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Form 990-EZ Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

Open to Public Inspection

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

Internal Revenue Service For the 2010 calendar year, or tax year beginning and ending Check if D Employer identification number C Name of organization Muskie Fund For Legal Services Address change c/o Pine Tree Legal Assistance, Inc. 01-0505878 Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 88 Federal Street, P.O. Box 547 (207)774-4753 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Portland, ME 04112-0547 Number > Application pending X Cash H Check ▶ ____if the organization is not Accounting Method: Accrual Website: ► N/A required to attach Schedule B Tax-exempt status (check only one) - X 501(c)(3) 501(c) ((Form 990, 990-EZ, or 990-PF) Check Image: If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, 70,300. line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Part I Check if the organization used Schedule O to respond to any question in this Part 1 55,938 1 Contributions, gifts, grants, and similar amounts received 2 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments. 4 Investment income 5a Gross amount from sale of assets other than inventory 5a Less: cost or other hasis and sales expenses-Gain or (loss) from sale (assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events 55,938. of contributions from fundraising events acores on the 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 14,362 20,988. 6c Less: direct expenses from gaming and fundraising events -6,626.Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7b_ 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 8 49,312. g Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ___ .. ____ 45,620 Grants and similar amounts paid (list in Schedule O) 10 10 11 11 Benefits paid to or for members 12 12 Salaries, other compensation, and employee benefits 1,910. 13 13 14 14 337. 15 15 16 16 Other expenses (describe in Schedule O) 47,867. 17 17 Total expenses. Add lines 10 through 16 1,445. 18 18 Excess or (deficit) for the year (Subtract line 17 from line 9) **Vet Assets** Net assets or fund balances at beginning of year (from line 27, column (A)) 10,239. (must agree with end-of-year figure reported on prior year's return) 19 20 20 Other changes in net assets or fund balances (explain in Schedule 0) 11,684. 21 21 Net assets or fund balances at end of year. Combine lines 18 through 20

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

	Check if the organization used Schedule O to respond to any question	in this Part II .	(4) D	.	····	<u> </u>
		-	(A) Beginning of year	ļ	(B) E	nd of year
22	Cash, savings, and investments	· · · · · · · · · · · · · · · · · · ·	10,239.	+		11,684
23	Land and buildings			23	ļ	
24	Other assets (describe in Schedule O)		10,239.	24		11,684
25			10,239.			0
26 27	Total liabilities (describe in Schedule 0)		10,239.			11,684
27 D:	THE Statement of Program Service Accomplishme			21	E,	xDenses
	Check if the organization used Schedule O to respond to any question			X	(Required	for section
Wha	it is the organization's primary exempt purpose? See Schedule C		 	<u> </u>		and 501(c)(4) ons and section
	cribe what was achieved in carrying out the organization's exempt put	···	oncise manner, describ	e) trusts; optional
	services provided, the number of persons benefited, and other relevan			-	for others	.)
28	The organization donates funds to p	oublic chari	ties that			
	provide legal services to low-income	ne and elder	ly			
	individuals in the State of Maine.					
	(Grants \$) If this amount includes foreign	grants, check here	<u></u> ▶ [282	45,620
29						
			·	_		
			·			
	(Grants \$) If this amount includes foreign	grants, check here	<u> </u>		29a	
30				_		
		·- 				
				- , [†]	00-	
04	(Grants \$) If this amount includes foreign			_	30a	
31	• •				31a	
22	(Grants \$) If this amount includes foreign Total program service expenses (add lines 28a through 31a)	grants, check here		╮	32	45,620
Ď,	art W List of Officers, Directors, Trustees, and Key E	mplovees, List each of	one even if not compensated (se	e the		
	Check if the organization used Schedule O to respond to any question					
		(b) Title and average ho	urs (c) Compensation		ontributions	(a) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		mployee fit plans &	account and
		position	-0)		eferred pensation	other allowances
	lliam S. Harwood, Verrill Dana,	President				
	e Portland Sq., Portland, ME 04112	1.00	0.		0.	0
	n Heald, 88 Federal Street,	Treasurer			_	1
<u>Po</u>	rtland, ME 04112-0547	1.00	0.		0.	0.
<u>Ja</u>	ye Martin, Legal Services/Elderly,	Secretary			•	
<u> </u>	Green St., Augusta, ME 04338-2723	1.00	0.		0.	0.
Cn	arles E. Miller, Bernstein Shur	Director 0.50	0.		0.	
	wyer & Nelson, , Portland, ME borah Shaw, Pierce Atwood, One	Director			0.	0.
	nument Square, Portland, ME 04101	0.50	0.		0.	0.
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Muskie Fund For Legal Services c/o Pine Tree Legal Assistance, Inc.

Schedule 0 4 Vere any significant changes made to the organizing or governing documents? If Yes,* attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions) 37 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on from 990-T explain in Schedule O with the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and prioxy fax requirements? 50 If the organization subject to section 6033(e) notice, reporting, and prioxy fax requirements? 51 If Yes, has fitted a tax return on Form 990-T for this year? 52 If the organization undergro a figuratation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Schedule N 52 In the organization of portion or form 990-T for this year? 53 In the organization of the form 1120-P01 for this year? 54 In the organization of the form or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 54 If Yes, complete Schedule II, Part II and enter the total amount involved 55 Exection 501(c)(7) organizations. Enter 56 In Intiation fees and capital contributions included on line 9 56 Increase and capital contributions included on line 9 57 If Yes, complete Schedule II, Part II and enter the total amount of the organization during the year under section 4911 ≥ 0 ; section 4912 ≥ 0 ; section 4915 ≥ 0 \$880		Г	X
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Schedule 0 Were any significant changes made to the organization's name Otherwise, explain the change on Schedule 0 (see instructions) Were any significant changes made to the organization's name Otherwise, explain the change on Schedule 0 (see instructions) Were any significant changes made to the organization's name Otherwise, explain the change on Schedule 0 (see instructions) the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on flome 50. The organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(e) notice, reporting, and pricely favore was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(e) notice, reporting, and pricely favore was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(e) notice, reporting, and pricely favore was a section 501(c)(4), 501(c)(5), or 501(c)(6) organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Schedule N The organization flat Form 1120-P01 for the year? If Yes, complete spicialization before from, or make any loans to, any officer, director, trustee, or key employee of were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If Yes, complete Schedule 1, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on line 9 If Yes, complete Schedule 1, Part II and enter the total amount involved Section 501(c)(3) and 501(c)(4) organizations included on the 9 If Yes, complete Schedule 1, Part II and enter the total amount of tax imposed on organization during the year under section 4911 × 0. Section 501(c)(3) and 501(c)(4) organizations in the organization engage in any section 4988 exc		-	
Were any significant changes made to the organization or governing documents? If Yes, "attach a conformed copy of the arrended documents if they reflect a change to the organization's name Otherwise, such as those reported on lines?, 63, and 74 (among others), but not reported on Form 990-T explain in Schedule (0 why the organization did not report the income on Form 990-T a DID the organization had income from 990-T explain in Schedule (0 why the organization did not report the income on Form 990-T a DID the organization save unrelated business gross income of \$1.000 or more or was 1 as exclosin 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? If Yes, has it filed a tax return on Form 990-T for this year? If Yes, has it filed a tax return on Form 990-T for this year? If Yes, has it filed a tax return on Form 990-T for this year? If Yes, has the did the organization organization organization organization organization organization file Form 1120-P0L for this year? If Yes, has the organization file Form 1120-P0L for this year? If Yes, complete Schedule I, Part II and enter the total amount involved If Yes, complete Schedule I, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under section 4911 P O : section 4912 P O : section 4915 P O : section 4916 P O : section 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912 P O : section 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912 P O : section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4955 P O : Section 501(c)(3) and 501(c)(4) orga	33	;	X
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35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T explain in Schedule O why the organization did not report the income on Form 990-T a bid the organization have unrelated business gross income of \$1,000 or more or was it a section \$01(c)(4), \$01(c)(5), or \$01(c)(6) organization subject to section \$603(e) notice, reporting, and proxy tax requirements? bif Yes, has it filled a tax return on Form 990-T for this year? 10 bid the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, organization period parts of Schedule N 137a	34		X
reported on Form 990-7, explain in Schedule O why the organization did not report the income on Form 990-7 a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements? bif Yes, has if filled a tax return on Form 990-7 for this year? 50 bid the organization undergo a figuidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Schedule N 73 a filter amount of political expenditures, direct or indirect, as described in the instructions			
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October 10 bit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions □ Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? □ Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? □ Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? □ Did the organizations. Enter amount involved □ Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► 0 . section 4912 ► 0 . section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-E27 if Yes, complete Schedule L, Part I . □ Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4958. The part of prohibited tax shelter transaction? If Yes, complete Form 8886-T . □ All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T . □ Located at ► 88 Federal Street, Portland, ME . □ Did the organization's books are in care of ► SUSAI Oliver . □ Located at ► 88 Federal Street, Portland, ME . □ Section 4947(a)(1) nonexempt charitable	35b	N/A	
ocmplete applicable parts of Schedule N 37a Enter amount of portical expenditures, direct or indirect, as described in the instructions ▶ 37a 0. 37a Enter amount of portical expenditures, direct or indirect, as described in the instructions ▶ 37a 0. 37a Enter amount of portical expenditures, direct or indirect, as described in the instructions ▶ 37a 0. 37a Enter amount of portical expenditures, direct or indirect, as described in the instructions ▶ 37a 0. 38b Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b N/A 39 Section 501(c)(7) organizations. Enter 38c Indiation fees and capital contributions included on line 9 38c N/A 39a N/A 39a N/A 39b N/A 39a N/A 39b N/A 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4915 ▶ 0. 5 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 & excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-E27 if 'Yes,' complete Schedule L, Part I 5 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0. 4 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization? If Yes,' complete Form 8886-T 1 List the states with which a copy of this return is filed. ▶ NONE 42a The organizations to kosk are in care of ▶ Sus an Oliver Telephone no ▶ (207) 1 Located at ▶ 88 Federal Street, Portland, ME Telephone no ▶ (207) 1 Located at ▶ 88 Federal Street, Portland, ME Telephone no ▶ (207) 2 Located at ▶ 88 Federal Street, Portland, ME Securities account, or other financial account in a foreign country: ▶ 5 See the instructions for exceptions a			
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b Did the organization file Form 1120-PQL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved			
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Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	N/A		
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Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		Yes N	10
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	1		
of Form 990-EZ	448		<u>X</u>
	k	1	
	44b		X
c Did the organization receive any payments for indoor tanning services during the year?	446		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
in Schedule O	440		

Form 990-EZ (2010) c/o Pine Tree Legal Assi		nc.		01-0505	878	}	Page 4
	, O,O IIMO IICO Degai ASSI	Dounder 1.			<u> </u>	_		No
45 Is any re	lated organization a controlled entity of the organization within th	e meaning of secti	ion 512(b)	(13)?		45		Х
	rganization receive any payment from or engage in any transaction		ty within the	e meaning of section	512(b)(13)?		1	
	Form 990 and Schedule R may need to be completed instead of Form					45a	ļ	X
	rganization engage, directly or indirectly, in political campaign activi complete Schedule C, Part I	ties on Denait of or in	opposπion	i to candidates for pi	IDIIC OTICE?	46		Х
Part VI	Section 501(c)(3) organizations and section 4	947(a)(1) none	exempt	charitable tru	sts only. All		n 501(c	
	organizations and section 4947(a)(1) nonexempt charitable trusts r		-		_			
	Check if the organization used Schedule O to respond to any question	on in this Part VI	<u></u> .	<u> </u>				
							Yes	
	rganization engage in lobbying activities? If "Yes," complete Sch					47		X
	ganization a school as described in section 170(b)(1)(A)(ii)? If "Yes		dule E	•		48	-	X
	rganization make any transfers to an exempt non-charitable related was the related organization a section 527 organization?	organization? .	••••			49a 49b		
	e this table for the organization's five highest compensated employe	es (other than officer	s. directors	. trustees and key en	nplovees) who e		ceived	more
	0,000 of compensation from the organization. If there is none, enter							
		(b) Title and aver		(c) Compensation	(d) Contribution to employee	٠, ١	e) Expe	
	(a) Name and address of each employee paid more	per week devo		!	benefit plans & deferred	,	ccount er allow	
	than \$100,000 NONE	position	<u>'</u>		compensation	- 0.11	ei allun	
	<u> </u>							
		=						
		_						
						+		
		_						
	e this table for the organization's five highest compensated independation. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid more		each receiv	(b) Type of sen			npensat	
		<u> </u>				<u> </u>		
	mber of other independent contractors each receiving over \$100,000			>				
52 Did the o	rganization complete Schedule A? Note: All section 501(c)(3) organ	izations and 4947(a)	(1) nonexei	mpt		₹57	_	_
<u>charitabl</u>	e trusts must attach a completed Schedule A Juder penetties of perjugy I declars that I have examined this return, including according to the complete. Declaration of propager (other than officed to become all in	companying schedules a	and statement	s, and to the best of my	knowledge and be	X Ye	true,	No
	correct, artic complete. Dacteration of proparer (other than officer) to besed on all i	nformation of which prep	arer has any l	knowledge.	7/11/	711		
Sign	Signature of officer				Date			
Here	NAN Heald Theasurer							
	Type or print name and title							
	Print/Type preparer's name Preparer's signature	10	Date	Check] if PTIN			
Paid	Stephen L. LeClair,	100 1	7/8/	self- employ	/ea			
Preparer Use Only	Firm's name > Gibson LeClair, LLC	e -uec	11	Firm's Firm				
OSE ONLY		Suite 3		Firm's EIN Phone no.	(207)	62	3-8	401
	Augusta, ME 04330			rnone do.	(201)	V &	J 0	101
May the IRS d	scuss this return with the preparer shown above? See instructions					Ye	8	No
032174 03-04-11							90-EZ (

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Muskie Fund For Legal Services

Employer identification number

01-0505878 c/o Pine Tree Legal Assistance, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 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, membership fees, and gross 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally integrated b ___ Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III 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) and (iii) below, Yes 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? |11g(iii) Provide the following information about the supported organization(s). (iii) Type of (iv) Is the organization (v) DID you notify the (vi) is the (vii) Amount of (i) Name of supported (II) EIN organization in col organization in col. (I) listed in your organization in col organization support (I) organized in the (described on lines 1-9 (i) of your support? governing document? above or IRC section (see instructions)) Yes No Yes Yes

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

Schedule A (Form 990 or 990-EZ) 2010

Muskie Fund For Legal Services

Schedule A (Form 990 or 990-EZ) 2010 C/O Pine Tree Legal Assistance, Inc. 01-0505878 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	70,505.	40,028.	56,200.	59,475.	55,938.	282,146.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to					ı	
	or expended on its behalf			1			
3	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	70,505.	40,028.	56,200.	59,475.	55,938.	282,146.
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			1			
	amount shown on line 11,			1			
	column (f)						67,045.
6	Public support. Subtract line 5 from line 4			***************************************			67,045. 215,101.
	ction B. Total Support	<u>h</u>					
_	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	70,505.	40,028.	56,200.	59,475.	55,938.	282,146.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties		•				
	and income from similar sources					1	
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11							282,146.
12		etc. (see instruction	ons)			12	33,726.
13				d. fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and sto			· · · · · · · · · · · · · · · · · · ·			
Se	ction C. Computation of Pub	lic Support Pe	rcentage				
	Public support percentage for 2010 (olumn (f))		14	76.24 %
	Public support percentage from 2009					15	78.00 %
16	33 1/3% support test - 2010.If the c	organization did not	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies						N V
ı	33 1/3% support test - 2009.If the	organization did not	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua	lifies as a publicly s	supported organiza	ation			▶ 🗔
17	10% -facts-and-circumstances tes				13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
	10% -facts-and-circumstances tes						
	more, and if the organization meets t						
	organization meets the "facts-and-cir						
18	Private foundation. If the organization						
							or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						<u> </u>
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the	ſ			1		
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513	1					
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf					-	
5 The value of services or facilities				· · · · · · · · · · · · · · · · · · ·	†	
furnished by a governmental unit to	l			1	1	
the organization without charge						
6 Total. Add lines 1 through 5				 	 	
7a Amounts included on lines 1, 2, and				1	 	
3 received from disqualified persons						1
b Amounts included on lines 2 and 3 received				 	 	
from other than disqualified persons that	ļ					
exceed the greater of \$5,000 or 1% of the				İ		İ
amount on line 13 for the year				 	 	
				 	· · · · · · · · · · · · · · · · · · ·	
8 Public support (Subtract line 7c from line 6) Section B. Total Support		<u> </u>	<u> </u>	<u></u>	<u></u>	
	(a) 2006	(h) 2007	(c) 2008	(d) 2009	(a) 2010	(f) Total
alendar year (or fiscal year beginning in) ► 9 Amounts from line 6	(a) 2006	(ь) 2007	(0) 2008	(u) 2009	(e) 2010	(i) Fotal
10a Gross income from interest,				 	 	
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources				·		
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975					 	
c Add lines 10a and 10b				 		-
activities not included in line 10b.		,				
whether or not the business is						1
regularly carried on						
or loss from the sale of capital	ļ					
assets (Explain in Part IV.) ····· ··				-		
13 Total support (Add lines 9, 10c, 11, and 12.)			al farmer - Free -	<u> </u>	504/ \%	L
14 First five years. If the Form 990 is for	•			•	on 501 (c)(3) organiz	ation,
check this box and stop here .				<u></u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>
Section C. Computation of Public					T	
Public support percentage for 2010 (lin	• • • • • • • • • • • • • • • • • • • •	-			15	
6 Public support percentage from 2009				·	16	
Section D. Computation of Inves				·	T 1	
17 Investment income percentage for 201					17	······································
8 Investment income percentage from 2					18	·
19a 33 1/3% support tests - 2010. If the c						. —
more than 33 1/3%, check this box an	d stop here. The	organization qual	ifies as a publicly	supported organiz	ation	▶∟_
b 33 1/3% support tests - 2009. If the o	-					
line 18 is not more than 33 1/3%, chec	k this box and st	op here. The orga	nization qualifies	as a publicly supp	orted organization	▶⊑
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th	his box and see in	structions	▶

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Inspection

Schedule G (Form 990 or 990-EZ) 2010

Name of the organization Muskie	Fund For Legal Ser	vic	es			Employer ide	ntification number			
c/o Pine Tree Legal Assistance, Inc. 01-0505878										
Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.										
 Indicate whether the organization rai a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicitate Soli	tion of tion of fundra (includerofess	non-g gover aising ding o	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Yes				
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have c	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization			
		Yes	No							
						•				
Total			. ▶		,					
3 List all states in which the organization or licensing.		contrib	utions	or has been notified	it ıs	exempt from re	gistration			
		_								
										
										
		_				-				
						_				
										

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

Muskie Fund For Legal Services

01-0505878 Page 2 Schedule G (Form 990 or 990-EZ) 2010 c/o Pine Tree Legal Assistance, Inc. Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Fundraising None (add col. (a) through Dinner col. (c)) (event type) (total number) (event type) 70,300. 70,300. 1 Gross receipts 55,938. 55,938. 2 Less: Charitable contributions 14,362. 14,362. 3 Gross income (line 1 minus line 2) ... Cash prizes ... Noncash prizes 14,935. 14,935. Rent/facility costs 7 Food and beverages 8 Entertainment 6,053. 6,053. 20,988 10 Direct expense summary. Add lines 4 through 9 in column (d) -6,626. 11 Net income summary. Combine line 3, column (d), and line 10. Part # Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue. Expenses 3 Noncash prizes Direct Rent/facility costs ... 5 Other direct expenses No No 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2010

032082 01-13-11

	Muskie Fund For Legal Services	EAE	070	_	_
	edule G (Form 990 or 990-EZ) 2010 C/O Pine Tree Legal Assistance, Inc. 01-0			Pag	ge 3
	Does the organization operate gaming activities with nonmembers?	L	Yes	لـــا	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	\Box	Yes		No
40	to administer charitable gaming?		l es		NO
	Indicate the percentage of gaming activity operated in:	13a			%
	The organization's facility	13b			<u></u>
	An outside facility	100	L		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.				
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes		No
ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount				
	of gaming revenue retained by the third party > \$				
c	If "Yes," enter name and address of the third party:				
	Name				
	Address >				
16	Garning manager information:				
	Name				
	Gaming manager compensation ▶ \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
8	a is the organization required under state law to make charitable distributions from the gaming proceeds to	_		_	
	retain the state gaming license?		Yes	ш	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the				
	organization's own exempt activities during the tax year ▶ \$				
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii)				
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	(200	iiisti uc	tions	<i>)</i> -
				-	
			<u>.</u>		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

Muskie Fund For Legal Services c/o Pine Tree Legal Assistance, Inc.

Employer identification number 01-0505878

c/o Pine Tree Legal Assistance, Inc.	01-0505878
Form 990-EZ, Part I, Line 10, Grants and Allocations:	
Activity Classification: Legal services	
Grantee Name: Immigrant Legal Advocacy Project	
Grantee Address: P.O. Box 17917 Portland, ME 04112	
Property Description: Cash	
Date of Gift: 11/02/10	
Amount Given:	2,053.
Activity Classification: Legal services	
Grantee Name: PTLA - Volunteer Lawyers Project	
Grantee Address: 88 Federal Street Portland, ME 04112	
Property Description: Cash	
Date of Gift: 11/02/10	
Amount Given:	2,053.
Activity Classification: Legal services	
Grantee Name: Cumberland Legal Aid Clinic	
Grantee Address: 246 Deering Avenue Portland, ME 04102	
Property Description: Cash	
Date of Gift: 11/02/10	
Amount Given:	2,053.
Activity Classification: Legal services	
Grantee Name: Maine Equal Justice Partners	
Grantee Address: P.O. Box 2723 Augusta, ME 04330	
LHA For Paperwork Reduction Act Notice see the Instructions for Form 990 or 990-F7.	ule O (Form 990 or 990-FZ) (2010)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Muskie Fund For Legal Services

Employer identification number 0505979

c/o Pine Tree Legal Assistance, Inc.	01-0505878
Property Description: Cash	
Date of Gift: 11/02/10	
Amount Given:	2,053.
Activity Classification: Legal services	
Grantee Name: Legal Services for the Elderly	
Grantee Address: P.O. Box 2723 Augusta, ME 04330	
Property Description: Cash	
Date of Gift: 11/02/10	
Amount Given:	2,053.
·	
Activity Classification: Legal services	
Grantee Name: Pine Tree Legal Assistance, Inc.	
Grantee Address: 88 Federal Street Portland, ME 04112	
Property Description: Cash	
Date of Gift: 11/02/10	
Amount Given:	35,355.
Total included on Form 990-EZ, line 10	45,620.
Form 990-EZ, Part III, Primary Exempt Purpose - To suppor	
legal services to low-income and elderly individuals in	the State of
Maine.	
Form 990-EZ, Part V, Information Regarding Personal Benefit	
The organization did not, during the year, receive any fu	
	tract. dule O (Form 990 or 990-EZ) (2010)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

Muskie Fund For Legal Services c/o Pine Tree Legal Assistance, Inc.

Employer identification number 01-0505878

<u>The</u>	organizati	on, d	lid not,	during	the	year,	pay	any	premiu	ms,_	directl	У,
or_	indirectly,	on a	persona	l benei	fit	contra	ct.				·	
						,						
							-					

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Form **8868**(Rev. January 2011) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box											
 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). 											
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.											
Electron	Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation										
required	required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension										
of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain											
Persona	Benefit Contracts, which must be sent to the IRS in paper	er format	(see instructions). For more details on t	he elec	tronic filing of this f	iorm,					
visit www	v.irs.gov/efile and click on e-file for Charities & Nonprofits	S									
Part I	Automatic 3-Month Extension of Time	∋. Only s <u>ı</u>	ıbmıt ongına <u>l (</u> no copies needed).								
A corpor	ation required to file Form 990-T and requesting an association	natio d-me	onth extension - check this box and con	nplete							
Part I on		()) [>						
All other	corporations (including 1120-C filers), partnerships, REM	is and	usts museuse Form 7004 to request ar	exten	sion of time						
to file inc	ome tax returns.										
Type or	Name of exempt organization			Empl	loyer identification	number					
print	Muskie Fund For Legal Serv	ices									
	c/o Pine Tree Legal Assista	ance,	Inc.	0	1-0505878						
File by the due date fo	Number, street, and room or suite no. If a P.O. box, s	ee Instruc	itions.								
filing your return See	88 Federal Street, P.O. Box	x 547									
instructions	City, town or post office, state, and ZIP code. For a fo	oreign add	dress, see instructions.								
	Portland, ME 04112-0547										
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 3					
Applicat	ion	Return	Application Family		101	Return					
Is For		Code	Is For			Code					
Form 99	0	01	Form 990-T (corporation)	,		07					
Form 99	D-BL	02	Form 1041-A			08					
Form 99	D-EZ	03	Form 4720 WAY 1 1	701		09					
Form 99)-PF	04	Form 5227			10					
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069		4	11					
Form 99	0-T (trust other than above)	06	Form 8870			12					
	Susan Oliver										
	ooks are in the care of 88 Federal Stre	eet -	Portland, ME 04112-	054	7						
Telep	hone No. ► (207) 774-4753		FAX No. ▶								
• If the	organization does not have an office or place of business	s in the Ur	nited States, check this box								
• If this	is for a Group Return, enter the organization's four digit (Group Exe	emption Number (GEN) If the	s is for	the whole group, c	heck this					
box ▶	. If it is for part of the group, check this box	and atta	ach a list with the names and EINs of all	membe	ers the extension is	for.					
1 ! re	equest an automatic 3-month (6 months for a corporation	required t	to file Form 990-T) extension of time unt	ıl							
	August 15, 2011 , to file the exempt	t organiza	tion return for the organization named a	bove. 1	The extension						
ıs f	or the organization's return for:										
	$\overline{\mathbf{X}}$ calendar year $\overline{2010}$ or										
>	tax year beginning	, an	d ending		_ •						
			<u></u>								
2 If t	he tax year entered in line 1 is for less than 12 months, cl	heck reaso	on: Initial return I Fina	l return	1						
	Change in accounting period										
3a If ti	nis application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, er	nter the tentative tax, less any								
nonrefundable credits. See instructions.											
b If ti	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			0.					
	imated tax payments made. Include any prior year overp			3ь	\$	0.					
	using EFTPS (Electronic Federal Tax Payment System). S			3c	\$	0.					
Caution.	If you are going to make an electronic fund withdrawal w	ith this Fo	orm 8868, see Form 8453-EO and Form 8	3879-E	O for payment instr						