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### **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements

A	For th	e 2010 cal	endar year, or tax year beginning , and ending		<u>·</u>
В		applicable	C Name of organization MAINE EQUAL JUSTICE PARTNERS	D Employer ide	ntification number
	Address	s change	Doing Business As	04-3346273	
	Name ci	hange	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone nur	nber
	Initial ref	turn	126 SEWALL STREET	207-626-7058	
$\sqcap$	Termina	ated	City or town, state or country, and ZIP + 4		<del>"</del>
「	Amende	ed return	AUGUSTA ME 04330-6822	G Gross receipts	\$ 827,434
$\sqcap$	Applicat	tion pending	<u> </u>	s this a group return fo	or affiliates? Yes X No
		, ,		Are all affiliates includ	= =
$\overline{}$	Тах-ехег	mpt status		f "No," attach a list (s	ee instructions)
				Group exemption num	har ► N/Δ
_		organization		mation 1996	W State of legal domicile ME
	Part I		mmary	· · · · · · · · · · · · · · · · · · ·	
	1		describe the organization's mission or most significant activities MEJP is d		
a			proving the lives of people with low income in Maine MEJP accomplishes its		
ance			e legislature, with our Congressional delegation and with governmental agen		
			on systemic issues, and statewide outreach and training on issues affecting		income
દું જ	2		his box I if the organization discontinued its operations or disposed of more than 25%	I _	1
ക്കു	3		r of voting members of the governing body (Part VI, line 1a)	3	
€2 §	4		r of independent voting members of the governing body (Part VI, line 1b)	5	
<u> </u>	5		umber of individuals employed in calendar year 2010 (Part V, line 2a) umber of volunteers (estimate if necessary)	6	
AUG 2 S	7a		nrelated business revenue from Part-VIII-column (C), line 12	72	
			elated business taxable income from Form-990-7; line-34	. 71	
₩-	<del></del>	TTOC GITT	Salasa Salasa Maria Mari	Prior Year	Current Year
<b>Ź</b> .	8	Contrib	utions and grants (Part VIII, line 169) ALLC 0 9 2011 O	663,52	6 800,885
SCANNED Revenue	9		n service revenue (Part VIII, line 2g)	6,25	
8	10		ient income (Part VIII, column (A) lines 3, 4, and 7d)	6,60	
30 C	11		evenue (Part VIII, column (A), lines 5, 6d) 8c (9c-10c, and 11e)	3,15	6 3,223
	12		renue add lines 8 through 11 (must equal Part VIII, column (A), line 12)	679,54	3 812,057
	13	Grants	and similar amounts paid (Part IX, column (A), lines 1–3)	61	0 7,750
	14		s paid to or for members (Part IX, column (A), line 4)		0 0
S.	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)	555,24	<del></del>
Expenses	16a		ional fundraising fees (Part IX, column (A), line 11e)		0 0
Ě	b		ndraising expenses (Part IX, column (D), line 25) 37,258	445.75	405.000
	11/		xpenses (Part IX, column (A), lines 11a–11d, 11f–24f)	145,75	
	18		e less expenses Subtract line 18 from line 12	701,60 -22,06	
	<u>119</u>	Revenu		nning of Current Yea	
SES.	20	Total as	ssets (Part X, line 16)	688,61	<del></del>
Ass	21		abilities (Part X, line 26)	10,83	<del></del>
Net Assets or	22		ets or fund balances Subtract line 21 from line 20	677,77	
	art II	Sig	nature Block		
Un	der penal	lties of perju	ry, I declare that I have examined this return, including accompanying schedules and statements, an		
and	belief, if	t is true, com	eof, and complete Declaration of preparer (other than officer) is based on all information of which pr	reparer has any knowl	
Si	gn		Just Court	17/2	s/2011
	ere		Signature of officer A. Craver, Treasurer	Date	
		4			
		l Prin	Type or print name and title  t/Type preparer's name Preparer's signature D	ate	PTIN
Pa	aid	1		Check	: [X] f]
	epare	r's Al A	Aucella al avella, EA 7	7/24/2011 self-e	mployed N/A
	se Oni	1 -	n's name ► Al Aucella dba The Bottom Line	Firm's EIN ► N//	<del>\</del>
		Fim	n's address ▶ 69 Field Road, Falmouth, ME 04105	Phone no (20	7) 781-3853
Ma	ay the I	IRS discu	ss this return with the preparer shown above? (see instructions)		X Yes No
_	<u> </u>		action Act Notice, see the separate instructions.	<del> </del>	Form <b>990</b> (2010)
(HT	•				Δ ' ' \ Δ

Pa	art III Statement of Program Service Accomplishments	- 10 - 10	
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission		-
	MEJP is dedicated to finding solutions to poverty and improving the lives of people with low income in Maine		
	its mission through public policy advocacy inthe state legislature, with our Congressional delegation and with	government	al 
	agencies, legal representation and impact litigation on systemic issues, and statewide outreach and training	• • • • • • • • • • • • • • • • • • • •	
2	Did the organization undertake any significant program services during the year which were not listed on		····
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services? .	Yes	X No
4	If "Yes," describe these changes on Schedule O  Describe the exempt purpose achievements for each of the organization's three largest program services by e	ynenses	
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount		d
	allocations to others, the total expenses, and revenue, if any, for each program service reported	<b>J</b>	
4a	(Code ) (Expenses \$ 174,026 including grants of \$ 0 ) (Revenue \$		_0_)
	LITIGATION & OTHER ADVOCACY Represents clients (individuals below 200% of the federal poverty level)		
	agencies, the state legislature, and state and federal courts, primarily with regard to systemic issues related to health care, income support programs, and housing and utility-related matters. MEJP handled over 500 cases		
	administrative and legislative matters as well as direct client services. These included 169 cases regarding he	. <b></b> .	
	Medicald related), 255 cases concerning food assistance and income support programs, 23 cases regarding h		
	matters, and 11 cases dealing with consumer issues MEJP also provided training and education on these iss		
	the state to over 500 service providers and advocates on issues and public benefit programs affecting people	with low inco	me
	MEJP was successful in 2010 in linking two education and training programs—the state's Competitive Skills State St		rogram
	and the training component of the federal Food Supplement program (formerly known as food stamps), creation opportunities for low-wage workers to gain the skills they need in today's labor market	ig greater	<b></b>
	opportunities for low wage workers to gain the skins they need in today's labor market		
4b	(Code ) (Expenses \$ 215,871 including grants of \$ 0 ) (Revenue \$		0)
	HEALTH CARE. In conjunction with the representation noted in 4a, performs legal research and public policy		
	develops strategies to improve access to health care for low-income individuals and families at the state level		
	activities include protecting and improving access to health care for over 290,000 Medicaid enrollees and impl drug coverage for approximately 86,00 low-income seniors and people with disabilities	oving prescr	iption
4c	(Code ) (Expenses \$ 170,437 including grants of \$ 7,500 ) (Revenue \$		0)
	TANF and Parents as Scholars In conjunction with the representation noted in 4a, performs legal research an		
	analysis, and develops strategies to improve Temporary Assistance to Needy Families (TANF)—Maine's public		
	including opportunities for higher education and training so that participants can secure employment and achie security. Specific activities include sustaining benefits for over 14,000 families receiving TANF, including 25,00 security.		
	to 700 Parents as Scholars participants, as well as improving benefits for those transitioning into the workford		ariu cius
	The state of the s		
	Maine Equal Justice conducted a comprehensive study of families who participate in Maine's TANF program in		
	extensive survey sent to 8,700 families and subsequent focus groups, MEJP sought to better understand the r		
	seek assistance and the obstacles they face in today's economy. The findings will guide public policy recommendations and the obstacles they face in today's economy.	endations at	the
	state and federal levels		·
4d	Other program services (Describe in Schedule O )		
	· · · · · · · · · · · · · · · · · · ·	0)	
40	Total program service expenses > 705 705		

### Part IV Checklist of Required Schedules

	1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X.	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	1
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	1		
_	Part III .	5	<u> </u>	Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"		1	۱.,
7	complete Schedule D, Part I	6	-	X
•	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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<b>-</b>	<del>                                     </del>	<del>  ^</del>
	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,"	1	1 1	
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
44	quasi-endowments? #f "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable	12		
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	140		il li fr
u	Schedule D, Part VI	11a	Х	
b	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.	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	444		v
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	Х	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
40	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
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?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	14a		X
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	170		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	1	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			.,
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		<u> </u>
13	If "Yes," complete Schedule G, Part III	19	- 1	v
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note</b> . Some			
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV	Checklist	of Required	<b>Schedules</b>	(continued)

22 23 24a b	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  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  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  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	21 22 23 24a	X	x
23 24a b	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 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 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	22		
<b>24</b> a b	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  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	23		
<b>24</b> a b	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			Х
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.  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
	24b through 24d and complete Schedule K. If "No," go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	[ <b>24</b> a	,	X
		24b	-	X
L		240		_^_
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d		_X_
	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		Х
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			
	990-EZ? If "Yes," complete Schedule L, Part I.	25b		Х
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,	1		
<b>L</b> 1	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
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	€ 18 £ 1 , , =		1, 3. 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
	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		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		1	
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32	- 1	Х
	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		<u>X</u>
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	<b>∤</b>	$\exists$	
	III, IV, and V, line 1	34	Х	
	is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Х	
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2		1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	26		¥
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	+	<u>X</u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37	-	<u>_X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		}	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 (2	2010)

га	Check if Schedule O contains a response to any question in this Part V			
	Oncok ii ochedule o contains a response to any question in this Part V	<u>· ·</u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 10		1.00	1
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	. , ;		1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	12. III	172.0	
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	14, 14	37.2.2.2.5	1739
	Statements, filed for the calendar year ending with or within the year covered by this return 9	1 mg		1.5
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	;;;) <u>\$</u>	7,11	j., 3
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<b>├</b>	X
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	ĺ	1	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
b	If "Yes," enter the name of the foreign country.	4a	1. 19 2	X
D	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	77.		
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		x
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<del>                                     </del>	广
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		<u> </u>	
	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			
	gifts were not tax deductible? .	6b		
7	Organizations that may receive deductible contributions under section 170(c).	,	113,525	100
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	2,00 cm		17
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	,		
_	required to file Form 8282?	7c	<b> </b>	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	. :}		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		-^-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		$\vdash$
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		1 . 71	(1) 17
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			1. 1.
	organization, have excess business holdings at any time during the year?	8	er 1)**	X
9	Sponsoring organizations maintaining donor advised funds.	jana a	3, 1	
a	Did the organization make any taxable distributions under section 4966?	9a		Χ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter	- '-,'	···· ;	
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	g: 14	orangin g	, , ''i,
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			gh-b
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	,:.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	;	", , ''	,
12a	against amounts due or received from them )  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	\$ 'A	، برو ا
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	124	,	J. 171
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		F 19.1	i i reci
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	- "	<u>,-r,-r</u>
	Note. See the instructions for additional information the organization must report on Schedule O	12.5		
b	Enter the amount of reserves the organization is required to maintain by the states in which	,		. "9
	the organization is licensed to issue qualified health plans	(24.3	77	
С	Enter the amount of reserves on hand	:: ,; <u>5 ,;</u>	""	#ij",
l4a		14a		Χ
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14h	- 1	

Pai	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b belo			
	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or char	ges ir	7	
	Schedule O. See instructions.			_
	Check if Schedule O contains a response to any question in this Part VI			Ш
Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1	o[	7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	17:
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1	3	egre.	7
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	7.1	£ ,	2 2
	any other officer, director, trustee, or key employee?	2	1.20	X
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 or other person?	3	<b>i</b>	Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	1		<u> </u>
	of the governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		9.5	7,,,14
	the year by the following	0.11		7, 17
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	1		
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	1	х
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue		)	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	1		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10Ь		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		$\vdash$	
	form?	11a	1	Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		7 77	7, 7, 7
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	,,, ,,,
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		$\stackrel{\sim}{-}$	
-	rise to conflicts?	12b	x	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		$\stackrel{\sim}{-}$	
_	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	$\hat{\mathbf{x}}$	
15	Did the process for determining compensation of the following persons include a review and approval by	77.	,	<del>.,,,,</del>
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	mir :	100	
а	The organization's CEO, Executive Director, or top management official	15a	x	, ' '
b	Other officers or key employees of the organization	15b	$\hat{\mathbf{x}}$	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	1, 37		7. 7.
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	56 17 55 7 70		ران الله المراجع أولوا
	with a taxable entity during the year?	16a	77777	л~и Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	,,,	1 1 1 1 1 1	iranii
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		1, 21
Sect	tion C. Disclosure	1	1.	
17	List the states with which a copy of this Form 990 is required to be filed ► None Required			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the section 6104 requires and 990-T (	nlv)		
	available for public inspection Indicate how you make these available Check all that apply	···• /		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest	est		
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	e		
	organization ► MEJP & AL AUCELLA 207-626-70			
	126 SEWALL STREET, AUGUSTA, ME 04330-6822			

Form 990 (2010) MAINE EQUAL JUSTICE PARTN	ERS				04-33462	273 Page <b>7</b>
Part VII Compensation of Officers, Dire		es, Key Er	nployees,	<b>Highest Com</b>	pensated	
Employees, and Independent C						
Check if Schedule O contains a r					<u> </u>	
Section A. Officers, Directors, Trustees, Key	Employees, ar	nd Highest (	Compensat	ed Employees	· · · · · · · · · · · · · · · · · · ·	
1a Complete this table for all persons required to be organization's tax year	e listed Report	compensati	on for the ca	alendar year end	ding with or with	in the
<ul> <li>List all of the organization's current officers, of compensation Enter -0- in columns (D), (E), and</li> </ul>				or organization	s), regardless o	f amount
<ul> <li>List all of the organization's current key emp</li> <li>List the organization's five current highest components who received reportable compensation (Box 5 of Foorganization and any related organizations</li> </ul>	mpensated em	ployees (oth	er than an o	officer, director,	trustee, or key	
<ul> <li>List all of the organization's former officers, I</li> <li>\$100,000 of reportable compensation from the organization</li> </ul>				ed employees v	vho received mo	ore than
<ul> <li>List all of the organization's former directors organization, more than \$10,000 of reportable com</li> </ul>						tee of the
List persons in the following order individual truster compensated employees; and former such persons		institutional	trustees, of	ficers, key empl	oyees, highest	
Check this box if neither the organization nor a	ny related orga	nization com	pensated a	ny current office	r, director, or tri	ustee
(A)	(B)		C)	(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule	Officer Officer Institutional trust or director	Former Highest comper employee Key employee	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related

(A) Name and Title	(B) Average	(C) Position (check all that apply)				(D) Reportable	(E) Reportable	(F) Estimated		
	hours per week (describe hours for related organizations in Schedule O)	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
(1) John McCall Member	1	X						0	0	0
(2) Rachael Newman Member	. 1	х					,	0	0	0
(3) John Pelletier Member	1	х						0	0	0
(4) Debra Reece Member	1	Х						0	0	0
(5) Michael Saxl Member	1	х						0	0	0
(6) Sharon Treat Member	1	х						0	0	0
(7) Sara Gagne-Holmes Executive Director	40	,		х				87,089	0	0
(8) Rachel Lowe President	2	,		χ.	,			9	0	0
(9) Charles F Dingman Vice President	2			Х				0	0	0
(10) Jerrol A. Crouter Treasurer	2			Х				0	0	0
(11) Kathleen Moore Secretary	2			Х				0	0	0
(12)										
(13)										
(14)										
(15)										-,
(16)										- <u>, </u>

F	art VII Section A. Officers, Directors, T	rustees, Key E	mpl	oye	es,	anc	l Hig	hes	st Compensate	d Employees	(continued)
	(A)	(B)	Poor	hon (		C)	that e	amb./\	(D)	(E)	(F)
	Name and trile	Average hours per week (describe hours for related organizations in Schedule O)	or director	T		,			compensation	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(17)				-		-	-				
(18)											
(19)											
(20)								<b></b>			
(21)		<del></del>	-			-					
(22)											<del></del>
(23)											
(24)					,						
(25)											
(26)											
(27)							-				
(28)											
1b	Sub-total .							▶	87,089	C	0
c	Total from continuation sheets to Part VII,	Section A						•	0	,	<del></del>
_ <u>d</u>	Total (add lines 1b and 1c)							<b>•</b>	87,089		0
2	Total number of individuals (including but not		e liste	da	oov o	e) <i>w</i>	vho r	ecei	ived more than s	\$100,000 in	
	reportable compensation from the organization	<u>n</u> –			<u> </u>				<del> </del>		Yes No
3	Did the organization list any former officer, di employee on line 1a? If "Yes," complete Sche-					yee	e, or l	nigh	nest compensate	ed	Yes No
4	For any individual listed on line 1a, is the sum the organization and related organizations greated individual										
5	Did any person listed on line 1a receive or acc									ndıvıdual	4 X
Sec	for services rendered to the organization? If "Yetion B. Independent Contractors	es, complete	<u> उपा<del>10</del></u>	u <i>u1</i> 6	JÍ	UT S	ucn	uer:	5011	-	5 X
1	Complete this table for your five highest comp compensation from the organization	ensated indepe	ender	nt co	ntra	acto	rs th	at r	eceived more th	an \$100,000 o	f
	(A) Name and business addi	ess							(B) Description of ser	vices	(C) Compensation
											0
											0
			<u>-</u>								0
								_		<del> </del>	0
2	Total number of independent contractors (incl	uding but not lii	mited	l to t	hos	se li	sted	abo	ove) who receive	ed	erre Pare Pare Pare
-	more than \$100,000 in compensation from the					- "	0		,		har illin illinoisi

Pan Julian Lina		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
grants nounts	1a	Federated campaigns	<del> </del>	la 7,914		i i i i i i i i i i i i i i i i i i i		
gra	b	Membership dues	<u> </u>	l <b>b</b> 0				
gifts, ilar am	C	Fundraising events	<u> </u>	lc 0	Fright Herricalistic for		harranissia kantan sebesah sebagai kantan sebagai k	กราก กรกับก็รัฐกับกับ รรัฐกับรู้ กรุกไร้กระบาทไดรราก การกำ
gifar	d	Related organizations	_	ld 0	:::"ffrjilli, :'Hi'u,			ન્ક્રેની સુંસ તાક, દુલ્લું -
ons,	е	Government grants (contributio		le 0		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		", ", ", ", ", ", ", ", ", ", ", ", ", "
utic ie	f	, , , ,	The state of the s			المستثلا إلحارا الحالا	سخشسيون الأثوويون	
e ii		similar amounts not included at	L.	1f 792,971	as four with direct			
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in	lines 1a-11.	\$0	000 005	(*************************************		
<u> </u>	h	Total. Add lines 1a-1f		Business Code	800,885	a (4) to the collection of the second of the collection of the col	to the second second	ef phi is libergraphaber 1 1925 / libergraphaber
nue	2-	Educational Convices		541100	and make a		il i muli edibe i s	
eve	2a b	Educational Services		541100	3,643	3,643		
Service Revenue	_				0	<del> </del>		
Ž	d				0	<del> </del>		
Š	u				0	<del> </del>		
Program	f	All other program service reven	110		0	<del></del>		
Pro	a	Total. Add lines 2a–2f	uc	<b></b>	3,643		k	mar a st. 2
	3	Investment income (including d	wdends inte		0,010		1 2000000 3230000 32000	, - ,,
	"	other similar amounts)	ividends, inte	rest, and	4,306			4,306
	4	Income from investment of tax-	evernt hond	proceeds	7,300			4,300
	5	Royalties	exempt bond	proceeds .	0	-		
		Noyumes	(i) Real	(ii) Personal	Contract of the	14 10 11	norman da char	
	6a	Gross Rents	18,60	<del></del>	formumber this	rist over a		lini kasarta d
	ь	Less rental expenses	15,3	<del></del>				arganization in the
	С	Rental income or (loss)	3,2			4		
	d	Net rental income or (loss)	<u> </u>	. •	3,223		., .,	3,223
	7a	, ,	(i) Securities	(ii) Other	or constraint core ,	va va i nem managigi	COR LITERIL LIL II. PATGET A L	r Mr. Jana seeds
		assets other than inventory		0 0				
	ь	Less cost or other basis			in' i mulitimi tilit.			
	ļ	and sales expenses		0 0	nation of the c			
	С	Gain or (loss)		.0 0.			, , , , , , , , , , , , , , , , , , , ,	
	d	Net gain or (loss)		<b>•</b>	0			
an an								· · · · · · · · · · · · · · · · · · ·
nū	8a							
ve	}	events (not including \$	0		m. manush sa si ing	16, 100 ein gefer in 17 , 27, 15,27 (5)		
Other Revenue		of contributions reported on line	: 1c)		lar varitr			
her		See Part IV, line 18		a <u>0</u>	;;;; ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;		ا مناه در الماد الم الماد الماد ا	
<u>ot</u>	b			<b>b</b> 0	,			
	_ C	Net income or (loss) from fundr	•	. •	0	- , 57 - 1 - , 1, ,		
	9a	Gross income from gaming acti	vities	_				talla lastalas, sistematica Lasta lastalas, sistematica Lasta lasta seconosis de
	ļ <u>.</u>	See Part IV, line 19		a <u>0</u>	errer mericipaleria incerer	restriction of the second	real marginary along the	
	b	Less. direct expenses	· ·	b0				
	C	Net income or (loss) from gamil	ng activities		1922/00/07 12 19 19 19 19 19 19 19 19 19 19 19 19 19	' (t) 11 /14 11 (t)	The fact of the following of the	18.75 1 2 34.47 - 134
	Iva	Gross sales of inventory, less returns and allowances			1. 56.55	· , , , , , , , , , , , , , , , , , , ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
		Less cost of goods sold		<b>a</b>   <u>0</u> <b>b</b> 0				
	b	Net income or (loss) from sales		~ <u> </u>	0	जारेक्टाक्टेस्ट व्हें चित्रस्टेंग -	up o erri aluse-bla delirome	Side of the bases
	- <u>`</u> -	Miscellaneous Revenue	or miventory	Business Code			, , , , , , , , , , , , , , , , , , ,	
	11a				)	promiser interestablishing	ការ ការ ដោយ ។ ស្រែកដើម	- appar ander , a f
į	b				ŏ			
,	C				0			
	ď	All other revenue			ŏ			-
1	e	Total. Add lines 11a-11d		<u> </u>	0		1. 1 1 155 Juliu 1   1	
	12	Total revenue. See instructions	<b>3</b>		812,057	3,643	0	7,529

### 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) (B) (C) (D) Do not include amounts reported on lines 6b, 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 7,750 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 Benefits paid to or for members 0 5 Compensation of current officers, directors, 87,089 69,455 trustees, and key employees 13,220 4,414 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 412,459 337,272 Other salaries and wages. 51,946 23,241 Pension plan contributions (include section 401(k) 8,250 6,754 and section 403(b) employer contributions). 1.039 457 79,299 75.996 9 Other employee benefits 2.596 707 10 37,630 30,665 Payroll taxes 4,883 2,082 11 Fees for services (non-employees) а Management O b Legal C Accounting 8,406 6.848 1,093 465 d Lobbying Professional fundraising services. See Part IV, line 17 ol eg etilija (j. е f Investment management fees 0 Other 60,835 59.634 843 358 g 12 Advertising and promotion 1,779 1,451 230 98 30,503 3.094 13 Office expenses . . 35,100 1,503 14 Information technology 13,230 10,959 1,598 673 15 Royalties n 19,255 16 Occupancy 15.689 2,501 1.065 17 Travel 7,234 6,882 138 214 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10,504 10,291 89 20 Interest . 21 Payments to affiliates 0 6,659 22 Depreciation, depletion, and amortization 5.407 886 366 4,120 23 4,233 Insurance . . . . . 34 24 Other expenses Itemize expenses not covered च चीतुःहर above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) **PRINTING** 13,518 11,986 215 1,317 DUES, LIBRARY, & SUBSCRIPTIONS 11,530 11,041 343 146 LOBBY FEES 600 600 BAR FEES 721 721 d e CONTINUING EDUCATION 1,778 1,681 68 29 f All other expenses 0 25 Total functional expenses. Add lines 1 through 24f 827,859 705,705 84.896 37,258 Joint costs. Check here ▶ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

**Balance Sheet** Part X (A) (B) Beginning of year End of year 1 1 Cash-non-interest-bearing 2,902 25,522 2 2 499,189 458,424 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 0 0 0 4 4 Accounts receivable, net 0 Receivables from current and former officers, directors, trustees, key 5 employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net 0 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 279,868 .75 10b 89.751 186,519 Less accumulated depreciation 10c 190,117 11 Investments—publicly traded securities . 0 11 0 12 Investments-other securities See Part IV, line 11 0 12 0 13 0 13 0 Investments—program-related See Part IV, line 11 14 Intangible assets 0 14 0 15 15 Other assets See Part IV, line 11 0 0 16 Total assets. Add lines 1 through 15 (must equal line 34) 688.610 16 674.063 17 Accounts payable and accrued expenses (Accrued Pension, etc.) 10,837 17 12,091 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 1.12 persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 0 24 Unsecured notes and loans payable to unrelated third parties 0 24 0 Other liabilities Complete Part X of Schedule D 25 25 0 0 26 Total liabilities. Add lines 17 through 25 10,837 26 12,091 雷姆提加 F=== . ,.. Organizations that follow SFAS 117, check here ► X and g - rest. . . Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 511,233 27 563,426 28 Temporarily restricted net assets 166,540 28 98,546 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here ▶ ...; and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 677,773 33 661,972 688.610 34 Total liabilities and net assets/fund balances 34 674,063

Form 9	990 (2010) MAINE EQUAL JUSTICE PARTNERS	0	4-3346273	Pag	ge <b>12</b>
Pari	Reconciliation of Net Assets		<u>-</u> <u>-</u>		
	. Check if Schedule O contains a response to any question in this Part XI	• •		•	X
1	Total revenue (must equal Part VIII, column (A), line 12)	111		812	2,057
2	Total expenses (must equal Part IX, column (A), line 25)	2		_	7,859
3	Revenue less expenses Subtract line 2 from line 1	3			5,802
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			7,773
5	Other changes in net assets or fund balances (explain in Schedule O)	5			1
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B)).	6		661	1,972
Part					
	Check if Schedule O contains a response to any question in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other			3 ;	Tangera
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Schedule O			وتي ۲۰۰۰	1 1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig	nt of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain	ın	12	ļ., 11 11	7 7
	Schedule O				', ',,
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	<del>!</del>			1, 2,5
	issued on a separate basis, consolidated basis, or both			49.0	::- ;-;-: 
	X Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				, "
	the Single Audit Act and OMB Circular A-133?		3a		X

3b

Form 990 (2010)

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

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

**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

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-E.

Employer identification number

VIAIN		MAP 30211	CE PARTNERS						1.	04-3	<del>340</del> 273		
Par				arity Status (All or						instructio	ons.		
_	organ		•	lation because it is (F		_							
1	$\square$	•		rches, or association				ction 170	7(b)(1)(A)	(1).			
2	$\sqcup$			on 170(b)(1)(A)(ii). (A									
3	Ш	•	•	hospital service organ									
4			esearch organiza ame, city, and st	ation operated in conju ate	unction w	ith a hosp	ntal descr	ribed in se	ection 17 	0(b)(1)(A 	.)(iii). E 	nter th	e 
5		•	•	r the benefit of a colle (Complete Part II)	ge or univ	ersity ow	ned or op	erated by	y a goverr	nmental u	nıt des	cribed	
6		A federal, st	ate, or local gov	ernment or governme	ental unit	described	ın <b>sectio</b>	n 170(b)	(1)(A)(v).				
7	X	•		ly receives a substant (1)(A)(vi). (Complete	•	fits suppo	ort from a	governm	nental unit	or from	the gen	eral pu	plic
8		A communit	y trust described	d in section 170(b)(1)	(A)(vi). (	Complete	Part II.)						
9	百	receipts from	n activities relate n gross investme	ly receives (1) more t ed to its exempt functi ent income and unrela n after June 30, 1975	ions—sub ited busin	ject to ce less taxab	rtain exce de incom	eptions, a e (less se	nd (2) no ection 511	more tha	n 33 1/	'3% of	
10		An organiza	tion organized a	ind operated exclusive	ely to test	for public	safety. S	ee <b>secti</b> o	on 509(a)	(4).			
11 e		purposes of 509(a)(3). C a Type By checking persons other	one or more put heck the box that it b this box, I certificate this box, I certificate the box is t	fy that the organization on managers and other	nizations of support Type Type n is not co	described ling organ e III–Fund ontrolled o	in section ization ar ctionally in directly or	n 509(a)( nd comple ntegrated underectly	1) or secti ete lines 1 I y by one c	on 509(a 1e through d	)(2) Se gh 11h ype III isqualif	ee <b>sec</b> t I–Othe īed	r
f g		organization Since Augus following pe (i) A pers and (ii)	i, check this box st 17, 2006, has rsons? son who directly ii) below, the go	a written determination the organization accessor indirectly controls, verning body of the superson described in (	epted any either ald ipported d	gift or coi	ntribution ether with	from any	of the		11g(i) 11g(ii)	Yes	No
		• •		ty of a person describe				•			11g(lii)		
(I)		of supported inization	following inform	ation about the suppo (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the o	organization	(v) Did y the organ col (l)	vou notify nization in of your port?	organizat	s the tion in col zed in the S?		) Amoun support	t of
					Yes	No	Yes	No	Yes	No			
(A)													0
<b>B</b> )							-						0
(C)							-						0
(D)		- · · · · · · · · · · · · · · · · · · ·								:			0
E)													0
 Fota	<del></del>				ricir.	31 T		, , , , , , , ,		, , , , , , , ,			0

04-3346273 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 fails to qualify under the tests listed below, please complete Part III.)

Soci	ion A. Public Support	quality under	the tests hat	ed below, pie	ase complete	r art iii.j	
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
		(a) 2000	(6) 2007	(0) 2008	(u) 2009	(e) 2010	(i) Iotal
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	600 000	744.000	700 000	000 500	000 005	0.500.500
_	include any "unusual grants")	632,880	744,638	726,633	663,526	800,885	3,568,562
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf .	0				<del> </del>	0
3	The value of services or facilities						
	furnished by a governmental unit to the						0
	organization without charge	622.990	744 620	706 622	662 526	900 995	2 560 562
4	Total. Add lines 1 through 3	632,880	744,638	726,633	663,526	800,885	3,568,562
5	The portion of total contributions by each						
	person (other than a governmental unit	· · · · · · · · · · · · · · · · · · ·			1, 3, 1,11		
	or publicly supported organization) included on line 1 that exceeds 2%		and and a second				
	of the amount shown on line 11,					Transfirmations	
	column (f)					1,1,2,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	310,952
6	Public support. Subtract line 5 from line 4				*** ****** ***** *** ** ** ** ** ** **	em i k 'ik ner ik'') *le u 'i'e i edi liu iu i	3,257,610
Sect	ion B. Total Support		1 27 72 73 7-4 25-2		- ne es - fef   new";")		3,237,010
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	632,880	744,638	726,633	663,526	800,885	3,568,562
8	Gross income from interest, dividends,	302,000	144,000	720,000	000,020	000,000	0,000,002
•	payments received on securities loans,						
	rents, royalties and income from similar					1	
	sources .	18,923	36,269	30,520	25,206	22,906	133,824
9	Net income from unrelated business	10,020	50,250	30,020	20,200	22,000	100,024
·	activities, whether or not the business is			:			
	regularly carried on						0
10	Other income Do not include gain or						<u>_</u>
	loss from the sale of capital assets						
	(Explain in Part IV )	-4,569	0	o	o	o	-4,569
11	Total support. Add lines 7 through 10	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	;			1,,,, % ,	3,697,817
12	Gross receipts from related activities, etc. (	see instruction	s)			12	26,748
13	First five years. If the Form 990 is for the		-	urd, fourth, or f	fifth tax vear as	a section 501	
	organization, check this box and stop here	-			,	·	`^` ►□
Sect	ion C. Computation of Public Support						
14	Public support percentage for 2010 (line 6,			column (f))		14	88 10%
15	Public support percentage from 2009 Scheo	` '		(-,,		15	88 04%
16a	33 1/3% support test-2010. If the organiza			line 13, and li	ne 14 is 33 1/3	% or more, che	
	and stop here. The organization qualifies a	s a publicly su	pported organi	zation			►X
b	33 1/3% support test-2009. If the organization	ation did not ch	eck a box on li	ne 13 or 16a, a	and line 15 is 3	33 1/3% or more	
	box and stop here. The organization qualifi	ies as a publicl	y supported or	ganization .			. ▶ 🗌
17a	10%-facts-and-circumstances test-2010.	If the organiza	ation did not ch	eck a box on l	ne 13, 16a, or	16b, and line 1	4
	is 10% or more, and if the organization mee						
	Part IV how the organization meets the "fac						
	organization			J	•	, , , , , ,	▶□
b	10%-facts-and-circumstances test-2009.	If the organiza	ation did not ch	eck a box on l	ine 13, 16a, 16	b, or 17a, and	line
	15 is 10% or more, and if the organization r	•					
	Part IV how the organization meets the "fac						•
	supported organization			•	•		▶□
18	Private foundation. If the organization did	not check a bo	x on line 13 1	6a. 16b. 17a. d	or 17b, check t	his box and see	,
-	instructions			,,,	,		. ▶□

Schedule A (Form 990 or 990-EZ) 2010

Part III Support Schedule for Organizations Described in Section 509(a)(2)

oupport ocheudic for organizations becombed in education ever(4)(-)
(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.)

	if the organization fails to qualify u	maer the tests	s listed below,	, please com	piele Pail II.)		
	tion A. Public Support		# \ 0007	4 3 0000	440,0000	(-) 0040	40 T-4-1
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	0	o	0	0	0	0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0	0	0		0
3	Gross receipts from activities that are not an unrelated trade or business under section 513					:	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	o	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0.	0
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons				0	J	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6)	, 117 ( )					0
Sec	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	0	ol	0	o	اه ا	0
10a	Gross income from interest, dividends, payments received on securities loans,						
b	rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	o	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	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 organization organization, check this box and stop here	ion's first, second	, third, fourth, or f	ifth tax year as a	section 501(c)(3)	· · · · · · · · · · · · · · · · · · ·	▶ [
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2010 (line 8, column (		3, column (f))	•		15	0 00%
16	Public support percentage from 2009 Schedule A, P				·	16	0 00%
Sec	tion D. Computation of Investment Inc						
17	Investment income percentage for 2010 (line 10c, co			(f))		17	0.00%
18	Investment income percentage from 2009 Schedule			•		18	0 00%
19a	33 1/3% support tests-2010. If the organization did					ine 17 is	. —
	not more than 33 1/3%, check this box and stop her						▶∟
b	33 1/3% support tests-2009. If the organization did line 18 is not more than 33 1/3%, check this box and						▶ [
	Private foundation. If the organization did not check	k a box on line 14	. 19a. or 19b. che	ck this box and s	ee instructions		.▶

Schedule A (Form 990 or 990-EZ) 2010 MAINE EQUAL JUSTICE PARTNERS	04-3346273 Page <b>4</b>
Part IV Supplemental Information. Complete this part to provide the explanations require Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additionstructions).	red by Part II, line 10; onal information. (See
FORM 990A, PART II, SECTION B, LINE 10 MISC INCOME SUPPORT SCHEDULE	
2006 \$-4,569 reflects the Fair Market Value net Loss (not including Contributions generated) from the 1	0th Anniversary
celebration dinner	
	***************************************

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

### **Political Campaign and Lobbying Activities**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Attach to Form 990 or Form 990-EZ. ► Complete if the organization is described below. See separate instructions.

Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

• S	Section 501(c)(4), (5), or (6) or	ganizations Complete Part III			
Name	e of organization			Employe	r identification number
MAI	NE EQUAL JUSTICE PAR	RTNERS			04-3346273
Pa		he organization is exempt und			organization.
1		the organization's direct and indirec	t political campai	gn activities in Part IV	
2	Political expenditures		•	. ▶\$	0
3	Volunteer hours		•	•	0
Pa	rt I-B Complete if t	he organization is exempt und	ter section 501	(c)(3).	
1	Enter the amount of any	excise tax incurred by the organizat	tion under section	4955 ▶ \$	0
2	Enter the amount of any	excise tax incurred by organization	managers under	section 4955 > \$	0
3	If the organization incurr	ed a section 4955 tax, did it file Fori	m 4720 for this ye	ear?	Yes No
4a	Was a correction made?	•			. Yes No
b	If "Yes," describe in Part				
Pa	rt I-C Complete if t	he organization is exempt unc	der section 501	(c), except section 50°	I(c)(3).
1	Enter the amount directly	y expended by the filing organization	n for section 527	exempt function	
	activities .	•		▶ \$	
2		filing organization's funds contribute	ed to other organi	zations	
	for section 527 exempt for			▶ \$	
3	•	penditures Add lines 1 and 2. Ente	r here and on For	m 1120-POL,	
	line 17b .			<b>&gt;</b> \$	0
4		n file Form 1120-POL for this year?			YesNo
5		sses and employer identification num			
	the amount of political co	nents For each organization listed, on tributions received that were prom	enter the amount	delivered to a separate po	litical organization such
	as a separate segregate	d fund or a political action committe	e (PAC). If addition	onal space is needed, prov	vide information in Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Audiess	(0) 2114	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
		}			political organization If
					none, enter -0-
(1)	-				
<del></del>				0	0
(2)				0	0
	· · · · · · · · · · · · · · · · · · ·				0
(3)				ĺ	0
	<del></del>				
(4)				0	0
(5)				_	_
<del></del> /				0	0
(6)				0	_

d

Grassroots nontaxable amount

Grassroots lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

Sch	edule C (Form 990 or 990-EZ) 2010					Page 2
Ρ	art II-A Complete if the organiza	tion is exempt	under section 5	01(c)(3) and file	d Form 5768 (ele	ection
	under section 501(h)).					
A	Check ▶ if the filing organization	belongs to an	affiliated group.			
В	Check ▶ if the filing organization	checked box A	and "limited con	itrol" provisions a	pply.	
	Limits on Lo	bbying Expendi	itures		(a) Filing	(b) Affiliated
	(The term "expenditures"			.)	organization's totals	group totals
1a	Total lobbying expenditures to influence	public opinion (g	rass roots lobbying	g) .	1,514	0
b	Total lobbying expenditures to influence	a legislative bod	y (direct lobbying)		27,230	0
С	Total lobbying expenditures (add lines 1	a and 1b)			28,744	0
d	Other exempt purpose expenditures				799,115	0
е	Total exempt purpose expenditures (add	d lines 1c and 1d	)		827,859	0
f	Lobbying nontaxable amount Enter the	amount from the	following table in I	both		
	columns				149,179	0
	If the amount on line 1e, column (a) or (b) is	: The lobbyin	g nontaxable amoun	t is:		
	Not over \$500,000	20% of the a	mount on line 1e		i di i i i i i i i i i i i i i i i i i	
	Over \$500,000 but not over \$1,000,000		s 15% of the excess of			
ı	Over \$1,000,000 but not over \$1,500,000		s 10% of the excess o			They are to Tile to be and and
	Over \$1,500,000 but not over \$17,000,000	<del> </del>	s 5% of the excess ov	er \$1,500,000.	<b>出分类集实现</b>	판단바리 변계 너
	Over \$17,000,000	\$1,000,000		<u> </u>		<u> </u>
g	Grassroots nontaxable amount (enter 2	•	•		37,295	0
h	Subtract line 1g from line 1a If zero or				0	0
į	Subtract line 1f from line 1c If zero or le	•			0	0
j	If there is an amount other than zero on	either line 1h or	line 1i, did the orga	anization file Form	4720 reporting	¬., ¬.,
	section 4911 tax for this year?				<u> </u>	Yes No
	(Some organizations that	made a section	Period Under Sec 501(h) election do uctions for lines 2	o not have to com		<b>e</b>
	Lobby	ing Expenditure	s During 4-Year A	veraging Period		<u></u>
	Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying nontaxable amount	128,064	128,128	130,241	149,179	535,612
ь 	Lobbying ceiling amount (150% of line 2a, column(e))			s structures, services		803,418
С	Total lobbying expenditures	34,506	39,055	30,450	28,744	132,755

32,032

10,699

32,016

4,888

32,560

1,585

Schedule C (Form 990 or 990-EZ) 2010

133,903

200,855

18,686

37,295

1,514

Schedule C (Form 990 or 990-EZ) 2010

	(election under section 501(h)).	(4	a)		(b)	
		Yes	No		Amoun	ıt
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	. * <u>\$</u>				
а	Volunteers?	-	-	1		., • . • ,
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?	-	<del> </del>	-	٠٠٠ .	
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?		<del>                                     </del>			
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV					
i	Total Add lines 1c through 1i		51			- (
2a					, ;' ,	
b	If "Yes," enter the amount of any tax incurred under section 4912	12.1	,			, ,,
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		j, j			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				٠.	- / <u>/</u>
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	), or s	sectio	n	
	501(c)(6).					
-					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	T	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A "Yes."	, line	), or s 3 is a	answ	n ered	
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).		ļe. Leži			
а	Current year .		2a			
b	Carryover from last year .		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		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			
Par			D 41		. 4.	
	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5	o, and	Part I	I-B, lin	e 11	
Also	, complete this part for any additional information					
					. <b></b>	
			<i>.</i>		<b></b>	

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

### **Supplemental Financial Statements**

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

► See separate instructions.

Employer identification number MAINE EQUAL JUSTICE PARTNERS 04-3346273 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 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 donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Yes 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements . . . 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 during the tax year Number of states where property subject to conservation easement is located 4 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 8 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Schedule D (Form 990) 2010

Part								<del></del>
3	Using the organization's acquisition, a	•	er record	s, check a	any of the fol	lowing	that are a signific	ant
	use of its collection items (check all the	nat apply)	_	1				
а	Public exhibition		d [	Loan	or exchange	progra	ms	
b	Scholarly research		e	Other				
С	Preservation for future generati	ons						
4	Provide a description of the organizat Part XIV	ion's collections ar	nd explair	how the	y further the	organız	ration's exempt p	urpose in
5	During the year, did the organization assets to be sold to raise funds rather							Yes No
Part								
	IV, line 9, or reported an am	_	-	_				,
1a	Is the organization an agent, trustee,					or othe	assets not	
	included on Form 990, Part X?			-				Yes No
b	If "Yes," explain the arrangement in P	art XIV and compl	ete the fo	llowing ta	ıble			
						<u> </u>	A	mount
С	Beginning balance					10	<del>-   -</del>	0
d	Additions during the year					10	····	
е	Distributions during the year.					16		· · · · · · · · · · · · · · · · · · ·
f	Ending balance		•					
2a	Did the organization include an amou		art X, line	21?				Yes X No
b	If "Yes," explain the arrangement in P							
Part	V Endowment Funds. Compl		ation an	swered "	Yes" to For	<u>m 990</u>	, Part IV, line 10	0.
		(a) Current year	<b>(b)</b> Pri	or year	(c) Two years		(d) Three years back	(e) Four years back
1a	Beginning of year balance	0					ristra (1967) <del>Tracestas (1</del> 977)	i on normali di Tillioni illi. Baran o sonti di ni litta di ta
b	Contributions						سه ۱۰ مه ده ۱۰ سید (معمدهای شید <del>آن را به این ۱</del>	1 11
С	Net investment earnings, gains, and losses					,		
d	Grants or scholarships					-	<u>an' alia laha dan dan ba</u>	
е	Other expenditures for facilities	ļ				:	ent entre de primer	
	and programs							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
f	Administrative expenses						<u>ddy ar, tarritr i f</u>	ga <sub>r</sub> miliang'th <u>al</u> for or
g	End of year balance	0		0	L	0	run (T. f. f. f.)	**************************************
2	Provide the estimated percentage of t	-		<b>S</b>				
a	Board designated or quasi-endowmer		%					
b	Permanent endowment	<u></u>						
C 2-		%		4 46 4			-4	
3a	Are there endowment funds not in the organization by	possession of the	organiza	tion that a	are neid and	admini	stered for the	Yes No
	•							3a(i)
	(i) unrelated organizations (ii) related organizations							3a(ii)
b	If "Yes" to 3a(II), are the related organ	uzatione lieted as r	enured c	n Schedi	ILA R2	•	•	3b
4	Describe in Part XIV the intended use		-					00
Part					<del></del>			
· arc	Description of investment	(a) Cost or oti		·	st or other	(6)	Accumulated	(d) Book value
	Description of investment	(investm			s (other)		epreciation	(u) book value
1a	Land .		0		0	7 10 1	in the second	0
b	Buildings .		0		265,370		76,387	188,983
С	Leasehold improvements		0		0		0	0
d	Equipment		0		14,498		13,364	1,134
е	Other		0		0		0	0
Tota	. Add lines 1a through 1e (Column (d)	must equal Form	990, Part	X, colum	n (B), line 10	)(c) )	▶	190,117

Part VII	`Investments—Other Securit	i <b>es.</b> See Form 990, Part X	, line 12.
(a	Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial		0	Cook of one of year market value
	neld equity interests	0	
(3) Other		0	
(e) e ii.e.		0	
(B)		0	
(C)		0	
(D)		0	
(E)		0	
(F)		0	
( <u>G</u> )		0	
(H)		0	
(1)	(5 000 5 (1) (10) (10)	0	
	must equal Form 990, Part X, col (B) line 12)	<u></u>	1 77.7
Part VIII	Investments—Program Rela		
(	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		0	
(2)		0	
(3)		0.	
(4)		0	
(5)		0	
(6)		0	
(7)		0	
(8)		0	
(9)		0	
(10)	must equal Form 990, Part X, col (B) line 13)		
Part IX	Other Assets. See Form 990	J	
Faitin		(a) Description	(b) Book value
(1)	1 3 7 T T T T T T T T T T T T T T T T T T	(4)	0
(2)			0
(3)			0
(4)			0
(5)			0
(6)			0
_(7)			0
(8)	<u> </u>		0
(9)			0
(10)	mn (b) must equal Form 990, Part X	col (R) line 15.)	<b>▶</b> 0
Part X	Other Liabilities. See Form 9		
1.	(a) Description of liability	(b) Amount	Participation of the second of
	I income taxes	0	
(2)		Ō	diamental distriction of a family of the fam
(3)		0	and the second of the second o
(4)		0	
(5)		0	
(6)		0	Lina Galler Johnson (Kolonia) (Ko
(7)		0	The state of the s
(8)		0	The street of the first of the form of the street of the s
(9)		0	The state of the s
		1 ^	100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(10) (11)		0	

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

MAINE EQUAL JUSTICE PARTNERS 04-3346273 Schedule D (Form 990) 2010 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12) 812,057 1 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 827,859 3 Excess or (deficit) for the year Subtract line 2 from line 1 3 -15,8024 Net unrealized gains (losses) on investments 4 5 Donated services and use of facilities 5 6 6 Investment expenses 7 7 Prior period adjustments 8 8 Other (Describe in Part XIV) 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 -15,802Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 827,435 Amounts included on line 1 but not on Form 990, Part VIII, line 12. 2 Net unrealized gains on investments 2a Donated services and use of facilities 2b Recoveries of prior year grants 2c 2d 15,378 Other (Describe in Part XIV) e Add lines 2a through 2d 15,378 2e 3 Subtract line 2e from line 1 3 812,057 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIV) 4b c Add lines 4a and 4b 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 812,057 - Part-XIII— Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 1 843,237 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities 2a b Prior year adjustments 2b Other losses. 2c 15,378 Other (Describe in Part XIV) 2d e Add lines 2a through 2d 2e 15,378 3 Subtract line 2e from line 1 3 827,859 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIV) 4b Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 827,859 **Supplemental Information** Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b 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 4b Also complete this part to provide any additional information PART XII, Line 2d, & PART XIII, Line 2d, RECONCILIATION OF REVENUE & EXPENSES The \$15,378 includes \$15,377 in Rental Expenses shown on the 990 as a reduction of Rental Income (as opposed to being shown as an Expense on the Audited Financial Statements), due to format differences. Also, a \$1 rounding adjustment

## SCHEDULE 1 (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" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

OMB No 1545-0047	2010	Onen to Public
	i i	

**Employer identification number** 

MAINE EQUAL JUSTICE PARTNERS	IERS						04-3346273
Part I General Information on Grants and Assistance	on on Grants	and Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ntain records to s	substantiate the am	ount of the grants or a	ssistance, the grante	es' eligibility for the gra	ants or assistance, ar	[
	o award the grar	nts or assistance?	•			٠	X Yes No
Descri	anization's proce	dures for monitorin	g the use of grant func	ds in the United States	8		
Part II Grants and Other	Assistance to	Governments a	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to	in the United State	s. Complete if the or	rganization answere	ed "Yes" to
Form 990, Part IV, line 21, for any recipient that can be duplicated if additional space is needed.	line 21, for any f additional spa		received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II	,000. Check this bo	box if no one recipient received more than \$5,000. I	received more than	n \$5,000. Part II ▼
1 (a) Name and address of organization or government	( <b>b</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
1) Maine Women's Lobby 20 Box 15 Hallowell, ME 04347	01-0357336	501c4	7,500	0			Project Communics
2)			0	0			
(6			0	0			
4)			0	0			
(9			0	0			
(9			0	0			
ر)			0	0			
(8			0	0			
(6	•		0	0			
(0)			0	0			
11)			0	0			
(2)			0	0			
<ul><li>2 Enter total number of section 501(c)(3) and government organizations</li><li>3 Enter total number of other organizations</li></ul>	on 501(c)(3) and organizations	government organ	ızations			•	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.  $({\sf HTA})$ 

Schedule I (Form 990) (2010)

Schedule I (Form 990) (2010)

Page 2 (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) FORM 990, SCHEDULE I MONITORING USE OF GRANT FUNDS PAID OUT MEJP monitors the use of grant funds through 0 periodic meetings with its grantees and review of required deliverables, as spelled out in the contract agreement (d) Amount of non-cash assistance 0 (c) Amount of cash grant Part III can be duplicated if additional space is needed 0 0 0 0 (b) Number of recipients (a) Type of grant or assistance Part III Part IV

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

### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Inspection

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.

Employer identification number

Name of the organization

MAINE EQUAL JUSTICE PARTNERS 04-3346273 FORM 990, PART III, LINE 4d. OTHER PROGRAM ACTIVITIES Supports for Low Wage Workers \$66,135 expenses MAIN grassroots low-income coalition outreach \$50,492 expenses (including \$250 of Grants Out) LOBBYING (see Sch C) \$28,744 expenses FORM 990, PART VI, SECTION B, LINE 11 BOARD MEMBERS' REVIEW OF 990 The entire Board does not receive a copy of this form before filing Rather, the Form 990 is sent to all members of the Finance Committee for their review prior to the Treasurer's signature Once the 990 has been filed, the staff provides the Board with notice of the filing and emails an electronic copy to any interested Board member FORM 990, PART VI, SECTION B, LINE 12C OFFICERS & KEY EMPLOYEES DISCLOSING ANNUALLY INTERESTS GIVING RISE TO CONFLICTS OF INTEREST. The Conflict of Interest policy is in the Bylaws. On an annual basis, each Board member, the Executive Director, and any Key Employees fill out a Conflict of Interest and Disclosure Form. FORM 990, PART VI, SECTION C, LINE 19 HOW ARE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AN FINANCIAL REPORTS MADE AVAILABLE TO THE PUBLIC Upon request FORM 990, PART IX, LINE 5 RECONCILIATION OF NET ASSETS - OTHER CHANGES \$1 rounding adjustment

## SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 38, or 37.

▶ See separate Instructions.

▶ Attach to Form 990.

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

MAINE EQUAL JUSTICE PARTNERS

Part I

Name of the organization Internal Revenue Service

**Employer** Identification number

04-3346273

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2010 Yes No × (f) Direct controlling Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had (f)
Direct controlling entity 0 0 O 0 0 (e) End-of-year assets ٤ (e)
Public charity status
(if section 501(c)(3)) 0 0 0 0 0 (d) Total income (d) Exempt Code section (c)
Legal domicile (state
or foreign country) 501(c)(4) Legal domicile (state or foreign country) (b) Primary activity  $\frac{1}{2}$ one or more related tax-exempt organizations during the tax year.) Primary activity Advocacy (1) Maine Equal Justice Project 01-0503454 126 Sewall Street, Augusta, ME 04330 (5) (a)Name, address, and EIN of disregarded entity Name, address, and EIN of related organization Part II €  $\mathbf{\epsilon}$ €. <u>6</u> 3 3 9 £ 3 (3) (5)

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04-3346273

Page 2

34

MAINE EQUAL JUSTICE PARTNERS

Schedule R (Form 990) 2010

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line because it had one or more related organizations treated as a partnership during the tax year.) Part III

Percentage ownership Percentage ownership 8 ઋ 8 Ж æ 8 શ્ર 8 쏑 Schedule R (Form 990) 2010 æ Ξ 3 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part 0 0 0 0 0 (J) General or managing partner? ş (g) Share of end-of-year assets Yes Code V—JBI amount in box 20 of Schedule K-1 (Form 1065) 0 (f) Share of total income (h)
Disproportionate
allocations? IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) å Yes 0 0 (g) Share of end-of-year (e)
Type of entity
(C corp, S corp,
or trust) assets (d)
Direct controlling
entity 0 O 0 0 0 Share of total income (c) Legal domicite (state or foreign country) Predominant income (related, sections 512-514) excluded from unrelated, tax under Primary activity (d)
( Direct controlling entity (c)
Legal
domicile
(state or
foreign Name, address, and EIN of related organization Primary activity (1) Name, address, and EIN related organization <u>e</u> Part IV € (5) 9 2 (2) 3 (1) €. (5) [2] 3 3 9

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

) 2010	orm 99	Schedule R (Form 990) 2010	Sche		
			0		. (9)
			0		(5)
			0		(4)
			0		(3)
			0		(2)
			0		(1) N/A no transactions to report
ed ed	Method of determining amount involved	Method	Amount Involved	transaction type (ar)	Name of Union of Ballication
	(E)	19-14	(c)	(b)	(a) Name of other consumption
holds	n thres	ansaction	red relationships and tr	s line, including cove	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.
××		5 +	•		<ul> <li>q Other transfer of cash or property to other organization(s)</li> <li>r Other transfer of cash or property from other organization(s)</li> </ul>
	. 2	1			
×		5		•	
×	44	<b>0</b>		•	• Reimbursement paid to other organization for expenses
×	<u> </u>	Ę		-	
< ×	$\perp$	=   =		,	<ul> <li>reformation of services of them belief and the services of other organization (s)</li> <li>m Sharing of facilities, equipment, mailing lists, or other assets</li> </ul>
×		≠;			k Performance of services or membership or fundraising solicitations for other organization(s)
×	: #; #;				j Lease of facilities, equipment, or other assets from other organization(s), .
×		=			i Lease of facilities, equipment, or other assets to other organization(s)
< ×		₽ =	•		by Functions of assets from other organization(s).
<b> </b>	-	-   <del>.</del>			
×		**** <b>+</b>			Sale of assets to other organization(s)
×		<b>1e</b>		•	e Loans or loan guarantees by other organization(s)
×	-	75			d Loans or loan guarantees to or for other organization(s)
×		2	-		c Giff, grant, or capital contribution from other organization(s)
×		9			b Gift, grant, or capital contribution to other organization(s)
×		-	isted in Parts il+iv ∕	ilateu organizations i	i Duinig ine tax year, did the organization engage in any of the following transactions with one of more related organizations listed in Parts II⊸17.7 a Receipt of (i) interest (ii) annuities (iii) rovalties or (iv) rent from a controlled entity
δ N	Yes	2511113			Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

04-3346273

## Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

	SYS BURNESS CONSTRUCTION	יין און און און און און און און און און או	TINCON!		6		9	(1)	Ì	
Name, address, and EIN of entity	Primary activity	Legal domicile	Are all partners	artners		Dispro	Disproportionate	Code V—UBI	Gene	General or
		(state or foreign country)	section 501(c)(3) organizations?	ion (5)(3) ations?	end-of-year assets	8 = 	ations?	amount in box 20 of Schedule K-1 (Form 1065)	man	managing partner?
			Yes	2		Yes	2		Yes	2
(1) N/A				×	0					×
(2)										
(3)					0					
(4)					0					
(9)					0			0		
(9)					0			C		
(v)					0			C	ļ <u>.</u>	
(8)					0					
(6)				<del> </del>	0			0		
(10)					0			0		
(11)					0			0		
(12)					0			0		
(13).					0			0		
(14)					0			0		
(15)					0			0		
(16)					0			0		-
								Schedule R (Form 990) 2010	orm 990	) 2010