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## 990

#### - 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)

OMB No 1545-0047

Open to Public

Department of the Treasury

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service For the 2009 calendar year, or tax year beginning and ending Check if applicable Please C Name of organization MAINE PEOPLE'S RESOURCE CENTER D Employer identification number use IRS Address change Doing Business As 22-2586108 label or Name change print or Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number type Initial return 565 CONGRESS ST 200 207-797-9207 Specific Terminated City or town, state or country, and ZIP + 4 Instruc-PORTLAND Amended return 04101 1,070,318 ME G Gross receipts \$ tions Application pending Name and address of principal officer Yes X No H(a) Is this a group return for affiliates? H(b) Are all affiliates included? If "No," attach a list (see instructions) X 501(c) ( Tax-exempt status 4947(а)(1) ог 527 3) **◄** (insert no) J Website: ▶ www mainepeoplesresourcecenter org H(c) Group exemption number ► N/A X Corporation K Form of organization Trust Association Other > L Year of formation M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities MPRC does research, education, and trainings on national and statewide issues such as Fair Tax Reform, the American Recovery and Reinvestment Act, marriage equality, Activities & Governance immigrant rights, corporate accountability and healthcare reform. MPRC also produces a biannual Citizen Guide to the State Legislature, a handbook to assist citizens in understanding state government Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 8 4 Total number of employees (Part V. line 2a) 5 22 Total number of volunteers (estimate if necessary) 6 1,410 Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T. line 34 7b 0 Prior Year Current Year R Contributions and grants (Part VIII, line 1h) 833,188 1.049,244 9 Program service revenue (Part VIII, line 2g) 250 130 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -63 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -386 7,249 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 833,052 1,056,560 Grants and similar amounts paid (Rant X, setumn (A), lines 1–3)
Benefits paid to or for members (Rant IX volumn (A), line 4) 13 252.066 109.926 14 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
Professional fundraising lees (Part IX, column (A), dire 11e)
Total fundraising expenses (Part IX, column (D), inte 25) ▶ 47,722 15 522,950 454,161 16a Other expenses (Part IX, column (A) lines 11a-11d, 11f-24f) 17 210,849 186,120 Total expenses Add lines [3 (1) Intestigated Flart IX, column (A), line 25) 18 985,865 750,207 19 Revenue less expenses Subtract line 18 from line -152,813 306,353 End of Year Beginning of Current Year 20 Total assets (Part X, line 16) 211,015 552,674 21 Total liabilities (Part X, line 26) 24,355 55,764 22 Net assets or fund balances Subtract line 21 from line 20 186,660 496,910 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge C Sign Signatus Executive Director Here Type or print name and title Preparer's Date Check if Preparer's identifying number Paid signature self-(see instructions) ► X 8/10/2010 employed N/A Preparer's Firm's name (or yours EIN N/A Uʻse Only if self-employed), 69 Field Road, Falmouth, ME 04105 ▶ (207) 781-3853 address, and ZIP + 4 Phone no May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

Pa	Irt III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission
	'The Maine People's Resource Center's mission is to unite Maine people in their communities so that together they can identify
	common concerns and develop the skills, resources and experience necessary to represent themselves effectively in decision-
	making forums and to win local, statewide, and national campaigns for social justice
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? . Yes X No
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code ) (Expenses \$ 409,828 including grants of \$ 62,604 ) (Revenue \$ 7,379 )
	PUBLIC EDUCATION & TECHNICAL ASSISTANCE - provided support to over 1000 Maine citizens and several coalitions on
	healthcare reform including coverage and quality initiatives, Alliance for a Clean and Healthy Maine toxics use education,
	immigration rights, work justice, corporate accountability, fair tax reform, and marriage equality. In 2009, MPRC printed
	and sold its biannual CITIZEN GUIDE TO THE MAINE LEGISLATURE, a handbook to assist citizens in understanding
	state government
4b	(Code ) (Expenses \$ 253,128 including grants of \$ 47,322 ) (Revenue \$ 0)
	ENGAGE MAINE - a collaboration of Maine organizations committed to common progressive goals and to making Maine a better
	place by engaging citizens and helping them play an active role in democracy. EM is a non-partisan, long-term effort for advancing
	progressive public policies for a better future for Mainers
	***************************************
4c	(Code ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0)
	Other many (December of Late C)
40	Other program services (Describe in Schedule O )  (Expanses \$ 0  (Payents \$ 0 \text{ (Payents \$ 0 \t
4e	(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )  Total program service expenses ► 662,956
70	10th program service expenses - 002,300

Par	t IV Checklist of Required Schedules			uge 🛡
			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	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors? .	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	x	
5	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	<b> </b>		
	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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	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		Х
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	<u> </u>	Х
11	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	11	х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	<b>19</b> 2	4-1	
	Schedule D, Part VI	2.0	4	
•	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		3.3	
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	1	-	
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		<b>多</b> 要	
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	1		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	1	A.	<b>*</b> 5.3.
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	1	1445	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that		2	
42	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		4.	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	A.C.	SPHEROUS.	<b>建</b>
12Δ	March 1	12	Jenny.	2000年2月 2000年2月
	vvas the organization included in consolidated, independent audited financial statements for the tax  year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  Yes No  12A X	34		ŠĖ,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	170		<del>^</del>
15	business, and program service activities outside the United States? <i>If</i> "Yes," complete Schedule F, Part I  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b		X
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
4-	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	L	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
4-	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
20	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Part IV	Checklist of Red	quired Schedules	(continued)
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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	22		Χ_
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		^-
<b>_</b>	\$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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	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		Х
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Χ
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			
20	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
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	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		<del>  ^-</del>
_,	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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	<u></u> -		<u> </u>
	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		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	20		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i>	30		X
•	Part I	31		Х
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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		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
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
37	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
31	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			
	VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	J,	<del></del>	_^_
J.J	19° <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	х	
				(2000)

		000 108		age J
Pai	tV Statements Regarding Other IRS Filings and Tax Compliance		Vaa	Na
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		Yes	No
·u	U.S. Information Returns. Enter -0- if not applicable			ĺ
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
•	gaming (gambling) winnings to prize winners?	1c		×
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		_	<u> </u>
	Statements, filed for the calendar year ending with or within the year covered by this return 22	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	х	
	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?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
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)?	4a		X
þ	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
_	and Financial Accounts	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c		
va	organization solicit any contributions that were not tax deductible?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Oa		<del>  ^-</del>
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	- 55		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor? .	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			_
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		N/A
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
_	required?	7h	ļ	N/A
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			,,
۵	organization, have excess business holdings at any time during the year?	8_		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	0-		V
a b	Did the organization make any taxable distributions under section 4966?	9a		X
10	Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:	9b		X
а	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 N/A	1		ĺ
11	Section 501(c)(12) organizations. Enter	1		1
a	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		İ
-	against amounts due or received from them ) . 11b N/A			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		x
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .   12b N/A		T	<del></del>
		Form	990	(2009)

Form 990 (2009) MAINE PEOPLE'S RESOURCE CENTER 22-2586108 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				
		1.4.1		Yes	No
1a	Enter the number of voting members of the governing body	1a	8		
b	Enter the number of voting members that are independent	1b	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business reany other officer, director, trustee, or key employee?	elationship with	2		×
3	Did the organization delegate control over management duties customarily performed by or	under the direct			
	supervision of officers, directors or trustees, or key employees to a management company of		3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form	990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization	on's assets? .	5		X
6	Does the organization have members or stockholders?		6	L	Х
7a	Does the organization have members, stockholders, or other persons who may elect one or of the governing body?.	more members	7a		х
b	Are any decisions of the governing body subject to approval by members, stockholders, or o	other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions und	ertaken during			
2	the year by the following The governing body?  .		8a	х	
a b	Each committee with authority to act on behalf of the governing body?		8b	X	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cann	ot he reached	05		
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedu		9a		Х
Sect	ion B. Policies (This Section B requests information about policies not required by ti				
	enue Code )				
				Yes	No
10a	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				
	affiliates, and branches to ensure their operations are consistent with those of the organizat		10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body form?	before filing the	11	Х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 99	0			
12a	· · · · · · · · · · · · · · · · · · ·		12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests rise to conflicts?	s that could give	12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the p	olicy? If "Yes."			<b></b>
	describe in Schedule O how this is done	,,	12c	X	
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 independent persons, comparability data, and contemporaneous substantiation of the deliberation.				
а	The organization's CEO, Executive Director, or top management official .		15a	x	
b	Other officers or key employees of the organization .		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar with a taxable entity during the year?	arrangement	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization	n to evaluate	100	-	<del>  ^`</del>
-	its participation in joint venture arrangements under applicable federal tax law, and taken sto				
	the organization's exempt status with respect to such arrangements?		16b		
Sect	ion C. Disclosure	•		<b>.</b>	•
17	List the states with which a copy of this Form 990 is required to be filed ► Not Required				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	and 990-T (501(c)(3)s	only)		
	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 docu	uments, conflict of inte	erest		
	policy, and financial statements available to the public				
20	State the name, physical address, and telephone number of the person who possesses the	DOOKS and records of	ıne		

State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► AL AUCELLA & MAINE PEOPLES RESOURCE CTR 207-797-9207

565 Congress Street, # 200, Maine, 04101

# 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

(A)	(B)			(	C)			(D)	(E)	(F)
Name and Title	Average					that ap		Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Marilyn Canavan Member	1	х						0	0	0
Betsy Smith Member	1	Х						0	0	0
Jeff Fetterer Member	1	X						0	0	0
Neil Rolde Member	1	Х						0	0	0
Susan Pelletier Member	1	X						0	0	0
Jesse Graham Executive Director	20			х				41,677	See Sch O	0
Marguerite Merrill President	2			х				0	0	0
Lauralee Raymond Secretary	2			х				0	0	0
Kate White-Lewis Treasurer	2			х				0	0	0
										·
										·,_

	(A)	(B)				C)	ha4 aa	- b - A	(D)	(E)		(F	7)
	Name and title	Average hours per week	or director		Officer	Key employee	Highest compensated employee	_	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensative from relate organization (W-2/1099-Mi	on d ns	Estimamou oth compen from organizand re	int of er nsation the zation elated
				_									
												·	
1b	Total				<u></u>			<b>•</b>	41,677		0		(
2	Total number of individuals (including but no		se list	ted a	_	e) wl	ho re	ceiv	ed more than \$1	00,000 in			
	reportable compensation from the organizat	ion 🟲			0				· - · · · · · · · · · · · · · · · · · ·			Yes	LAIA
3	Did the organization list any <b>former</b> officer, employee on line 1a? <i>If "Yes," complete Sci</i>					yee,	or h	ıghe	st compensated			Tes	No
4						n an	d 04h		amanaatian fra		3	+	X
4	For any individual listed on line 1a, is the su the organization and related organizations c individual										4		×
5	Did any person listed on line 1a receive or a services rendered to the organization? If "You								rganization for		5		X
Sec	ction B. Independent Contractors	es, complete s	Uneu	uic c	101	3001	ı per	3011			1 3		
1	Complete this table for your five highest corcompensation from the organization	npensated inde	pend	ent d	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) ipensation	1
													(
													(
						··							
													(
	Total number of independent contractors (in	cluding but not	mite	ed to	thos	se lis	ted :	abov	e) who received				
-	more than \$100,000 in compensation from t			<b></b>			0		_,				

Par	t 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 .		1a	4,659				
gra	b	Membership dues	-	1b	0				
ts, g	С	Fundraising events		1c	0				
g <u>ia</u> r	d	Related organizations	,	<u>1d</u>	0				
ns,	е	Government grants (contributions)		<u>1e</u>	0				
utio er s	f	All other contributions, gifts, grants							
흔		similar amounts not included above		<u>1f</u>	1,044,585				
o T	g	Noncash contributions included in I	ines 1a-1f \$		2,009	4 0 4 0 0 4 4			
	h	Total. Add lines 1a-1f	<del></del>		P	1,049,244			
Program Service Revenue		EEEC & LICAIODADIA			Business Code	400	400		
eve	2a				611710	130	130	<del></del>	
e R	b					0			
ž	C					0		<u> </u>	-
Š	ď					0			
gran	e	All other program service revenue				0			
Pro	'a	Total. Add lines 2a–2f .	•			130			
	3	Investment income (including divide other similar amounts) Income from investment of tax-exer			▶	0			
	5	Royalties			(v) Barranal	0		<u> </u>	
		Cross Bents	(ı) Real		(ii) Personal				
	6a	Gross Rents Less rental expenses		-					
	b	Rental income or (loss) .		0	0				
	d	Net rental income or (loss)				0			
	7a	Gross amount from sales of	(i) Securities		(II) Other				
	, a	assets other than inventory	<del></del>	946	(1) Other				
	h	Less cost or other basis	1.9	<del>570</del>	· · · · · · · · · · · · · · · ·				
	~	and sales expenses	2	009	o				
	c	Gain or (loss)	<del>~</del> ,'	-63	0				
	d	Net gain or (loss)			<b>•</b>	-63			-63
	8a	Gross income from fundraising							
<u>n</u>		events (not including \$	0						
/en		of contributions reported on line 1c							
Ř		See Part IV, line 18	•	а	o				
ē	b	Less direct expenses .		b	0				
Other Revenue		Net income or (loss) from fundraisii	ng events		<b>•</b>	0		,	
Ū		Gross income from gaming activities							
		See Part IV, line 19		а	0				
	b	Less direct expenses		b	0				
	С	Net income or (loss) from gaming a	ctivities		•	0			
	10a	Gross sales of inventory, less							
		returns and allowances		а	18,998				
		Less cost of goods sold		b	11,749				
	С	Net income or (loss) from sales of i	nventory		<b>•</b>	7,249	7,249		
		Miscellaneous Revenue	·, .		Business Code	ł			
	11a					0			
	b					0	<del></del>		
	C	***************************************			-	0		ļ	
	d	All other revenue .				0			
	e	Total Add lines 11a–11d				0			
	12	Total revenue. See instructions			▶	1,056,560	7,379	0	-63

#### 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 (A) but are not required to complete columns (B), (C), and (D). (A) Do not include amounts reported on lines 6b, (B) (C) (D) Total expenses Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21. 109,926 109,926 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22. 0 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members 0 5 Compensation of current officers, directors, trustees, and key employees 41,677 33,342 2,083 6,252 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 327,681 278,552 23.957 25,172 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 17.027 16,885 112 9 Other employee benefits 35,804 31,854 865 3.085 Payroll taxes 10 31,972 27,932 1,265 2.775 Fees for services (non-employees) Management. 0 а Legal b 1.561 1,249 312 Accounting 6.870 6.870 Lobbying . 0 d 0 Professional fundraising services See Part IV, line 17 е 0 f Investment management fees 52.955 g Other 47.141 5,814 12 Advertising and promotion . 450 450 Office expenses. 13 34,535 30,294 1,826 2,415 Information technology . . 14 6.407 5,924 483 15 Rovalties 0 16 Occupancy. 35.664 32,063 1,621 1,980 17 Travel. 22.898 22,898 18 Payments of travel or entertainment expenses for any federal, state, or local public officials O 19 Conferences, conventions, and meetings 20,511 20.511 20 Interest 0 21 Payments to affiliates 0 22 Depreciation, depletion, and amortization 1,121 897 100 23 Insurance . 66 66 . . . . 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) PRINTING 849 849 DUES & PUBLICATIONS 1.889 1.779 75 MOVING OFFICE 344 С 0 d ol f All other expenses ol Total functional expenses. Add lines 1 through 24f 750,207 662,956 39,529 47,722 25 Joint costs. Check here ► X | If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation 14,535 8,721 5,814

P	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
·	1	Cash—non-interest-bearing	209,602	1	547,509
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
ţ	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use		8	
Ā	9	Prepaid expenses and deferred charges	· ···-	9	
	10a	Land, buildings, and equipment cost or   10a   4,874			
		other basis Complete Part VI of Schedule D			
	ь	Less accumulated depreciation 10b 1,122	0	10c	3,752
	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, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11 .	1,413	15	1,413
	16	Total assets. Add lines 1 through 15 (must equal line 34)	211,015	16	552,674
	17	Accounts payable and accrued expenses (SEE SCH 0) .	24,355	17	55,764
	18	Grants payable		18	
	19	Deferred revenue .		19	
	20	Tax-exempt bond liabilities .		20	
ies	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
		persons Complete Part II of Schedule L	- · · ·	22	
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities Complete Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25.	24,355	26	55,764
Section		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.			
ılar	27	Unrestricted net assets	-874	27	168,160
B	28	Temporarily restricted net assets	187,534	28	328,750
pur	29	Permanently restricted net assets		29	- 1111 - 1111
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund .		31	
¥ ⊅	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	186,660	33	496,910
	34	Total liabilities and net assets/fund balances	211,015		552,674

As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3a

the Single Audit Act and OMB Circular A-133? .

Form **990** (2009)

Х

3a

3b

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

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

**Open to Public** Inspection

Name	me of the organization Employer identification number												
			SOURCE CENT								<u>586108</u>		
Par	_			harity Status (All org						nstructio	ns		
1 ne (	orgai			ation because it is (Forches, or association of						,			
2	H			on 170(b)(1)(A)(ii). (At			ea in <b>sec</b>	ווטוו וויטן	р)(т)(А)(і	).			
3	H							470/5//4	/ <b>A</b> \ /!!!\				
4	H			nospital service organi							E		
		hospital's na	ime, city, and st										
5	Ш			r the benefit of a collect (Complete Part II)	ge or univ	ersity owi	ned or op	erated by	a govern	mental u	nıt descı	nbed	
6		A federal, st	ate, or local gov	ernment or governme	ntal unit d	lescribed	ın <b>sectio</b> ı	n 170(b)(ʻ	1)(A)(v).				
7	X			ly receives a substanti (1)(A)(vi). (Complete i		its suppo	rt from a (	governme	ntal unit o	or from th	e gener	al publ	IC
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)												
9	$\Box$			ly receives (1) more th				om contri	butions, r	nembers	hip fees	and o	iross
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)												
10				ind operated exclusive						4).			
11	Ħ			and operated exclusive	-	-	-				rrv out th	ne	
		purposes of	one or more pu	blicly supported organ	izations d	lescribed	in section	509(a)(1	) or section	on 509(a)	(2) See		on
		<b>509(a)(3)</b> . C	heck the box the	at describes the type of	of support	ing organ	ization an	d comple	te lines 1	1e throug	gh 11h		
	_	a Type		Type II c		e III–Fund	-	•			Type III-		
е				fy that the organization									
				on managers and othe	er than on	e or more	publicly :	supported	l organiza	tions des	scribed ii	n secti	on
			section 509(a)(	•	- f 4b	1D0 4h -4	<del></del>		U				
f			, check this box	a written determination	n irom the	e iko inat	it is a Typ	ре і, і уре	ii, or Typ	e III sup	porting		
g		_	st 17, 2006, has	the organization acce	pted any	gift or cor	ntribution	from any	of the				
				or indirectly controls,	either alo	ne or toge	ether with	persons	described	ın (ıı)		Yes	No
			-	verning body of the su		rganizatio	on?				11g(i)		
			-	person described in (i	•	<i>(</i> ) 1	•				11g(ii)		
h				ty of a person describe ation about the suppor		• •		•			11g(iii)	<u> </u>	
	Name	e of supported	(iı) EIN	(iii) Type of organization		organization	T	ou notify	(vi)	s the	(vii)	Amount	of
117		anization	(11) 2.11	(described on lines 1–9 above or IRC section		sted in your document?		nization in of your	-	tion in col zed in the		support	
				(see instructions))	govonning			port?		5 ?	_		
					Yes	No	Yes	No	Yes	No	ļ		
								!					0
		<del></del> -									1		0
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			-		<del> </del>						+		0
													0
						-	ļ	<u> </u>			<del> </del>		0
Tota	<u></u>												0

22-2586108

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 382.668 528.252 926.563 853.188 3.739.915 1.049,244 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 0 3 The value of services or facilities furnished by a governmental unit to the organization without charge 0 Total, Add lines 1 through 3 382.668 528.252 926.563 853,188 1.049.244 3.739.915 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) 1,273,278 Public support. Subtract line 5 from line 4 2,466,637 Section B. Total Support (d) 2008 Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (e) 2009 (f) Total Amounts from line 4 382,668 528.252 926,563 853,188 1,049,244 3,739,915 7 Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties and income from similar 0 0 0 0 sources . . 9 Net income from unrelated business activities, whether or not the business is regularly carried on 0 0 0 0 Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV) 0 0 0 n 3,739,915 Total support. Add lines 7 through 10 11 12 12 Gross receipts from related activities, etc. (see instructions) 40.098 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 65 95% Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 33 1/3% support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . ► X 33 1/3% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

18

Par				on 509(a)(2)			
	(Complete only if you checked the	ne box on line	9 of Part I)		<del></del>		
	tion A. Public Support endar year (or fiscal year beginning in)	(a) 2005	(F) 2006	(a) 2007	(4) 2009	(=) 2000	(f) Total
	· · · · · · · · · · · · · · · · · · ·	(a) 2005	<b>(b)</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	o		0
		<del>-</del>		- 0		<del></del>	0
2	Gross receipts from admissions, merchandise		1				
	sold or services performed, or facilities furnished						
	in any activity that is related to the organization's tax-exempt purpose	ol	o	0	o		0
3	Gross receipts from activities that are not an			- 0		-	
•	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	ıts behalf	0	0	0	0		0
5	The value of services or facilities						
	furnished by a governmental unit to the						
c	organization without charge  Total. Add lines 1 through 5	0	0	0	0	0	0
6 7a	Amounts included on lines 1, 2, and 3			U	٧		
, a	received from disqualified persons .						0
	received from disqualified persons .	-					
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						0
_	amount on line 13 for the year Add lines 7a and 7b	0	0	0	0	0	<u>0</u> 0
С 8	Public support (Subtract line 7c from		- 4	- 0	- 0	- 0	
Ü	line 6)						0
Sec	tion B. Total Support						<u>_</u>
	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
0	Amounts from line 6	0	0	0	0	0	0
9 10a	Gross income from interest, dividends,			U	· · · · · · · · · · · · · · · · · · ·		
IVa	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						_
	acquired after June 30, 1975 .						0
C	Add lines 10a and 10b .	0	- 0	0	0	- 0	0
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						0
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)	0	0	0	0		0
13	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 org	janization's firs	t, secona, tnirc	i, tourth, or tilti	i tax year as a	section 50 I(c)	(3)
0	organization, check this box and stop here	 D		•		•	
	tion C. Computation of Public Support				··-	45	0.000/
15	Public support percentage for 2009 (line 8, co	, ,	-	olumn (f))		15	0 00%
16	Public support percentage from 2008 Schedu			<del></del>		16	0 00%
	tion D. Computation of Investment Inco			2 12 column /	<u>n)</u>	17	0.000/
17	Investment income percentage for 2009 (line Investment income percentage from 2008 Sc.			ະ າວ, column (1	ייי ייי	17	<u>0 00%</u> 0 00%
18 19a	33 1/3% support tests–2009. If the organiza			line 14 and br	 le 15 is more t		
ıJd	not more than 33 1/3%, check this box and st						. •
b	33 1/3% support tests–2008. If the organization di	•	-	•	•	_	
_	line 18 is not more than 33 1/3%, check this box an						▶ [
20	Private foundation. If the organization did no		=		•	-	, j
							- 1

	n 990 or 990-EZ) 2009 MAINE PEOPLE'S RESOURCE CENTER	22-2586108	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required Part II, line 17a or 17b, and Part III, line 12 Provide any other additional information	by Part II, line 10 See instructions	,
,			
NOT APPLIC	ABLE		
•••••			
••••••			
· • • • • • • • • • • • • • • • • • • •	••••••	•••••	
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	•••••••		
	•	**	

#### 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	ection 501(c)(4), (5), or (6) or	ganizations Complete Part III			
N	ame of organization			Employe	r identification number
MAII	NE PEOPLE'S RESOURC				22-2586108
Pa	rt I-A Complete if t	the organization is exempt und	er section 501(	c) or is a section 527	organization.
1	Provide a description of	the organization's direct and indirect	t political campaig	in activities in Part IV	
2	Political expenditures			▶ \$	0
3	Volunteer hours			•	0
Pa	rt I-B Complete if	the 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 • \$	0
2	Enter the amount of any	excise tax incurred by organization	managers under	section 4955 🕨 \$	C
3	If the organization incurr	ed a section 4955 tax, did it file Forr	n 4720 for this yea	ar?	Yes X No
4a	Was a correction made?	, ,			. Yes No
b	If "Yes," describe in Part	t IV			
Pa	rt I-C Complete if t	the organization is exempt und	er section 501(	c), except section 501	(c)(3).
1	Enter the amount directl	y expended by the filing organization	n for section 527 e	exempt function	
	activities			▶ \$	
2	Enter the amount of the	filing organization's funds contribute	d to other organiz	ations	
	for section 527 exempt f	unction activities	_	▶ \$	
3		openditures Add lines 1 and 2 Enter	r here and on For	m 1120-POL,	
	line 17b	•		▶ \$	
4		n file Form 1120-POL for this year?		•	Yes No
5		sses and employer identification num			
		or each organization listed, enter the			
		ibutions received that were promptly und or a political action committee (F			
	a separate segregated in	T political action committee (1	I additional	1	
	(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	
				ĺ	d
				0	C
				0	C
			·		
				0	C
		<b>}</b>			

Sche	edule C (Form 990 or 990-EZ) 2009					Page 2
P	art II-A Complete if the organ	ization is exem	pt under section	501(c)(3) and fi	led Form 5768 (e	lection
	under section 501(h)).		-		·	
Α	Check ▶ ☐ If the filing organizat	ion belongs to a	n affiliated group			
	Check ▶ ☐ If the filing organizat	_			apply	
	Limits on	Lobbying Expend	ditures		(a) Filing	(b) Affiliated
	(The term "expenditure			d.)	organization's totals	group totals
1a	Total lobbying expenditures to influe	ence public opinior	grass roots lobby	/ing)	0	0
b	Total lobbying expenditures to influe	ence a legislative b	ody (direct lobbyin	g)	86,290	0
C	Total lobbying expenditures (add line	es 1a and 1b)			86,290	0
d	Other exempt purpose expenditures				663,917	0
е	Total exempt purpose expenditures	(add lines 1c and	1d)		750,207	0
f	Lobbying nontaxable amount Enter	the amount from t	the following table i	n both		
_	columns				137,531	0
	If the amount on line 1e, column (a) or (b) is	. The lobbying	nontaxable amoun	t is:		
L	Not over \$500,000	20% of the ar	mount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	s 15% of the excess of	over \$500,000		
ļ	Over \$1,000,000 but not over \$1,500,000		s 10% of the excess of			
ļ	Over \$1,500,000 but not over \$17,000,00	00 \$225,000 plus	s 5% of the excess ov	ver \$1,500,000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (ente	er 25% of line 1f)			34,383	0
h	Subtract line 1g from line 1a If zero	•			0	0
i	Subtract line 1f from line 1c If zero	or less, enter -0-			0	0
j	If there is an amount other than zero	on either line 1h	or line 11, did the o	rganization file For	m 4720 reporting	
	section 4911 tax for this year?					Yes No
	(Some organizations th columns be	at made a sectio	ng Period Under S n 501(h) election ( tructions for lines	do not have to co		⁄e
	Lob	bying Expenditu	res During 4-Year	Averaging Period	i	
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying nontaxable amount	96,709	116,315	172,880	137,531	523,435

	Lol	obying Expenditur	es During 4-Year	Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying nontaxable amount	96,709	116,315	172,880	137,531	523,435
b	Lobbying ceiling amount (150% of line 2a, column(e))					785,153
	Total lobbying expenditures	13,977	0	34,290	86,290	134,557
d	Grassroots nontaxable amount	24,177	29,079	43,220	34,383	130,859
е	Grassroots ceiling amount (150% of line 2d, column (e))					196,289
f	Grassroots lobbying expenditures	0	0	14,576	0	14,576

Schedule C (Form 990 or 990-EZ) 2009

Pai	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	)T file	d Fo	rm 57		r age o
	(election under section 301(II)).	(a	1)		(b)	
		Yes	No	Α	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
a	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
ب 2	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e f	Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV					
i	Total Add lines 1c through 1i.					0
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		1			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		l			
	t III-A Complete if the organization is exempt under section 501(c)(4), section 50	1(c)(5	i), or	section	วท	
	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		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	<u> </u>	L
га: 	Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A "Yes."	i(c)(c	3 is	answ	∍n ∍red	
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	ļ	2a			
b	Carryover from last year		2b			
С	Total	ļ	2c			0
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	s ļ	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible					
_	lobbying and political expenditure next year? .		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5	<del></del>		0
Pan	IV Supplemental Information					
	olete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5 complete this part for any additional information.					
N/A						
• • • • •						

#### **SCHEDULE D** (Form 990)

## **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990,

► Attach to Form 990.

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	5 5500 510 5500 15 05 05 15 05 15 15 15 15 15 15 15 15 15 15 15 15 15			
	E PEOPLE'S RESOURCE CENTER			22-2586108
Par			iar Funds o	r Accounts. Complete if
	the organization answered "Yes"		<del></del>	
		(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			
5	Did the organization inform all donors and o	<del>-</del>		or advised
	funds are the organization's property, subje	•		Yes No
6	Did the organization inform all grantees, do	nors, and donor advisors in writing tha	at grant funds	can be
	used only for charitable purposes and not for	or the benefit of the donor or donor ac	lvisor, or for a	iny other
	purpose conferring impermissible private be	enefit?		Yes No
Pari	Il Conservation Easements. Com	olete if the organization answered	"Yes" to For	m 990, Part IV, line 7
1	Purpose(s) of conservation easements held			
•	Preservation of land for public use (e g	· · · · · ·		internally important land area
		· / 🚍		istorically important land area
	Protection of natural habitat	Preser	vation of a ce	rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organiz	ation held a qualified conservation co	ntribution in th	ne form of a conservation
	easement on the last day of the tax year			
				Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation ea	sements.		2b
С	Number of conservation easements on a ce		<b>—</b>	2c
d	Number of conservation easements include	•	´ —	2d
3	Number of conservation easements modifie			
_	during the tax year ▶	ar, transferred, researced, extinguismes	., 0	or by the organization
4	Number of states where property subject to	conservation easement is located	<b>&gt;</b>	
5	Does the organization have a written policy		nection hand	ding of
-	violations, and enforcement of the conserva	· · · · · · · · · · · · · · · · ·	pootion, name	Yes No
6	Staff and volunteer hours devoted to monitor		nvation easer	
•	▶	orning, mapaditing, and amorating conse	i valion casci	nems during the year
7	Amount of expenses incurred in monitoring	inspecting and enforcing conservati	on essements	e during the year
•	► \$	, mapeeting, and emoroning conservati	on easements	s during the year
8	Does each conservation easement reported	d on line 2(d) above satisfy the require	monte of coc	tion
•	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		sineills of sec	——————————————————————————————————————
9	In Part XIV, describe how the organization		ravanua and	
9				
	balance sheet, and include, if applicable, the organization's accounting for conservat		on s financiai	statements that describes
Par			Other Simila	ar Acceto
L GI	Complete if the organization answere		Other Sillina	ir Assets.
		·		
па	If the organization elected, as permitted und			
	art, historical treasures, or other similar ass service, provide, in Part XIV, the text of the			
b	If the organization elected, as permitted une			
b	historical treasures, or other similar assets			
	service, provide the following amounts relati		, research III	ratheration of public
	•	- <del>-</del>		<b>.</b> \$
	(i) Revenues included in Form 990, Part VI	n, me i.	•	<b>▶</b> \$
_	(ii) Assets included in Form 990, Part X	fort brokening broken	1	
2	If the organization received or held works o			rinancial gain, provide the
	following amounts required to be reported u		S	
а	Revenues included in Form 990, Part VIII, I	ine 1 .	•	▶ \$
b	Assets included in Form 990, Part X		•	. ▶ \$

Schedule D (Form 990) 2009 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Part III 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 Public exhibition Loan or exchange programs Scholarly research h \_\_\_\_\_\_ Preservation for future generations c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not 1a included on Form 990, Part X? No Yes b If "Yes," explain the arrangement in Part XIV and complete the following table Amount Beginning balance 1c d Additions during the year 1d Distributions during the year е 1e f Ending balance 1f 0 Did the organization include an amount on Form 990, Part X, line 21? Yes X No 2a If "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back Beginning of year balance. 1a b Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses f End of year balance g Provide the estimated percentage of the year end balance held as. 2 Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organization that are held and administered for the 3a organization by No Yes (i) unrelated organizations 3a(i) related organizations 3a(ii) If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b Describe in Part XIV the intended uses of the organization's endowment funds Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other basis (b) Cost or other (c) Accumulated (d) Book value (investment) basis (other) depreciation 1a Land 0 ol 0 b 0 0 Buildings 0 Leasehold improvements 0 0 0 0 d Equipment 0 4,874 1,122 3,752 Other ol Ol 0 0

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

3,752

Schedule D (Form 990) 2009

Pa	_	6	3

Part VII	Investments—Other Securities	See Form 990, Part X,	line 12
(	Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial de	erivatives	0	
	d equity interests .	0	
Other		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
	b) must equal Form 990, Part X, col (B) line 12)	0	<u> </u>
Part VIII	Investments—Program Relate	<b>d.</b> See Form 990, Part X,	line 13
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
Total (Column (I	b) must equal Form 990, Part X, col. (B) line 13.)	0	
Part IX	Other Assets. See Form 990, P	art X, line 15	
	(1	a) Description	(b) Book value
		<del></del>	0
			0
			0
			O
			0
	ımn (b) must equal Form 990, Part X, o		<b>▶</b>
Part X	Other Liabilities. See Form 990		
1.	(a) Description of liability	(b) Amount	
Federal inc	ome taxes		0
_			0
	· ,		<u>0</u> 0
	-		
			0
· · · · · · · · ·			0
			0
			0
Total (Column (t	n) must equal Form 990, Part X, col (B) line 25)		0
			ation's financial statements that reports the
organizatio	n's liability for uncertain tax positions u	nder FIN 48	

	ule D (Form 990) 2009		Page 4
Par		T	
1٠	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	<u>-</u>
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. Combine lines 3 and 9	10	0
	Reconciliation of Revenue per Audited Financial Statements With Revenue	e per Return	
1	Total revenue, gains, and other support per audited financial statements	1 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments  Donated services and use of facilities  2a  2b	<del> </del>	
b		<del> </del>	
C	Recoveries of prior year grants Other (Describe in Part XIV).	<del> </del>	
d	Other (Describe in Part XIV )	<b>-</b>   ₁,	0
е 3	Subtract line 2e from line 1	2e	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	3	
a		i I	
b	Other (Describe in Part XIV)  Ab  4a  4b	<del> </del>	
C	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	0
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	ses ner Return	
1	Total expenses and losses per audited financial statements .	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	<del>                                     </del>	
a	Donated services and use of facilities 2a	1 1	
b	Prior year adjustments 2b		
C	Other losses . 2c		
ď	Other (Describe in Part XIV )		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		.,
а	Investment expenses not included on Form 990, Part VIII, line 7b		
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 this p	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and and any additional information	d 4b. Also comple	
<u>N/A</u>			

# SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public OMB No 1545-0047

► Attach to Form 990.

22-2586108

MAINE PEOPLE'S RESOURCE CENTER

Employer identification number

Pa	art I General Information on Grants and Assistance
-	Does the organization maintain records to substantiate the arr
	the selection criteria used to award the grants or assistance?
7	Describe in Part IV the organization's procedures for monitorir

ş X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete If the organization answered "Yes" to tantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and es for monitoring the use of grant funds in the United States r assistance?

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use

Part IV and Schedule I-1 (Form 990) if additional space is needed	le I-1 (Form 99	90) if additional s	<b>:</b>				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Maine People's Alliance 565 Congress St, #200 Portland, ME 0	01-0383493	501(c)(4)	77,250	0			Against anti-tax Ballot Measure
Maine Equal Justice Partners 126 Sewall Street Augusta, ME 04330	04-3346273	501(c)(3)	5,000	0			Communty values campaign
Visible Community PO Box 7262 Lewiston, ME 04240	43-2115578	501(c)(4)	19,020	0			Lewiston housing issues
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
	·		0	0			
			0	0			
2 Enter total number of section 501(c)(3) and government organ	in 501/c/(3) and	dovernment organ	Tations	i		•	T

Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations Schedule I (Form 990) 2009

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

# SCHEDULE O (Form 990)

## Supplemental Information to Form 990

OMB No 1545-0047
2009

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Open to Public Inspection

Name of the organization

Employer identification number

MAINE PEOPLE'S RESOURCE CENTER 22-2586108

FORM 990, PART IV, LINE 34 RELATED ORGANIZATIONS MPRC is not reporting a relationship with another exempt
organization (Sch R) as it has in prior years with Maine People's Alliance, a 501(c)(4) organization, because the IRS
definition of Related Organizations requires Board control that does not exist. While MPRC has a close and continuous
working relationship with MPA, and shares staff and various costs, the organizations do not control and/or are not controlled
by the othereither as a parent, subsidiary, or a brother/sister relationship, nor do they gualify as a supporting or supported
organization They have no shared Board members, though Jesse Graham, Executive Director, works half-time for each
organization
FORM 990, PART VI, LINE 11a PROCESS TO REVIEW 990 the preparer sends Form 990 in draft pdf version to the Executive
Director who reviews the 990 and circulates it to all Board members for comments and approval
FORM 990, PART VI, LINE 12c CONFLICT OF INTEREST POLICY Each Board member signs a statement that affirms he/she
has received a copy of this policy, understands and will comply with it. Also, MPA will provide the Board a list of proposed
and current transactions or arrangements that may create conflicts on no less than a yearly basis.
FORM 990, PART VI, LINE 15 COMPENSATION. The Board looks at comparable data when determining payroll for the
Executive Director, and pay rates and increases for other employees are spelled out in the personnel policy. They are
dependent upon number of years job experience upon entry, then upon annual reviews
FORM 990, PART VI, LINE 19 DOCUMENTS MADE AVAILABE TO THE PUBLIC. upon requiest, either in printed form or in a
pdf version
FORM 990, PART X, LINE 10 BALANCE SHEET <sup>.</sup>
* Prior year Equipment purchases that totaled at least \$1,000 were capitalized in 2009 for the first time. An entry for
prior year computer and phone equipment purchased (with estimated useful lives of 5 year) was made for \$3,897 and
charged against Net Assets

Schedule O (Form 990) 2009 Name of the organization	Page 2
MAINE PEOPLE'S RESOURCE CENTER	Employer identification number 22-2586108
* Though the organization uses a modified Cash Basis form of a the Balance Sheet that includes payroll tax and pension liabilit organization, Maine People's alliance (for shared expenses)	ccounting, it has an Accounts Payable figure on
FORM 990, SCHEDULE I, PART I, LINE 2 MONITORING THE USE OF and it's project, Engage Maine, works closely with grantees on shared how Grant funds are being used	
•••••••••••••••••••••••••••••••••••••••	
	······································