member	8	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ 74,583 including grants of \$ 0) (Revenue \$	3,016)	
4e	Total program service expenses ► 658.178		

Form 990 (2009) MAINE PEOPLE'S ALLIANCE 01-0383493 Page 3 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 Is the organization required to complete Schedule B, Schedule of Contributors? Х 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Х Did the organization maintain any donor advised funds or any similar funds or accounts where 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 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 Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete Schedule D, Part III 8 Х Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V Х 10 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, 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, Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 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. 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 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X

	Scriedule D, Paris XI, XII, and XIII.	_	
12A	Was the organization included in consolidated, independent audited financial statements for the tax		Yes
	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	12A	

Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete

13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III

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

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?
 If "Yes," complete Schedule G, Part III.
 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Х

Х

Х

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Part IV Checklist of Required Schedules (continued)

	19 Note. Air Form 500 mers are required to complete ouriedaje o.	_		(2009)
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note . All Form 990 filers are required to complete Schedule O.	38	x	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
37	organization? If "Yes," complete Schedule R, Part V, line 2. Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	35		
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i> .	33		X
	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
	Part I .	31		X
31	conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	79	_	
20	Part IV	28c 29		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .	28a		Х
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)			
	If "Yes," complete Schedule L, Part III	27		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
26	990-EZ? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	25b		<u>X</u>
-	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	∠⊃a		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
	to defease any tax-exempt bonds?	24c		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		Χ_
L	24b through 24d and complete Schedule K If "No," go to line 25	24a		_X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
24-	employees? If "Yes," complete Schedule J	23		<u>X</u>
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Y
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II .	21		<u>X</u>
21 '.	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
			Yes	No

		01-0383493	F	age 5
Par	Statements Regarding Other IRS Filings and Tax Compliance		г	T
1a '	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		Yes	No
ıu	U S Information Returns Enter -0- if not applicable . 1a	5		
b	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 (gambling) winnings to prize winners?	16	N/A	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	1000	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	85		1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	ļ
	Note . If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .	5a	1	x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a	x	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	X	
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	ļ	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	0		
е	Did the organization, during the year, 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
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		 	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		N/A
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966? .	9a	<u> </u>	N/A
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		N/A
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a N/A			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b N/A	\dashv	l	
11_	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders Gross income from other sources (De not not one unto due or paid to other sources)			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		N/A
	If "Yes " enter the amount of tax-exempt interest received or accrued during the year 12h N/A	128	+	13//

Form 990 (2009) MAINE PEOPLE'S ALLIANCE 01-0383493 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Sect	ion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body .	1a	11			
b	Enter the number of voting members that are independent .	1b	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	ations	nip with			
	any other officer, director, trustee, or key employee?			2		<u> X</u>
3	Did the organization delegate control over management duties customarily performed by or u					
_	supervision of officers, directors or trustees, or key employees to a management company or		•	3		<u> X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form S			4		X
5	Did the organization become aware during the year of a material diversion of the organization	n's ass	ets?	5		<u>X</u>
6	Does the organization have members or stockholders?			6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or ref the governing body?	nore m	embers	_		
b	of the governing body?	.		7a	Х	
8	Are any decisions of the governing body subject to approval by members, stockholders, or of Did the organization contemporaneously document the meetings held or written actions under			7b		X
O	the year by the following	naken	auring			
а	The governing body?			8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	nt he re	ached	- 00		
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedul			9a		Х
Sect	ion B. Policies (This Section B requests information about policies not required by th		rnal			
	enue Code)					
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a	Х	
b	If "Yes," does the organization have written policies and procedures governing the activities of	of such	chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization			10b	Х	
11	Has the organization provided a copy of this Form 990 to all members of its governing body to	efore	filing the			
	form?		•	11	Х	
11A						
	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests	that co	uld give			
	rise to conflicts?			12b	_X_	
С	Does the organization regularly and consistently monitor and enforce compliance with the po describe in Schedule O how this is done	licy' <i>If</i>	"Yes,"	40.		
12			•	12c	X	
13 14	Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy?		•	13	^ X	
15	Did the process for determining compensation of the following persons include a review and a	000501	al bu	14	-	
15	independent persons, comparability data, and contemporaneous substantiation of the deliber					
а	The organization's CEO, Executive Director, or top management official	ation	ina accision.	15a	x	
b	Other officers or key employees of the organization		•	15b		X
_	if "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			105		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar a	arrange	ement .			
	with a taxable entity during the year?			16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization	to eva	luate			
	its participation in joint venture arrangements under applicable federal tax law, and taken step					
	the organization's exempt status with respect to such arrangements?			16b		
Sect	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► None Required					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, air	nd 990	-T (501(c)(3)s o	nly)		
	available for public inspection Indicate how you make these available. Check all that apply					
	Own website Another's website X Upon request		_			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing docur	ments,	conflict of intere	st		
	policy, and financial statements available to the public					
20	State the name, physical address, and telephone number of the person who possesses the b	ooks a				
	organization AL AUCELLA & MAINE PEOPLES ALLIANCE 565 CONGRESS ST. SUITE 200, PORTI AND, ME 04101		207-797-096	<i>7</i>		

compensated employees, and former such persons

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

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. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

Check this box if the organization did not compensate any current officer, director, or trustee

Check this box if the organization did not compensate any current officer, director, or trustee										
(A)	(B)			(C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Edward Gorham Member	1	Х						0	0	. 0
Tammy Greaton Member	1	х						0	0	0
Jay LeGore Member	1	х						0	0	0
Faith McLean Member	1	х						0	0	0
Jacqueline Murphy Member	1	X						0	0	0
Judy Simpson Member	1	X						0	0	0
Susan Pelletier Member	1	х						0	0	0
Malvina Gregory Co-Chair	2			х				0	0	0
Milton Hillery Co-Chair	2			х				0	0	0
John Bernard Treasurer	2			х				0	0	0
David White Secretary	2			x				0	0	0
Jesse Graham Executive Director	20			x				43,288	See Sch O	0
										

	Section A. Officers, Directors, Tru , (A)	(B)			((C)			(D)	(E)		(F)	
	Name and title	Average hours per week	1	Officer Institutional trustee Individual trustee or director		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)		Estima amoun othe compens from to organiza and rela organiza	t of r sation he ation ated	
				-						-			
1b	Total .	•						>	43,288		0		0
2	Total number of individuals (including but no reportable compensation from the organization)		se lis	ted a	above 0	e) w	ho re	ceiv	ed more than \$1	00,000 in			
									· · · · · · · · · · · · · · · · · · ·			Yes	No
3	Did the organization list any former officer, employee on line 1a? If "Yes," complete Sc			•	•	yee	, or h	ighe	st compensated		3		Х
4	For any individual listed on line 1a, is the su	ım of reportable	com	pen:	satio								
	the organization and related organizations of individual	greater than \$1:	50,00	02 11	r "Ye	s," c	ompi	ete :	Schedule J for s	uch	4		х
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Y								rganization for		5		X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest corcompensation from the organization	mpensated inde	pend	lent	contr	acto	ors th	at re	ceived more tha	ın \$100,000 c	of _		
	(A) Name and business a	address							(B) Description of ser	vices	Comp	(C) ensation	
													0
		 						-					0
											_		0
						_							0
2	Total number of independent contractors (in more than \$100,000 in compensation from			ed to	tho	se li	sted : 0		e) who received	ı			

0

15.535

757.838

All other revenue . . .

Total. Add lines 11a–11d. **Total revenue.** See instructions. .

-607

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column				d (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	3,000	3,000		
2	Grants and other assistance to individuals in				
	the U S See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S See Part IV, lines 15 and 16	<u> </u>			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,	10.000	0.4.00.4	2.42.	2 100
c	trustees, and key employees	43,288	34,631	2,164	6,493
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	اه			
7	Other salaries and wages	333,422	297,725	20,881	14,816
8	Pension plan contributions (include section 401(k)	333,422	291,123	20,001	14,010
٠	and section 403(b) employer contributions)	9,361	8,587	424	350
9	Other employee benefits	50,557	42,893	6,049	1,615
10	Payroll taxes	34,099	30,831	1,358	1,910
11	Fees for services (non-employees).	3 7,000	30,001	1,000	1,010
а	Management .	o			
b	Legal .	7,396	5,338	2,058	
C	Accounting	13,423	1,473	11,950	
d	Lobbying.	o			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	16,710	16,710		
12	Advertising and promotion	10,936	10,936		
13	Office expenses .	37,083	26,567	3,570	6,946
14	Information technology .	3,731	3,160	425	146
15	Royalties	0			
16	Occupancy .	45,315	36,930	3,773	4,612
17	Travel .	22,934	21,175	890	869
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	18,574	18,016	553	5
20	Interest	0			
21	Payments to affiliates	0			110
22	Depreciation, depletion, and amortization .	1,174	968	93	113
23	Insurance .	2,442	1,954	220	268
24	Other expenses. Itemize expenses not covered above (Expenses grouped together		ļ		
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	DUES & PUBLICATIONS	12,320	12,173	122	25
a b	ALLIANCE DUDLICATION	30,499	30,499	122	23
C	PRINTING	10,235	10,235		
ď	ENGAGE MAINE VOTES ADVOCACY	44,332	44,332		
e	MISC EXPENSES	48	45	3	
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	750,879	658,178	54,533	38,168
26	Joint costs. Check here ► X If following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined		}		
	educational campaign and fundraising				
	solicitation	235,336	141,200		94,139
					Form 990 (2009)

Pa	ırt X	Balance Sheet					
	٠,				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			140,174	1	106,066
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			0	4	0
	5	Receivables from current and former officers,	directors, tru	ustees, key			
		employees, and highest compensated employ Schedule L	rees Compl	ete Part II of	0	5	
	6	Receivables from other disqualified persons (a	as defined u	nder section			
		4958(f)(1)) and persons described in section 4 Part II of Schedule L .	4958(c)(3)(B) Complete	0	6	
ध	7	Notes and loans receivable, net		Ţ	0	7	0
Assets	8	Inventories for sale or use .				8	
۲	9	Prepaid expenses and deferred charges				9	
Ì	10a	Land, buildings, and equipment cost or	10a	12,941			
		other basis Complete Part VI of Schedule D					
	þ	Less accumulated depreciation	10b	1,174	0	10c	11,767
	11	Investments—publicly traded securities			0	11	0
l	12	Investments—other securities See Part IV, Iir		. [0		0
	13	Investments—program-related See Part IV, I	ne 11		0		0
1	14	Intangible assets			0		0
	15	Other assets. See Part IV, line 11		16,943		48,865	
	<u>16</u> _	Total assets. Add lines 1 through 15 (must ed			157,117		166,698
į	17	Accounts payable and accrued expenses	(PAYROLL A	ACCRUALS)	7,240		6,106
	18	Grants payable	· · · · · · · · · · · · · · · · · · ·	18_			
	19	Deferred revenue	-		19		
	20	Tax-exempt bond liabilities	- D N/ - 4	0.1	0		
tie	21	Escrow or custodial account liability Complet Payables to current and former officers, direct		-		21	
Liabilities	22	employees, highest compensated employees					
E.		persons Complete Part II of Schedule L	, and disqua	illeu	0	22	
	23	Secured mortgages and notes payable to unr	alated third i	narties	0		0
	24	Unsecured notes and loans payable to unrela			0		0
	25	Other liabilities. Complete Part X of Schedule			0	25	0
	26	Total liabilities. Add lines 17 through 25	_	ļ.	7,240	_	6,106
es		Organizations that follow SFAS 117, check complete lines 27 through 29, and lines 33		and			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Σ	27	•	y7.	ŀ	72 400	27	105 607
aga	27	Unrestricted net assets		}	73,199 76,678		125,627
8	28 29	Temporarily restricted net assets Permanently restricted net assets	•	}	(0,010	28 29	34,965
Š	25	•					
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 and complete lines 30 through 34.	, check her	e▶ <u>`</u>	:		
ets	30	Capital stock or trust principal, or current fund			 -	30	
ASS	31	Paid-in or capital surplus, or land, building, or	equipment	fund		31	
et/	32	Retained earnings, endowment, accumulated	income, or	other funds		32	
Ž	33	Total net assets or fund balances	149,877	33_	160,592		
	34	Total liabilities and net assets/fund balances			157,117	34	166,698

Form	990 (2009) MAINE PEOPLE'S ALLIANCE 01-			
Par	t XI Financial Statements and Reporting			
	<u></u>		Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	if the organization changed its method of accounting from a prior year or checked "Other," explain in	_		ļ
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		N/A
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		N/A

Form 990 (2009)

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

	•	Section	501(c)(4).	(5), or (6)	organizations	Complete Part III
--	---	---------	------------	-------------	---------------	-------------------

		organizations Completes at III			
	ame of organization			Employe	er identification number
	NE PEOPLE'S ALLIANO		1 1: 504	() () () ()	01-0383493
		if the organization is exempt un			organization.
1	•	of the organization's direct and indirect			100
2	Political expenditures			- \$	122
3	Volunteer hours				0
Pa		if the organization is exempt un			NOT APPLICABLE
1	Enter the amount of a	iny excise tax incurred by the organiza	tion under section	n 4955 ► \$	0
2	Enter the amount of a	iny excise tax incurred by organization	managers under	section 4955 \$ \$	0
3	If the organization inc	urred a section 4955 tax, did it file For	m 4720 for this ye	ear?	Yes No
4a	Was a correction mad	de?			Yes X No
b	If "Yes," describe in P				
Pa	rt I-C Complete	if the organization is exempt un	der section 501	(c), except section 50)1(c) <u>(</u> 3).
1		ectly expended by the filing organizatio	n for section 527	The state of the s	SEE PART IV
				. ▶ \$	122
2		he filing organization's funds contribut	_		
	for section 527 exemp			•	0
3	•	expenditures. Add lines 1 and 2 Enter			
	line 17b			• \$	122
4 5	Enter the names, add payments were made amount of political co	ntion file Form 1120-POL for this year' resses and employer identification nur . For each organization listed, enter the ntributions received that were prompted fund or a political action committee (mber (EIN) of all s e amount paid fro y and directly deli	section 527 political orgar om the filing organization's vered to a separate politic	nizations to which s funds. Also enter the cal organization, such as
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
MPA	. Campaign Vote	c/o 565 Congress St #200 Portland ME 04101	02-0531725	0	2,289
MPA	Campaign Maine	c/o 565 Congress St #200 Portland ME 04101	01-0556337	0	0
	·			0	0
	•			0	0
				0	0
				0	0

	MAINE PEOPLE'S ALLIANCE Schedule C (Form 990 or 990-EZ) 2009					Page (
	art II-A Complete if the organize under section 501(h)).	zation is exen	npt under sectio	n 501(c)(3) and	filed Form 5768	(election
A B	Check ▶ ☐ If the filing organizati	•	•	•	is apply.	
	Limits on L (The term "expenditures"	obbying Expen ' means amour		ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1a b c	Total lobbying expenditures to influent Total lobbying expenditures to influent Total lobbying expenditures (add lines). Other exempt purpose expenditures.	ce a legislative s 1a and 1b).	body (direct lobbyi		0	(
e f	e Total exempt purpose expenditures (add lines 1c and 1d)				0	(
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	20% of the ar \$100,000 plus \$175,000 plus	nount on line 1e s 15% of the excess or s 10% of the excess or s 5% of the excess or s 5% of the excess or	ver \$500,000 ver \$1,000,000	`	, , , , , ,
g h i	Grassroots nontaxable amount (enter Subtract line 1g from line 1a If zero of Subtract line 1f from line 1c If zero of If there is an amount other than zero section 4911 tax for this year?	or less, enter -0- r less, enter -0- on either line 1h	·	· -	1	Yes No
	(Some organizations that	made a sectio	ng Period Under S n 501(h) election tructions for lines	do not have to co		ive
	Lobb	ying Expenditu	res During 4-Year	Averaging Period	d	
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying nontaxable amount	0	0		0	
b	Lobbying ceiling amount					

		<u>-obbying Expenditu</u>	res During 4-Year	Averaging Perio	d	
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying nontaxable amount	0	0		0	0
b	Lobbying ceiling amount (150% of line 2a, column(e))					0
С	Total lobbying expenditures	0	0		0	0
d	Grassroots nontaxable amount	0	0		0	0
е	Grassroots ceiling amount (150% of line 2d, column (e))	*	7		s ²	0
f	Grassroots lobbying expenditures	0	0		0	0

Schedule C (Form 990 or 990-EZ) 2009

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	IOT fi	led F	orm 5768	
	(closses and cooler co.(h)).	(;	a)	(b)	
		Yes	No	Amou	nt
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:			-	
а	Volunteers?				
b c d	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
e f	Publications, or published or broadcast statements?				
g h	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? If "Yes," describe in Part IV				
j	Total Add lines 1c through 1i				0
b	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912. If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	01(c)	(5), oı	r section	
1 2 3 Par	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? till-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-"Yes."				X
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year	•	2b		
с 3	Total		2c		0
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible		19		
	lobbying and political expenditure next year?		4		_
5	Taxable amount of lobbying and political expenditures (see instructions)	•	5		0
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line	e 5; ar	nd Part	t II-B, line 1	lı
	complete this part for any additional information C, PART I-A & 1-C. The only direct political expense was a postcard printing for a Lewiston Main	e cour	ncil ca	ndidate,	
Sta	n Pelletier .				
SCH	C, PART 1-C, LINE 4 ⁻ No Form 1120-POL was filed as there was no political taxable income (i.e.	, no n	et inve	estment	
inc	come-see FORM 990, PART VIII REVENUES for more detail)				

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions. OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number MAINE PEOPLE'S ALLIANCE 01-0383493 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?... 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X . . .

Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X. . . .

Part	III , Organizations Maintaining	Collections of	Art, His	torical T	reasures,	or Oth	ner Similar Ass	sets (c	ontinu	ied)_
3 `	Using the organization's acquisition, use of its collection items (check all		ther reco	rds, chec	k any of the	follow	ing that are a sig	nıficant		
а	Public exhibition	·	d 🗌	Loan	or exchange	progra	ams			
b	Scholarly research		e 🗍	Other	_					
С	Preservation for future genera	ations								
4	Provide a description of the organizary XIV		and expl	ain how t	hey further t	the org	anızatıon's exem	ipt purp	ose in	ſ
5	During the year, did the organization assets to be sold to raise funds rath								es 🔲	No
Part	IV Escrow and Custodial Ar IV, line 9, or reported an ar	_	-		•	answe	red "Yes" to Fo	rm 990), Par	t
1a	Is the organization an agent, trustee included on Form 990, Part X?					ns or o	ther assets not	Y6	es 🗌	No
р	If "Yes," explain the arrangement in	Part XIV and com	iplete the	tollowing	table		1			
_	Beginning balance .					10		mount		<u>_</u>
c d	Additions during the year		• •	•	•	1c 1d				<u>u</u>
e	Distributions during the year					1e				
f	Ending balance					1f				0
70	Did the organization include an amo	unt on Form 000	Dod V II	212		L	<u> </u>		es X	No
2a b	If "Yes," explain the arrangement in		rait A, II	ne Z i /				ш"	3S 🔼	NO
Part			uzation a	nswered	d "Yes" to f	orm C	90 Part IV line	<u> </u>		
	Emacument randor com	(a) Current year	(b) Prid		(c) Two years		(d) Three years back		ur years	back
1a	Beginning of year balance	0			_ , , , , ,		```	+ -		
b	Contributions							 		
С	Net investment earnings, gains,									
	and losses									_
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs .									
f	Administrative expenses .									
g	End of year balance	0		0	L					
2	Provide the estimated percentage of	•		l as						
а	Board designated or quasi-endowm	,	%							
þ	Permanent endowment	<u>%</u> -								
C	Term endowment	_%_								
3a	Are there endowment funds not in the	ne possession of t	ne organ	ization th	at are held	and ad	ministered for the	e I	Vaa	- N -
	organization by							2-(1)	Yes	No
	(i) unrelated organizations (ii) related organizations						•	3a(i)		
b	(ii) related organizations If "Yes" to 3a(ii), are the related organizations	anizatione listed a	e require	 don Sob	 odulo P2			3a(ii) 3b		
4	Describe in Part XIV the intended u		•					30		
Part						rt X lır	ne 10			
	Description of investment	(a) Cost or ot			st or other		Accumulated	(d) Bo	ook valu	
	bessiption of investment	(investm			(other)		epreciation	(0) 5	JOK Valu	•
1a	Land		0		0					0
b	Buildings		0		Ö		0			0
С	Leasehold improvements.		0		0		0			0
d	Equipment		0		4,408		1,032			3,376
e	Other .		0		8,533		142			8,391
Tota	I. Add lines 1a through 1e (Column (d) must equal For	m 990, P	art X, col	umn (B), lın	e 10(c)) ▶			1,767

organization's liability for uncertain tax positions under FIN 48

Part VII Investments—Other Securities	s. See Form 990, Part X,	line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Financial derivatives	0		
Closely-held equity interests	0		
Other	0		· · · · · · · · · · · · · · · · · · ·
	0		
	0		
•	0		
	0		· · · · · · · · · · · · · · · · · · ·
	0		
	0		
	0		
	0		
Total (Column (b) must equal Form 990, Part X, col (B) line 12)	0		
Part VIII Investments—Program Relate	d. See Form 990, Part X,	line 13	
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
	0		
	0		
	0		
	0		
	0		
	0		
	0		
	0		
	0	-	
Total (Column (b) must equal Form 990, Part X, col (B) line 13)	0		
Part IX Other Assets. See Form 990, F	art X, line 15		
	a) Description		(b) Book value
Receivables from a 501 c3 allied organization/sha	red expenses (no element of	of C3-C4 control, see Sch O)	48,365
Van Rebate Receivable			500
			0
			0
		··	0
			0
			0
		· · · · · · · · · · · · · · · · · · ·	0
			0
Total. (Column (b) must equal Form 990, Part X,	col (B) line 15)		48,865
Part X Other Liabilities. See Form 990), Part X, line 25		
1. (a) Description of liability	(b) Amount		
Federal income taxes		_0	
		_0	
		<u>0</u>	
		0	
		0	,
		0	
		0	
		0	
		0	
		0	
Total (Column (b) must equal Form 990, Part X, col. (B) line 25.)		0	
2. FIN 48 Footnote. In Part XIV, provide the text of	f the footnote to the organiz	ation's financial statements that	reports the

	fule D (Form 990) 2009			Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 9	90 to Audited Fina	ancial Statements	
1、	Total revenue (Form 990, Part VIII, column (A), line 12)		1 N/A	
2	Total expenses (Form 990, Part IX, column (A), line 25)	•	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4 through 8		9	0
10	Excess or (deficit) for the year per audited financial statements Comb		10	0
	t XII Reconciliation of Revenue per Audited Financial Sta			
1	Total revenue, gains, and other support per audited financial statemen	nts	1 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c	 	
d	Other (Describe in Part XIV)	2d		_
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1	1 1	. 3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
С 5	•	lm = 40 \	4c 5	0
_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Reconciliation of Expenses per Audited Financial St			0
1	Total expenses and losses per audited financial statements	atements with Ex		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	•	1 1	
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d	Zu	2e	0
3	Subtract line 2e from line 1		3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1 .		
a a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b	 	
c	Add lines 4a and 4b	<u> </u>	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I	I line 18)	5	0
	t XIV Supplemental Information	1, 11110 10)		
and		and Part XIII, lines 2	2d and 4b Also comple	

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

20**09**

Open To Public Inspection

Name of the organization					Employer identificati	on number
MAINE PEOPLE'S ALLIANCE					01-038	
Part I Fundraising Activities. Co				ered "Yes" to Forn	n 990, Part IV, lin	e 17
1 Indicate whether the organization ra				ing activities Checl	k all that apply	
	PLICABLE			of non-government	• • •	
b Internet and email solicitations		f 🗍 s	olicitation	of government gran	nts	
c Phone solicitations				draising events		
d In-person solicitations		о		g		
2a Did the organization have a written	or oral agreeme	nt with any	r individua	l (including officers	directors trustees	
or key employees listed in Form 990						Yes No
b If "Yes," list the ten highest paid indition to be compensated at least \$5,000 to	viduals or entitie	es (fundrai		-		
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund custody of contrib	r control of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
		Van	No		col (i)	
		Yes	No			
				o	o	0
				0	0	0
				0	0	0
				0	0	
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
Total				o	o	0
3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing						
•••••	·					
• • • • • • • • • • • • • • • • • • • •						
					· · · · · · · · · · · · · · · · · · ·	
•••••						
•••••						

Рa	rt II	-	s. Complete if the orga on Form 990-EZ, line 6				ed
		more man \$\psi_{0,000}\$	(a) Event #1 Portland Dinner (event type)	(b) Event #2 Bangor Cruise (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))	h
Revenue	1 2	Gross receipts Less Charitable	13,085	6,392	0	19	,477
Re	3	contributions Gross income (line 1	9,517	5,485	0	15	5,002
		minus line 2)	3,568	907	0	4	,475
	4	Cash prizes	0	0	0		0
	5	Noncash prizes	0	0	0		0
nses	6	Rent/facility costs	700	1,000	0	1	,700
Expe	7	Food and beverages	899	306	0	1	,205
Direct Expenses	8	Entertainment	0	0	0		0
_	9	Other direct expenses	1,430	747	0	2	2 <u>,177</u>
	10	Direct expense summary	_		•		082)
Pa	11 1 III	Net income summary Cor Gaming. Complete	nbine line 3, column (d), a if the organization ansv		90, Part IV, line 19, or re		<u>-607</u>
		than \$15,000 on Fo	m 990-EZ, line 6a				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col (a) through col (c	
Re	1	Gross revenue .				-	0
es	2	Cash prizes					0
xpens	3	Noncash prizes					0
Oirect Expenses	4	Rent/facility costs					0
۵	_5	Other direct expenses					0
	6	Volunteer labor	Yes% No	Yes% No	Yes % No		
	7	Direct expense summary	Add lines 2 through 5 in o	column (d) .		(0)
	8	Net gaming income summ	ary Combine line 1, colu	mn d, and line 7	•		0
9 a b	Is	iter the state(s) in which the the organization licensed to 'No," explain		s in each of these states'		9a	No
		ere any of the organization' 'Yes," explain		ed, suspended or termina	ted during the tax year?	10a	
11	Do	pes the organization operation	• • • • • • • • • • • • • • • • • • • •			11	
12	ls	the organization a grantor, med to administer charitab	beneficiary or trustee of a		· · · · · · · · · · · · · · · · · · ·		

13 · Indicate the percentage of gaming activity operated in

Schedule G (Form 990 or 990-EZ) 2009

a The organization's facility

b An outside facility .

Page 3 Yes No 13a % 13b % 14 Enter the name and address of the person who prepares the organization's gaming/special events books

	and records		
	Name ▶		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party		:
	Name ▶		
	Address ▶		
16	Gaming manager information		
	Name ▶		
	Gaming manager compensation ► \$0		
	Description of services provided •		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$	Ira	

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

Inspection
Employer identification number

MAINE PEOPLE'S ALLIANCE	01-0383493
FORM 990, PART III, LINE 4D Program Service Exps 83,833, G	rants 0, Program Revenues 3,016
DOOR CANVASS - Public Outreach and education as describe	ed in 111 4c with Phone Canvass, but in this case door to door
	••••••
FORM 990, PART IV, LINE 34 RELATED ORGANIZATIONS MP	A is not reporting a relationship with another exempt organization
(Sch R) as it has in prior years with Maine People's Resource C	enter, because the IRS definition of Related Organizations
requires Board control that does not exist. While MPA has a cle	ose and continuous working relationship with MPRC, a 501c3,
and shares staff and various costs, the organizations do not co	introl and/or are not controlled by the othereither as a parent.
subsidiary, or a brother/sister, nor do they qualify as a supporting	ng or supported organization They have no shared Board
members, though Jesse Graham, Executive Director, is hired b	y each organization on a half time basis
	••••••
FORM 990, PART VI, LINE 6 & 7a Maine People's Alliance is a r	nembership organization. The members are
invited to the annual meeting to elect Board members and can	participate in that vote
FORM 990, PART VI, LINE 11a PROCESS TO REVIEW 990 the	preparer sends Form 990 in draft pdf version to the Executive
Director who circulates it to all Board members for comments a	nd approval
FORM 990, PART VI, LINE 12c CONFLICT OF INTEREST POLI	CY Each Board member signs a statement that affirms he/she
has received a copy of this policy, understands, and will comply	with it Also, MPA provides the Board a list of proposed and
current transactions or arrangements that may create conflicts,	on no less than a yearly basis
FORM 990, PART VI, LINE 15 COMPENSATION The Board loc	ks at comparable data when determining payroll
for the Executive Director, and pay rates and increases for other	r employees are spelled out in the personnel policy. They are
dependent upon number of years job experience upon entry, th	en upon annual reviews with raises based on longevity.
FORM 990, PART VI, LINE 19 DOCUMENTS MADE AVAILABLE	TO THE PUBLIC upon request, either in printed form or in a
I.f.	

Schedule O (Form 990) 2009	Page 2
Name of the organization MAINE PEOPLE'S ALLIANCE	Employer identification number 01-0383493
. FORM 990, PART X, BALANCE SHEET Prior year Equipment purchases that totaled at lea	ast \$1,000 were capitalized in 2009
for the first time An entry for prior year computer and phone equipment purchased (with	estimated useful lives of 5 years)
was made for \$3,757 and charged against Net Assets	