

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Department of the Treasury

(HTA)

Return of Organization Exempt From Income Tax

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

20**09**

Open to Public Inspection

		e Service					e a copy of this	return to sati		<u> </u>	equirement	s		nspe	ction	
					x year begii					ending						
	neck if app		Please use IRS		e of organizati		NE EQUAL JU	JSTICE PAP	RTNERS		D Employ	yer ide	ntification n	umber		
ᆗᄻ	ddress c	hange	label or	<u> </u>	Business As						04-33462	73				
ᆗ汹	ame cha	ange	print or type	Numt	ber and street	(or PO box if	mail is not delivere	ed to street addr	ess) F	Room/suite	E Teleph	one nu	mber			
In	ıtıal retu	rn	See	126 SE	WALL ST	REET					207-626-	7058	·			
_ ↓™	erminate	ed	Specific Instruc-	1		or country, and	ZIP + 4									
=	mended		tions	AUGUS	STA			<u>M</u> E	04330-	<u>6822</u>	G Gross	eceipts	\$		69	<u>4,987</u>
A	pplicatio	n pending	FN	ame and	address of	principal offic	er			H(a) is	this a group	return f	or affiliates?		Yes 2	X No
			Sara Ga	agne-Ho	olmes (Sam	ne Contact I	nfo as "C" ab	ove)_	_	H(b) Ar	e all affiliates	includ	ed?		Yes	No
ı Ta	- ax-exer	npt status	X 50)1(c) (3) ◀ (insert no)	4947(a)(1) or 5	27	lf.	"No," attach	a list (s	see instruction	ns)		_
		: Nww			<u> </u>			<u> </u>		⊣ հ(Հ) Շ	roup evemblu	an num	ber ► N/A			
		ganization		rporation	Trust	Associati	on Other		Tiv							
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Governance		finding s public po systemic	solutions olicy adv c issues	to pove ocacy i and sta	erty and im n the state atewide ou	proving the legislature treach and	lives of people and with gove training on issentinued its continued its	e with low in inmental agues affecting	come in lencies, li q people	Maine egal rep with low	MEJP acc resentatio income	ompli n and	shes its m I impact lit	nssior igatio	throu	
දෙ	3						ody (Part VI,		•				3			13
Activities &	4	Number	of indep	endent	voting mei	mbers of the	e governing b	ody (Part VI,	line 1b)				4	_		13
Ĭ	5	Total nu	ımber of	employ	ees (Part \	/, line 2a)							5			9
Ä	6	Total nu	ımber of	volunte	ers (estima	ate if necess	sary)						6			0
	7a	Total gre	oss unre	lated bu	usiness rev	enue from l	Part VIII, colu	mn (C), line	12				7a			0
	<u>b</u>	Net unre	elated bu	usiness	taxable inc	ome from F	om 9907E	(P)34D]				7b			0
						i .	I LOLI				Prior Yea			Curren		
a	8	Contribu	utions an	nd grant	s (Part VIII	, line 1h)		2010	원 ·			726,6				3,526
Revenue	9	Program	n service	revenu	ie (Part VII	1, line 29	AUG 0 9	2010 }	?)	<u> </u>			30			6,255
ě	10	Investm	ent inco	me (Par	rt VIII, colui	mn (A), line	s 3, 4, and 7d) 6	2	-		13,7				6,606
LE.	11	Other re	evenue (I	Part VIII	l, column (/	A), lines[5, 6	9c, 10c	; and 11e)=	=	ļ		16,8				3,156
	12						Pak Muri Lollari		<u> </u>			766,5	83		67	9,543
	13 14						ımn (A), lines	•								610
	15		•				mn (A), line 4) ifits (Part IX, c		nos 5 . 16	<u> </u>		526,1	74		55	5,241
es	16a			-	_	•			nes 5-10	"		520, 1	74			
ens	ı						(A), line 11e) D), line 25) ▶		37,08	,,						0
Expenses	17			•	•		a–11d, 11f–24		37,00	20	****	161,3	240		11	5,758
	18			-			Part IX, colun		·E\			687,5				1,609
	19					line 18 from		in (A), inte 2	.5)			79,0				2,066
- S	13	Kevenu	C 1033 C/	xpenses	Subtract	inie 10 non	111116 12			Benir	ning of Cur			End o		2,000
sts o ance	20	Total as	sets (Pa	art X lin	e 16)					Degii		700,3		Lila o		88,610
Net Assets or Fund Balances	21		ibilities (l		•								545			0,837
Net	22					ract line 21	from line 20					699,8				7,773
	rt II		nature													7,1.1.4
0102 jg		Unde	er penalties	s of perjury	y, I declare tha		ned this return, inc n of preparer (other						r has any kno			
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To	the IF						above? (see							XY	es	No
																
COr	LLIASC.	y Act and	ı raperw	ork Red	uction Act i	NOTICE, SEE t	he separate in	structions.						For	m ヲゴし	(2009)

orm a	990 (2009) MAINE EQUAL JUSTICE PARTNERS	04-3346273	Page 2
Pa	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission		-
	Mission, to find solutions to poverty and improve the lives of people with low income in Maine M	EJP accomplishes its miss	sion
	through public policy advocacy, legal representation and impact litigation, and statewide training		27211.
2	Did the organization undertake any significant program services during the year which were not li	sted on	
	the prior Form 990 or 990-EZ?	. Yes	X No
	If "Yes," describe these new services on Schedule O	163	<u> </u>
,	Did the organization cease conducting, or make significant changes in how it conducts, any progr		
3			
	services?	Yes [X No
	If "Yes," describe these changes on Schedule O		
1	$\label{thm:continuous} Describe the exempt purpose achievements for each of the organization's three largest program (x,y) and (x,y) are the exempt purpose achievements for each of the organization of the organization of the organization of the exempt purpose achievements for each of the organization of the organ$		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report	t the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
la	(Code) (Expenses \$ 148,188 including grants of \$ 0) (R	evenue \$	0)
	Litigation & Other Advocacy Represents clients (individuals below 200% of the federal povery legislation)		agenc
	the state legislature and state & federal courts primarily with regard to systemic issues related to		
	income support programs, and housing & utility-related matters. MEJP handled over 603 cases in		
	and legislative matters as well as direct client services. These included 271 health care (primaril		
	cases concerning food assistance and income support programs, and 52 cases regarding housing also provided training and education throughout the state to ever 400 cases arounders and education throughout the state to ever 400 cases arounders and education throughout the state to ever 400 cases arounders and education throughout the state to ever 400 cases arounders and education throughout the state to ever 400 cases arounders and education throughout the state to ever 400 cases arounders and education throughout the state to ever 400 cases are provided to ever 400 cases are provide		
	also provided training and education throughout the state to over 400 service providers and advo		
	benefit programs affecting people with low income		
			- <i>-</i>
h	(Code) (Expenses \$ 211,817 including grants of \$ 0) (R	evenue \$	0)
-	Health Care Performs legal research and public policy analysis, and develops strategies to impr		٠.,
	for low-income individuals and families at the state level. Specific state activities include protecti		
	health care for over 270,000 Medicaid enrollees and improving prescription drug coverage for ap		ome
	seniors and people with disabilities		·
	······································		
			
	(Code) \(\(\(\(\) \) \(\)		<u> </u>
ŀC	(Code:) (Expenses \$ 96,885 including grants of \$ 0) (R	••••	<u>0</u>)
	TANF and Parents as Scholars Performs legal research and public policy analysis, and develop		
	Temporary Assistance for Needy Families (TANF) - Maine's public benefit program, including opportunity	portunities for higher	
	education and training so that participants can secure employment and achieve economic securi	ty Specific activities inclu	de
	sustaining benefits for over 13,500 families receiving TANF and close to 800 Parents as Scholars	s participants, as well as	
	improving benefits for those transitioning into the workforce		
	In proving benefic to those during into the workerde		
			-
‡d	Other program services (Describe in Schedule O)		
	(Expenses \$ 131,558 including grants of \$ 0) (Revenue \$	0)	
40	Total program service expenses ► 588,448		
70	, p oot, 1100 expenses		_

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 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 Х 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 Χ 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 6 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 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Х 9 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 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D. Part V 10 Х 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. Х 11 • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 覧. ٠ ٠,٠ • 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 17. 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 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. Х 12 12A Was the organization included in consolidated, independent audited financial statements for the tax Yes No year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A Χ 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 Х 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 Х 16 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 Х 18 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. 18 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 19

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

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Form @90 (2009) MAINE EQUAL JUSTICE PARTNERS Part IV Checklist of Required Schedules (continued)

		((res	NO
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			v
22	In the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</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	1	Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	l	Х
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			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		Χ
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		_X_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
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		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	05:		
20	990-EZ? If "Yes." complete Schedule L, Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	20		~
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		X
21	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_ X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		<u>X</u>
C	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,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		
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
31	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	 •		<u> </u>
	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	-		<u> </u>
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		_ X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1 .	34	X	
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	X	ļ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			,
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	27	1	,
	VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	38	×	
	19? Note. All Form 990 filers are required to complete Schedule O			(2009)
		. 0.11		(2000)

The set of the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter-0- if not applicable 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			346273	F	age 5
tale Enter the number reported in 8xx 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- into applicable Enter the number of Forms W-25 included in line 1 a. Enter -0- if not applicable graming (gambling) with neakup witholding rules for reportable payments to vendors and reportable gaming (gambling) with neakup witholding rules for reportable payments to vendors and reportable gaming (gambling) with neakup witholding rules for reportable payments to vendors and reportable gaming (gambling) with neakup witholding rules for reportable payments to vendors and reportable gaming (gambling) with neakup witholding rules for reportable payments to vendors and reportable gaming (gambling) with neakup without the rules of the calendar year ending with or within the year covered by this return? Note. If the sum of lines 1 as and 2 as greater than 250, you may be required to e-file this return? Note: If the sum of lines 1 as and 2 as greater than 250, you may be required to e-file this return (see missiculous). If Yes, has it field a Form 990-T for this year? If *No," provide an explanation in Schedule O All All 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 voer, a financial account in a foreign country voer, and the provided of the provided account, securities account, or other financial accounts in a foreign country voer, and the provided accounts of the foreign country voer, and the provided accounts of the foreign country voer, and the provided accounts of the foreign country voer, and financial accounts of the foreign country voer, and financial accounts voer the financial accounts of the foreign country voer, and financial accounts of the foreign account of the foreign country voer, and financial accounts voer and financial country voer an expression of the foreign country voer an expression of the foreign account on a part to a prohibited tax shelter transaction? If	Par	Statements Regarding Other IRS Filings and Tax Compliance			
U.S. Information Returns Enter-0- in not applicable 1	4-	Enter the gumber reported in Day 2 of Form 1000. Annual Comment and Transmitted of		Yes	No
b Enter the number of Forms W-2G anoluded in line 1a Enter 0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) with 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 2 a 9 b if at least one is reported on line 2a, od the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return (see instructions) 10 differ organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 11 if Yes, has it filed a Form 990-T for this year? If 'No," provide an explanation in Schedule O 12 a 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 year over, a financial account in a foreign country year over, a financial account in a foreign country year over, a financial account in a foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 12 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. 13 If Yes, set the financial account is a party to a prohibited tax shelter transaction? 14 If Yes, the file of the organization file form 8886+7, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 15 If Yes, the file of the organization file form 8886+7, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 16 If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 16 If Yes, did the organization include with every solicitation an expr	ıa		.		'
c Did the organization comply with backup withholding rules for reportable paming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form WA3. Transmital of Wage and Tax Statements, flied for the calendar year ending with or within the year covered by this return 2 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file 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. 4a At any time during the calendar year, did the organization in wave 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)? 4b If "Yes," shelf the name of the foreign country (such as a bank account, securities account, or other financial account)? 5c Was the organization of the foreign country (such as a bank account, securities account, or other financial account)? 5c Was the organization a party to a prohibited tax shelter transaction and filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts 5c Was the organization aparty to a prohibited tax shelter transaction and prohibited tax shelter transaction? 6c If "Yes," to line 5a or 5b, did the organization file Form 8886-7, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6c 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? 7c Organizations that may receive deductible contributions under section 170(c). 8 b If "Yes," did the organization may be a prohibited tax shelter transaction? 9 b If "Yes," did the organization of the value of the goods or services provided? 9 c Did the organization services provided to the payo	h		-		
gaming (gambling) winnings to prize winners? 2		· · · · · · · · · · · · · · · · · · ·	4		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 2a 9 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file 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? b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O a 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? b If "Yes," enter the name of the foreign country P. 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 aparty to a prohibited tax shelter transaction? b If "Yes," fol line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicid any contributions shrut were not tax deductible? c Organizations oslicid any contributions that were not tax deductible? c Did the organization in that may receive deductible contributions under section 170(c). b If "Yes," did the organization in the dinor of the value of the goods or services provided? c Did the organization organization in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? d) If "Yes," did the organization in organization in the dinor of the value of the goods or services provided? c) Did the organization during the year, pay premums, directly or indirectly, to pay premiums	·		10	x	
Statements, filed for the calendar year ending with or within the year covered by this return 2 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file 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? 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) 5b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; 5c If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts? 5b If "Yes," enter the name of the foreign country business and Financial Accounts 4a X 4a Visited the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," line fact of Si, did the organization file Form 8888-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c If "Yes," line fact of Si, did the organization file Form 8888-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b If "Yes," indicate the number of Forms 8282 filed during the year organizations and the organization self. exchange, or otherwise dispose of tangible personal property for which it was required to file Form 88822? 6c If "Yes," indicate the n	2a			<u> </u>	 -
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and services provided to the payor? b if "Yes," did the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 76	7	Organizations that may receive deductible contributions under section 170(c).			
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required to file Form 8282? d If "Yes," Indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? f For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? f 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? g Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			7b		
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benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 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?		·	/c		 ^
benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 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?	u		1		
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For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g X For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b X 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders 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?	f		$\overline{}$		
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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 12a			7		Į
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
	12a		12a	1	1
	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

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 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	13			
b	Enter the number of voting members that are independent	1b	13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	ations	hip with			
	any other officer, director, trustee, or key employee?			2		X
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		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 9			4		Χ
5	Did the organization become aware during the year of a material diversion of the organization	ı'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 r	nore n	nembers			
	of the governing body?			7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or of			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions unde	rtaker	during			
	the year by the following					
а	The governing body? .			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot		eached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedul			9a		X
	ion B. Policies (This Section B requests information about policies not required by th	e Inte	rnal			
Reve	enue Code)					
					Yes	No
	Does the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of		n chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization			10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body to form?	efore	filing the	11		х
11Δ	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a				12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests	that co	vuld awe	120		
J	rise to conflicts?	inat co	Julu give	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the po	licy? I	f "Yes,"			
	describe in Schedule O how this is done			12c	Χ	
13	Does the organization have a written whistleblower policy?			13		_ X
14	Does the organization have a written document retention and destruction policy?			14		Х
15	Did the process for determining compensation of the following persons include a review and	approv	al by			
	independent persons, comparability data, and contemporaneous substantiation of the deliber	ation a	and decision?			
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
	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 a	arrang	ement			
	with a taxable entity during the year?			16a		_X_
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization	to ev	aluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken ste	ps to s	afeguard			
	the organization's exempt status with respect to such arrangements? .			16b		N/A
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, a	nd 990)-T (501(c)(3)s c	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 documents	ments,	conflict of interes	est		
	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	and records of the	ne		
	organization ► MEJP & AL AUCELLA		207-626-705			
	126 SEWALL STREET, AUGUSTA, ME 04330-6822					

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 compensated employees, and former such persons

Check this box if the organization did not compe	ensate any curre	ent off	fice	r, d	irec	tor, o	r tru	ustee		
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director		Officer	Key employee	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
Jan Gorton Member	0	Х						_ 0	0	0
Rachel Lowe Member	0	х						0	0	0
John McCall Member	0	Х						0	0	0
Marc R Mutty Member	0	Х						0	0	0
Rachael Newman Member	0	Х						0	0	0
John Pelletier Member	0	х						0	0	0
Debra Reece Member	0	х						0	0	0
Tammy Trask Member	0	х		1				0	0	0
Sharon A Treat Member	0	х						0	0	0
Sara Gagne-Holmes Executive Director	40			x				83,012	0	C
Kathy Moore President	0			×				0	0	0
Charles F Dingman Vice President	0			х				0	0	0
Jerrol A Crouter Treasurer	0			x				0	0	C
Beverly Baker Secretary	0			x				0	0	

Pa	rt VII Section A. Officers, Directors, Tru	ustees, Key Em	ploy	/ees	, and	j Hiç	ghes	t Co	mpensated Em	ployees (co	ntınu	ed)	- ugo e
•	(A)	(B)			(C)			(D)	(E)		(F)	<u> </u>
	Name and title	Average	Po	sition			hat ap		Reportable	Reportable		Estima	
		hours per week	or d	Insti	Officer	Key	em High	Former	compensation from	compensation from related		amour othe	
			Individual trustee or director	nstitutional	Ę	Key employee	est o	ner	the organization	organization (W-2/1099-MI		compens from t	
			의 글	nalt		loye	le si		(W-2/1099-MISC)	(*** 🔐 / *******************************	,	organiz	ation
			stee	trustee		e) ens					and relation	
	•			ď			Highest compensated employee				ŀ		
N/A													
			<u> </u>				 						
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		••••••											
1b	Total			l	L	I	-	•	83,012		0		0
2	Total number of individuals (including but no	ot limited to thos	e list	ted a	bove	e) wh	no re	ceiv	ed more than \$1	00,000 in			
	reportable compensation from the organizat	ion 🕨			0								
•	Delth or server to the first											Yes	No
3	Did the organization list any former officer, employee on line 1a? <i>If "Yes," complete Sci</i>					yee,	or h	ighe	st compensated		3		X
4	For any individual listed on line 1a, is the su					n on	d oth	or o	ampanation fra	m	-	+	 ^
7	the organization and related organizations g												
	ındıvıdual	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,			-, -	,				4		X
5	Did any person listed on line 1a receive or a	ccrue compens	ation	ı fror	n an	y un	relate	ed o	rganization for				
	services rendered to the organization? If "Y	es," complete S	chea	lule .	J for	suct	n per	son			5		X
	tion B. Independent Contractors												
1	Complete this table for your five highest cor compensation from the organization	npensated inde	pend	ent	contr	acto	rs th	at re	ceived more tha	n \$100,000	of		
	(A) Name and business a	ddress							(B) Description of sen	vices	Com	(C) pensation	
	N/A												0
													0
													0
								ļ					0
2	Total number of independent contractors (-	oludina hut ==t	lune et :		the e	l	ا ما	h -::	o) who re				0
-	Total number of independent contractors (in more than \$100,000 in compensation from the state of			ะน เช	11108	e IIS	เ ยน 8 1	anov	e, who received				

Form 99			NER <u>S</u>	, -	····		04-3346	273 Page 9
,	, VIII	Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns .	1					
gra	b	Membership dues Fundraising events	1					
ifts, r ar	c d	Related organizations	1					
s, g nila	e	Government grants (contributions)	1					
ion:	f	All other contributions, gifts, grants,	<u> </u>	<u> </u>				
but		similar amounts not included above		f 655,426				[
ntr d o	g	Noncash contributions included in li		0				
Co	h	Total. Add lines 1a-1f		>	663,526		<u>, , , , , , , , , , , , , , , , , , , </u>	
ae	_			Business Code				
Program Service Revenue	2a			541100	3,000	3,000		
Re	b	Educational Services		541900	3,255	3,255		
Ž Š	С				0			
Ser	d				0			
ram	е				0		 -	<u> </u>
rog	T	All other program service revenue	•	L	0			
	g	Total. Add lines 2a–2f		>	6,255			
	3	Investment income (including divide	ends, interest, a	and	0.000			0.000
		other similar amounts)	ant bond areas	oda -	6,606			6,606
	4 5	Income from investment of tax-exer	npt bona proce	eeas -	<u>0</u>			-
	5	Royalties	(ı) Real	(II) Personal	- 0			
	6a	Gross Rents .	18,60					}
	b	Less rental expenses	15,44					
	c	Rental income or (loss) .	3,15					
	ď	Net rental income or (loss)	<u> </u>	▶	3,156			3,156
	7a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory		0 0				
	ь	Less cost or other basis						
		and sales expenses		0 0				
	С	Gain or (loss)		0 0				
	d	Net gain or (loss)		<u> </u>	0			
o o	8a	Gross income from fundraising						
Other Revenue		events (not including \$						
e ve		of contributions reported on line 1c						
Ř		See Part IV, line 18		3 0				
the	1	Less' direct expenses . Net income or (loss) from fundraisii	-	•0	0			
Ò	1	Gross income from gaming activitie	_					·····
	""	See Part IV, line 19		a 0				
	Ь	Less direct expenses		0			•	
	1	Net income or (loss) from gaming a	ictivities	•	0	_		
		Gross sales of inventory, less						
		returns and allowances		a0				
	b	Less cost of goods sold	1	b0				
	С	Net income or (loss) from sales of i	nventory	•	0			
		Miscellaneous Revenue		Business Code				
	11a				0			ļ
	b				0			
	C	All other management			0			
	d	All other revenue .	•		0		 	
	12	Total. Add lines 11a–11d Total revenue. See instructions		P	679,543			9,762
	<u> ۲۰۰</u>	Total revenue. See manuchons	-		1 018,043	10,233	1	Form 990 (2009)

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	610	610		
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	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
Ū	trustees, and key employees	83,012	70,561	8,301	4,150
6	Compensation not included above, to disqualified	00,012	10,001	0,001	1,100
-	persons (as defined under section 4958(f)(1)) and		ŀ		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	367,053	293,990	50,329	22,734
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	7,341	5,879	1,007	455
9	Other employee benefits	64,240	62,917	807	516
10	Payroll taxes	33,595	27,247	4,355	1,993
11	Fees for services (non-employees)	_ 1			
a	Management	0			
b	Legal	0	12.00=		
C	Accounting	12,602	10,237	1,625	740
đ	Lobbying .	0			 ··
e f	Professional fundraising services See Part IV, line 17 Investment management fees	0		-··	
	Other .	25,865	24,222	1,129	514
g 12	Advertising and promotion .	2,874	2,350	360	164
13	Office expenses .	31,344	25,302	3,298	2,744
14	Information technology	14,775	12,918	1,287	570
15	Royalties .	0	12,010	1,201	
16	Occupancy	15,188	12,336	1,959	893
17	Travel	6,883	6,459	151	273
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings	8,191	8,066	86	39
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	6,377	5,253	771	353
23	Insurance	3,522	3,403	82	37
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
_	5% of total expenses shown on line 25 below)	7.040	0.225	240	
a	PRINTING DUES, LIBRARY, & SUBSCRIPTIONS	7,048 8,653	6,225	248 260	575 318
b	LOBBY FEES	700	8,075 700	200	310
d	BAR FEES	696	696		
e	CONTINUING EDUCATION	1,040	1,002	26	12
f	All other expenses	1,040	1,002	20	
25	Total functional expenses. Add lines 1 through 24f	701,609	588,448	76,081	37,080
26	Joint costs. Check here ▶ if following		2001.10		3,1230
20	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising				
	solicitation				
					- 000

	art X	Balance Sheet				04-3346273 Page 11
, .	II L X	Balance Sneet		/A)		(5)
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing .		518,215	1	
	2	Savings and temporary cash investments	-	510,215	2	2,902
	3	Pledges and grants receivable, net	-	0	3	499,189
	4	Accounts receivable, net	-	0	4	0
	5	Receivables from current and former officers, o	lirectors trustees key			0
		employees, and highest compensated employe	- I			
		Schedule L	co complete i alt ii oi		5	
	6	Receivables from other disqualified persons (a	s defined under section			
		4958(f)(1)) and persons described in section 49				
		Part II of Schedule L	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		6	
ţ	7	Notes and loans receivable, net	F	0	7	0
Assets	8	Inventories for sale or use	-		8	
Ÿ	9	Prepaid expenses and deferred charges			9	
	10a	1	10a 265,942			
		other basis Complete Part VI of Schedule D	, , , , , , , , , , , , , , , , , , , ,			
	b	Less accumulated depreciation	10b 79,423	182,169	10c	186,519
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line	11	0	12	0
	13	Investments-program-related See Part IV, lin	e 11	0	13	0
	14	Intangible assets .		0	14	0
	15	Other assets See Part IV, line 11		0	15	0
	16	Total assets. Add lines 1 through 15 (must equal to the control of	ual line 34) .	700,384	16	688,610
	17	Accounts payable and accrued expenses (ACC	RUED PENSION, ETC)	545	17	10,837
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities .			20	
ies	21	Escrow or custodial account liability Complete	<u> </u>		21	
Liabilities	22	Payables to current and former officers, director	1			
iat		employees, highest compensated employees,	and disqualified	-	•	
		persons Complete Part II of Schedule L	·		22	
	23	Secured mortgages and notes payable to unre		0	23	0
	24	Unsecured notes and loans payable to unrelate		0	24	0
	25	Other liabilities. Complete Part X of Schedule [·	0	25	0
	26	Total liabilities. Add lines 17 through 25		545	26	. 10,837
Ø		Organizations that follow SFAS 117, check I				
õ		complete lines 27 through 29, and lines 33 a	and 34.			
<u>la</u>	27	Unrestricted net assets	<u> </u>	607,547	27	511,233
ä	28	Temporarily restricted net assets		92,292	28	166,540
ā	29	Permanently restricted net assets			29	
Ŀ		Organizations that do not follow SFAS 117,	check here▶			
ō		and complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30	
SS	31	Paid-in or capital surplus, or land, building, or e	_	-	31	
χA	32	Retained earnings, endowment, accumulated i	· · ·		32	
ž	33	Total net assets or fund balances		699,839	33	677,773
	34	Total liabilities and net assets/fund balances		700,384	34	688,610

Part	XI Financial Statements and Reporting			
•			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			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
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		
	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 Doth 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		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			ı
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
			~~~	

Form **990** (2009)

### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No 1545-0047

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

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Reason for Public Charity Status (All organizations must complete this part.) See instruct The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).	
	ons
1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).	
<u>=</u>	
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)	
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).	
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(a hospital's name, city, and state	۱)(iii). Enter the
An organization operated for the benefit of a college or university owned or operated by a governmental in section 170(b)(1)(A)(iv). (Complete Part II)	unit described
A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).	
7 X An organization that normally receives a substantial part of its support from a governmental unit or from described in section 170(b)(1)(A)(vi). (Complete Part II)	he general public
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)	
An organization that normally receives. (1) more than 33 1/3 % of its support from contributions, member receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more the support from gross investment income and unrelated business taxable income (less section 511 tax) from acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)	an 33 1/3 % of its
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 contain the functions of the containing of the con	•
purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e thro	
	•
	Type III-Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more opersons other than foundation managers and other than one or more publicly supported organizations d	•
509(a)(1) or section 509(a)(2)	sscribed in section
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III su	oportina
organization, check this box	
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the	
following persons?	
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii)	Yes No
and (iii) below, the governing body of the supported organization?	11g(i)
(ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(ii)
h Provide the following information about the supported organization(s)	[119(117]
(i) Name of supported (ii) FIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the	(vii) Amount of
organization (described on lines 1–9 in col (i) listed in your the organization in organization in col organization in col (i) of your (i) organization the	support
(see instructions)) support? U S ?	
Yes No Yes No Yes No	
	0
	0
	0
	0
	0

Part					1)(A)(iv) and	170(b)(1)(A)(	vi)
	<ul> <li>(Complete only if you checked t</li> </ul>	<u>he box on line</u>	<u>5, 7, or 8 of</u>	Part I)			
	on A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨 🛭	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	715,509	632,880	744,638	726,633	663,526	3,483,186
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	o				0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	_			0
4	Total. Add lines 1 through 3	715,509	632,880	744,638	726,633	663,526	3,483,186
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the						
_	amount shown on line 11, column (f)						311,731
6 Saat	Public support. Subtract line 5 from line 4						3,171,455
	ion B. Total Support	(=) 2005	(h) 2000	(=) 2007	(4) 2000	(-) 0000	(O T-1-1
	ndar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	715,509	632,880	744,638	726,633	663,526	3,483,186
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar					1	
	sources .	12,824	18,923	36,269	30,520	25,206	123,742
9	Net income from unrelated business	12,024	10,923	30,209	30,320	23,200	123,742
Ū	activities, whether or not the business is		i				
	regularly carried on .		į				0
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV )	0	-4,569	0	0		-4,569
11	Total support. Add lines 7 through 10						3,602,359
12	Gross receipts from related activities, etc. (s		•			12	36,329
13	First five years. If the Form 990 is for the o	rganızation's fir	st, second, thi	rd, fourth, or fif	th tax year as	a section 501(c	)(3)
	organization, check this box and stop here		•				▶ 🔲
Sect	ion C. Computation of Public Support	Percentage					· · · · · · · · · · · · · · · · · · ·
14			ed by line 11,	column (f))		14	88 04%
15	Public support percentage from 2008 Sched		•	.,,		15	88 30%
16a	33 1/3% support test-2009. If the organiza			line 13, and lin	ie 14 is 33 1/3	% or more, che	
	and stop here. The organization qualifies as						<b>▶</b> X
b	33 1/3% support test-2008. If the organiza	ition did not che	eck a box on lii	ne 13 or 16a, a	nd line 15 is 3	3 1/3% or more	
	box and stop here. The organization qualific	, ,					▶
17a	10%-facts-and-circumstances test–2009. or more, and if the organization meets the "f	facts-and-circur	mstances" test	, check this bo	x and stop he	re. Explain in P	art IV how
b	the organization meets the "facts-and-circum 10%-facts-and-circumstances test-2008. or more, and if the organization meets the "facts-and-circum the organization the	If the organiza facts-and-circui	tion did not che mstances" test	eck a box on lir t, check this bo	ne 13, 16a, 16l x and <b>stop he</b>	b, or 17a, and li re. Explain in F	ne 15 is 10% Part IV how
18	Private foundation. If the organization did not ch	neck a box on line	e 13, 16a, 16b, 1	7a ,or 17b, chec	k this box and se	ee instructions	▶ □

Sec	(Complete only if you checked the tion A. Public Support	he box on line	9 of Part I)				
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	0	0	0	0	\(\sigma\)	0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0	0	0		0
3	Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on						0
5	its behalf The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0		0
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
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						0
8 	Add lines 7a and 7b  Public support (Subtract line 7c from line 6)	0	0	0	0	0	0
	tion B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
с 11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly	0	0	0	0	0	0
12	carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0		0
13 14	Total support. (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the orgonization, check this box and stop here	ganizations ilis	t, secona, tnire	a, iourth, or littr	i tax year as a	section 501(c)	(3) ▶ [
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2009 (line 8, co		d by line 13, co	olumn (f))		15	0.00%
16 Sec	Public support percentage from 2008 Schedution D. Computation of Investment Incomputation					16	0 00%
17 18 19a b	Investment income percentage for 2009 (line Investment income percentage from 2008 Sc 33 1/3% support tests—2009. If the organiza not more than 33 1/3%, check this box and st 33 1/3% support tests—2008. If the organization d	hedule A, Part tion did not che <b>top here.</b> The c	III, line 17 eck the box on organization qu	ine 14, and lin Jalifies as a pu	[ le 15 is more th blicly supported	d organization	0 00% 0 00% and line 17 is
20	line 18 is not more than 33 1/3%, check this box ar Private foundation. If the organization did no	nd stop here. The	e organization q	ualifies as a publ	icly supported or	ganization	<b>▶</b> _

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 Provide any other additional information. See instructions
FORM 990A, PART II, SECTION B, LINE 10 MISC INCOME SUPPORT SCHEDULE
2006 \$-4,569 reflects the Fair Market Value Net Loss (not including Contributions generated) from the 10th Anniversary
celebration dinner
·

### 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

OMB No 1545-0047

**Open to Public** Inspection

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-A

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

• S	section 501(c)(4), (5), or (6) org	ganizations Complete Part III			
N	ame of organization			Employe	r identification number
MAI	NE EQUAL JUSTICE PAR	TNERS			04-3346273
Pa		he organization is exempt und			organization.
1		the organization's direct and indirect	political campaig	n activities in Part IV	
2	Political expenditures			▶ \$	(
3	Volunteer hours			• •	
_Pa	rt.l-B Complete if t	he organization is exempt und	er section 501(	c)(3).	
1	Enter the amount of any	excise tax incurred by the organizat	ion under section	4955 • \$	(
2	Enter the amount of any	excise tax incurred by organization	managers under s	section 4955   Section 4955	(
3	If the organization incurr	ed a section 4955 tax, did it file Forn	n 4720 for this yea	ar?	Yes No
4a	Was a correction made?				. 🗌 Yes 🗌 No
b					
		he organization is exempt und			(c)(3).
1	· · · · · · · · · · · · · · · · · · ·	y expended by the filing organization	for section 527 e	exempt function	
_	activities .			▶ \$	
2	for section 527 exempt for	filing organization's funds contribute unction activities	d to other organiz	ations  **Stations***	ſ
3	Total exempt function ex	penditures Add lines 1 and 2 Enter	r here and on For	m 1120-POL,	
	line 17b			▶ \$	(
4	Did the filing organization	n file Form 1120-POL for this year?			. Yes X No
5	Enter the names, address	sses and employer identification num	nber (EIN) of all se	ection 527 political organi	zations to which
		or each organization listed, enter the			
		butions received that were promptly and or a political action committee (F			
	a separate segregated it	The or a political action committee (F	AC) il additional	T	
	(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. If
					none, enter -0-
	<del></del>			† - · · · · · · · · · · · · · · · · · ·	
				0	
				0	
		ļ		_	_
	·····		<del> </del>	0	(
		<u> </u>		0	
	<del></del>			1	
				0	

D	

ck ▶ if the filing organization Limits on Lob	a legislative body (direct lobbying)	(a) Filing organization's totals  1,585 28,865	(b) Affiliated group totals
Limits on Lob (The term "expenditures" m al lobbying expenditures to influence al lobbying expenditures to influence al lobbying expenditures (add lines 1) are exempt purpose expenditures	bying Expenditures neans amounts paid or incurred.)  public opinion (grass roots lobbying) a legislative body (direct lobbying)	(a) Filing organization's totals  1,585 28,865	group totals
(The term "expenditures" management of the term "expenditures" management of the term "expenditures to influence all lobbying expenditures (add lines 1 term) are expenditures	public opinion (grass roots lobbying) a legislative body (direct lobbying)	organization's totals  1,585 28,865	group totals
al lobbying expenditures to influence al lobbying expenditures (add lines 1 ier exempt purpose expenditures	a legislative body (direct lobbying)	28,865	
al lobbying expenditures (add lines 1 ier exempt purpose expenditures	· · · · · · · · · · · · · · · · · · ·		
er exempt purpose expenditures	a and 1b)	20.450	
er exempt purpose expenditures	•	30,450	
		671,159	
	l lines 1c and 1d)	701,609	
	amount from the following table in both		
umns		130 241	
e amount on line 1e, column (a) or (b) is.	The lobbying nontaxable amount is:	100,211	
over \$500,000	1		
er \$500,000 but not over \$1,000,000			
er \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
er \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
er \$17,000,000	\$1,000,000		
assroots nontaxable amount (enter 25	5% of line 1f)	32,560	
otract line 1g from line 1a If zero or le	ess, enter -0-	0	
•	•	0	
	•	rm 4720 reporting	
tion 4911 tax for this year?			Yes No
e	e amount on line 1e, column (a) or (b) is. over \$500,000  r \$500,000 but not over \$1,000,000  r \$1,000,000 but not over \$1,500,000  r \$1,500,000 but not over \$17,000,000  r \$17,000,000  ssroots nontaxable amount (enter 25 otract line 1g from line 1a If zero or le otract line 1f from line 1c If zero or le ere is an amount other than zero on tion 4911 tax for this year?	The lobbying nontaxable amount is:  20% of the amount on line 1e  20% of the amount on line 1e  20% of the amount on line 1e  20% of the excess over \$500,000  \$100,000 plus 15% of the excess over \$500,000  \$175,000 plus 10% of the excess over \$1,000,000  \$225,000 plus 5% of the excess over \$1,500,000  \$177,000,000 but not over \$17,000,000  \$1,000,000  \$1,000,000  \$225,000 plus 5% of the excess over \$1,500,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000  \$1,000,000	Samount on line 1e, column (a) or (b) is.   The lobbying nontaxable amount is:   20% of the amount on line 1e   20% of the amount on line 1e   20% of the excess over \$500,000   20% of the excess over \$500,000   20% of the excess over \$1,000,000   20% of the excess over \$1,500,000   20% of the excess over \$1,500,000

	Lol	bying Expenditure	s During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying nontaxable amount	114,975	128,064	128,128	130,241	501,408
b	Lobbying ceiling amount (150% of line 2a, column(e))					752,112
	Total lobbying expenditures	19,570	34,506	39,055	30,450	123,581
d	Grassroots nontaxable amount	28,744	32,016	32,032	32,560	125,352
е 	Grassroots ceiling amount (150% of line 2d, column (e))					188,028
f	Grassroots lobbying expenditures	2,048	4,888	10,699	1,585	19,220

Schedule C (Form 990 or 990-EZ) 2009

Par	Complete if the organization is exempt under section 501(c)(3) and has No	OT file	d Fo	rm 57		uge 0
	(election under section 501(h)).	T /-	, т		(h)	
		(a	<u>'</u>		(b)	
		Yes	No	A	mount	:
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	]	1			
	referendum, through the use of					
a	Volunteers?	ļ — ļ				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?					
d	Mailings to members, legislators, or the public?	$\vdash$				
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
j	Other activities? If "Yes," describe in Part IV					
Ĵ	Total Add lines 1c through 1i	}	}			0
	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	$\vdash$				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		ł			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	) i				
	tili-A Complete if the organization is exempt under section 501(c)(4), section 50	1(c)(5	5). or	section	n	
(	501(c)(6).	` '	•			
					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_		<u></u>
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		l
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 50501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A "Yes."					
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			
C	Total .		2c			0
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		3			
4	excess does the organization agree to carryover to the reasonable estimate of nondeductible	i				
	lobbying and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			0
Pari	Supplemental Information					
	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line complete this part for any additional information			<del>-</del>		
						<b></b> -
	-					
			<b></b> -			
						<b></b> -

# MAINE EQUAL JUSTICE PARTNERS Schedule C (Form 990 or 990-EZ) 2009

04	-22	46	2	73
U-+·	-00	<b>→</b> U	~	

Do 4 IV	Supplemental Information (continued)
Partiv	Supplemental information (Continued)
<u>N/A</u>	
	•••••••••••••••••••••••••••••••••••••••
	***************************************
	•••••••••••••••••••••••••••••••••••••••
	•••••••••••••••••••••••••••••••••••••••

### 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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions. Name of the organization Employer identification number MAINE EQUAL JUSTICE PARTNERS 04-3346273 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? Yes 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 Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 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 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 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 (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X. 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 Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990. Part X

Par	III Organizations Maintaining	Collections of	f Art, His	storical	Treasures,	or Otl	ner Similar A	ssets (	contin	ued)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant									
	use of its collection items (check all	that apply)		_				•		
а	a Public exhibition d Loan or exchange programs									
b										
С	Preservation for future general	itions								
4	Provide a description of the organize Part XIV	ation's collections	and exp	lain how	they further t	he org	anızatıon's exe	mpt pur	pose ir	1
5	During the year, did the organization assets to be sold to raise funds rath	n solicit or receive er than to be mail	donation	ns of art, is	historical treathe	asures tion's c	, or other simila		es 🗔	No
Par		rangements. C	omplete	if the or	ganization a					
1a	Is the organization an agent, trustee					ns or of	ther assets not			
	ıncluded on Form 990, Part X?								es 🗀	No
b	If "Yes," explain the arrangement in	Part XIV and com	plete the	following	g table				<b></b>	'
								Amount		
С	Beginning balance .					1c				
d	Additions during the year	•				1d				
е	Distributions during the year .		•			. <u>1e</u>				
f	Ending balance					1f				0
2a	Did the organization include an amo	unt on Form 990,	Part X, I	ne 21?				Y	es X	No
b	If "Yes," explain the arrangement in	Part XIV								
Part	V Endowment Funds. Comp	lete if the organ	ization a	answere	d "Yes" to F	orm 9	90, Part IV, II	ne 10		
		(a) Current year		or year	(c) Two years		(d) Three years ba		our years	back
1a	Beginning of year balance.									
b	Contributions .									
С	Net investment earnings, gains,					į				<del></del>
	and losses				İ			İ		i
d	Grants or scholarships									
е	Other expenditures for facilities					-			<del></del>	
	and programs									
f	Administrative expenses							+		
g	End of year balance	0	ļ	0						
2	Provide the estimated percentage of		<u> </u>		L					
a	Board designated or quasi-endowmo	•	%							
b	Permanent endowment	<u>%</u>	22							
C		%								
3a	Are there endowment funds not in the		he organ	ization th	at are held a	nd adr	ninistered for t	20		
	organization by	ic possession or t	inc organ	ization th	iat are rielu a	ina aai	illinstered for t	IC	Yes	No
	(i) unrelated organizations							3a(i)	163	110
	(ii) related organizations	•						3a(ii)		
b	If "Yes" to 3a(II), are the related orga	nizatione lietod a	e roguiro	d on Sch	odulo P2		•	3b		
4	Describe in Part XIV the intended us						•	30	L	
Part						t X lin	<u> </u>			
	Description of investment	(a) Cost or ot						(4) D		
	Description of investment	(a) Cost or of			st or other s (other)	٠,,	ccumulated preciation	(a) B	ook value	
1a	Land		0		0					0
b	Buildings		0		251,444		67,692		18	3,752
С	Leasehold improvements		0		0		0			0
d	Equipment .		0		14,498		11,731			2,767
е	Other .		0		0		0			0
Total	. Add lines 1a through 1e (Column (d	d) must equal For	m 990, P	art X, col	umn (B), line	10(c)	) ▶		186	6,519

organization's liability for uncertain tax positions under FIN 48

Part VII Investments—Other Securities.	See Form 990, Part X,	line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
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 Related		<del></del>
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	0	
····	0	
	0	
<del></del>	0	
	0	
	0	
<del></del>	0	
	0	
	0	<del></del>
	0	
Total (Column (b) must equal Form 990, Part X, coi (B) line 13)	0	<u> </u>
Part IX Other Assets. See Form 990, Pa		(A) P - d
(a)	Description	(b) Book value
	<del> </del>	
	<u></u>	
Total. (Column (b) must equal Form 990, Part X, co		<u>.                                    </u>
Part X Other Liabilities. See Form 990,	Part X, line 25	
1. (a) Description of liability	(b) Amount	
Federal income taxes		0
		0
		0
		o
	<del></del>	0
		0
		<u></u>
		0
	<del></del>	· <del></del> [
		0
		0
T-1/0/	<del></del>	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	the footnote to the organiz	zation's financial statements that reports the

	ule D (Form 990) 2009				Page <b>4</b>
Par	Reconciliation of Change in Net Assets from Form 99	0 to Audited Fir	ancial Sta	tements	
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. Combin		10		0
	Reconciliation of Revenue per Audited Financial Stat		venue per		
1	Total revenue, gains, and other support per audited financial statement	ts		1 N/A	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1			
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	<b> </b>	3	
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 c	Other (Describe in Part XIV) Add lines 4a and 4b	4b		.	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, Ii		F	4c	0
	t XIII Reconciliation of Expenses per Audited Financial Sta		vnonege n	<u> </u>	0
1	Total expenses and losses per audited financial statements	itements with L	vheiises h	1 N/A	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		-	T IN/A	
a	Donated services and use of facilities	2a			
b	Prior year adjustments .	2b			
С	Other losses .	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d	L==-1	-	2e ′	0
3	Subtract line 2e from line 1		<u> </u>	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				<del></del>
а	investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
С	Add lines 4a and 4b			4c	0
_5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I,	line 18 )		5	0
Par	t XIV Supplemental Information				
and	plete this part to provide the descriptions required for Part II, lines 3, 5, a 2b; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, spart to provide any additional information				
	***************************************				
	•••••••••••••••••••••••••••••••••••••••		<b></b>		
			<b></b>		
	••••••				

# MAINE EQUAL JUSTICE PARTNERS

04-3346273

Schedule D (Form 990) 2009	
Part XIV Supplemental Information (continued)	
NI/A	
N/A	
•••••••••••••••••••••••••••••••••••••••	·
•••••••••••••••••••••••••••••••••••••••	

### SÇHEDÜLE 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.

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

MAINE EQUAL JUSTICE PARTNERS	04-3346273
FORM 990, PART III, LINE 4d OTHER PROGRAM ACTIVITIES	
Supports for Low Wage Workers \$42,797	
MAIN grassroots low-income coalition outreach \$58,311 expenses	
LOBBYING (see Sch C) \$30,450 expenses	
FORM 990, PART VI, SECTION B, LINE 11 BOARD MEMBERS' REVIEW OF	F 990 The entire Board does not receive a copy
of this form before filing Rather, the Form 990 is sent to all members of the F	inance Committee for their review prior to the
Treasurer's signature Once the 990 has been filed, the staff provides the Boa	ard with notice of the filing and emails an electronic
copy to any interested Board member	
FORM 990, PART VI, SECTION B, LINE 12C OFFICERS & KEY EMPLOYEE	ES DISCLOSING ANNUALLY INTERESTS GIVING
RISE TO CONFLICTS OF INTEREST The Conflict of Interest policy is in the	Bylaws On an annual basis, each Board member,
the Executive Director, and any Key Employees fill out a Conflict of Interest ar	nd Disclosure Form
FORM 990, PART VI, SECTION B, LINE 15 PROCESS FOR DETERMINING	COMPENSATION OF ED AND STAFF Executive
Committee of the Board reviews the ED's performance annually, with input fro	om staff and Board members. Every three years
MEJP conducts a comprehensive wage analysis and makes adjustments as r	needed to maintain competitive employee salaries
FORM 990, PART VI, SECTION C, LINE 19 HOW ARE GOVERNING DOCL	JMENTS, CONFLICT OF INTEREST POLICIES, AND
FINANCIAL REPORTS MADE AVAILABLE TO THE PUBLIC Upon request	

# SCHEDULE R (Form 990)

▲

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ See separate instructions. ▶ Attach to Form 990.

Open to Public 2009

OMB No 1545-0047

(f) Direct controlling (f) Direct controlling Employer identification number Identification of Related Tax-Exempt Organizations (Complete If the organization answered "Yes" to Form 990, Part IV, line 34 because it N/A ō 0 0 0 (e)
Public charity status
(if section 501(c)(3)) (e) End-of-year assets 04-3346273 0 0 0 (d) Exempt Code section Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (d) Total income 501(c)(4) (c)
Legal domicile (state
or foreign country) Legal domicile (state or foreign country) <u>©</u> Æ (b) Primary activity Primary activity had one or more related tax-exempt organizations during the tax year) Advocacy (a)
Name, address, and EIN of related organization (a)Name, address, and EIN of disregarded entity Maine Equal Justice Project 01-0503454 126 Sewall Street, Augusta, ME 04330 MAINE EQUAL JUSTICE PARTNERS Name of the organization Part I Part II

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

Schedule R (Form 990) 2009

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04-3346273

MAINE EQUAL JUSTICE PARTNERS

Schedule R (Form 990) 2009 MA

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34

because it had one or more related organizations treated as a partnership during the tax year Part III

% 낆 % % % % % N Percentage ownership managing partner? General or × Ξ dentification of Related Organizations Taxable as a Corporation or Trust (Complete If the organization answered "Yes" to Form 990, Part (I)
Code V—UBI
amount in box 20 of 0 Q O Share of end-of-year assets Schedule K-1 (Form 1065) (h)
Disproportionate
allocations? ō  $\overline{\circ}$ 0 0 0 0 ŝ × (f) Share of total income Yes IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) O (g) Share of end-of-year (e)
Type of entity
(C corp, S corp,
or trust) 0 o 0 0 0 (f) Share of total income (d) Direct controlling entity (c)
Legal domicile
(state or
foreign country) (e)
Predominant
income (related,
unrelated,
excluded from
tax under sections 512-514) Primary activity (d)
( Direct controlling entity (c) Legai domicite (state or foreign country) (a)Name, address, and EIN of related organization (b) Primary activity Name, address, and EIN of related organization <u>a</u> Part IV ĕ. ĕ.

Schedule R (Form 990) 2009

# Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36)

0) 2009	orm 99	Schedule R (Form 990) 2009	Sc	
٥		_		(9)
0				(5)
0				(4)
0				(3)
0		_		(2)
0				(1) N/A· no transactions exceeding \$50,000 to report
ved	(c) Amount involved	Атог	(b) Transaction type (a-r)	(a) Name of other organization
sple	thresho	ansaction th	d relationships and t	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
4	×	= =		y Other transfer of cash or property from other organization(s)
>				
<×		<u></u>	٠	<ul> <li>b Reinbursement paid by other organization for expenses</li> <li>c Reimbursement paid by other organization for expenses</li> </ul>
×		5		
< ×	-	= =		Sharing of paid employees  Sharing of paid employees
×	<u> </u>	= =		m Sharing of facilities, equipment, mailing lists, or other assets
××		<del>*</del> =		k Performance of services or membership or fundraising solicitations for other organization(s)
×		1j		j Lease of facilities, equipment, or other assets from other organization(s)
×		÷		i Lease of facilities, equipment, or other assets to other organization(s)
×		두		
×		19		g Purchase of assets from other organization(s)
×	<del></del>	#		f Sale of assets to other organization(s)
×		<b>1</b>	٠	e Loans or loan guarantees by other organization(s).
×	_	19		
×	L.	<del>+</del>		c Gift, grant, or capital contribution from other organization(s)
×		<del>1</del>		Gift, grant, or capital contribution to other organization(s)
×		1a	٠	a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
<del></del>	-		ted in Parts II–IV?	
윋	Yes			Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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Part VI

Unrelated Organizations Taxable as a Partnership (Complete of the organization answered "Yes" to 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

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships	instructions regarding exc	clusion for certain i	nvestm	ant par	nerships		ŀ			
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(d) Are all partners	artners	(e) Share of	Disprope	(f) Disproportionate	(g) Code V—UBI	Gen C	(h) General or
		(state or foreign country)	section 501(c)(3) organizations?	on )(3) tions?	_	alloca	tions?	amount in box 20 of Schedule K-1 (Form 1065)	man	managing partner?
			Yes	S S		Yes	No		Yes	å
N/A.				×	0		×	0		×
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Schedule R (Form 990) 2009