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Form 990

## Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service and ending For the 2010 calendar year, or tax year beginning D Employer identification number Name of organization MAINE CENTER FOR ECONOMIC POLICY Check if applicable Doing Business As Address change Number and street (or P O box if mail is not delivered to street address) E Telephone number Name change Initial return 207-622-7381 Terminated City or town, state or country, and ZIP + 4 AUGUSTA ME 04332 G Gross receipts \$ 532,121 Amended return Yes X No Name and address of principal officer H(a) Is this a group return for affiliates? Application pending Joan Sturmthal c/o MECEP address above H(b) Are all affiliates included? If "No," attach a list (see instructions) X 501(c)(3) 4947(a)(1) or 527 501(c) ) < (insert no ) Tax-exempt status H(c) Group exemption number ▶ www mecep org Website: ▶ M State of legal domicile X Corporation Trust Association Other > L Year of formation K Form of organization 1994 ΜE Part I Summary Briefly describe the organization's mission or most significant activities The Maine Center for Economic Policy advances public policies through research, analysis, education, and coalition building. In 2010, MECEP produced 13 publications on fair budgets and taxes, livable wages, affordable healthcare, and sustainable development. MECEP also hosted a conference Activities & Governance on Maine's Economic Recovery and hosted a weekly local television talk show on Maine issues Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets 18 Number of voting members of the governing body (Part VI, line 1a) 18 4 Number of independent voting members of the governing body (Part VI, line 1b) 7 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 0 Prior Year **Current Year** 663,687 512,015 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 8.641 8,355 9 11.073 11,181 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 270 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 683,401 531.821 12 13 7,000 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 453,075 455.420 8,783 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 237,421 215,123 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 706,279 670,543 19 Revenue less expenses Subtract line 18 from me 12 - 10 -22,878 -138,722 End of Year Beginning of Current Year Total assets (Part X, line 16) 611,600 475,452 20 SO 21 Total liabilities (Part X, line 26) 21,241 21.278 Total liabilities (Part X, line 26)

Net assets or fund balances Subtract line 21 from line 20 590,359 454,174 22 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete, Declaration Sign Here Type or print name and title Print/Type preparer's name Preparer's signature PTIN Check X Paid al auglla, EA self-employed 7/27/2011 Al Aucella Preparer's ▶ Al Aucella dba The Bottom Line Firm's EIN ► N/A Firm's name **Use Only** Firm's address ▶ 69 Field Road, Falmouth, ME 04105 Phone no (207) 781-3853

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes

	930 (2010) WAINE CENTER FOR ECONOMIC FOLICT	22-0011012	raye 🚣
Pa	Statement of Program Service Accomplishments  Check if Schedule O contains a response to any question in this Part III		
		<del></del>	<u>·                                    </u>
٦,	Briefly describe the organization's mission		
	The Maine Center for Economic Policy advances public polices that help Maine people prosper		
	in a strong, fair, and sustainable economy. We advance this mission through high-quality		
	research, analysis, citizen education, and coalition building MECEP is an independent,		
	nonpartisan organization.	<del></del>	
2	Did the organization undertake any significant program services during the year which were not listed on		[V] Na
	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	П.,	
	services?	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the an	nount of grants a	ind
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code ) (Expenses \$ 526,291 including grants of \$ 0 ) (Revenue	a\$	0_)
	RESEARCH & EDUCATION - MECEP's main project is its overall effort, as noted above, on helping		
		• • • • • • • • • • • • • • • • • • • •	
	Health Care Reform, Ecotourism for Rural Maine, and Climate Change MECEP hosted a conference in		
	2010 called MAINE'S ECONOMIC RECOVERY - STATE & FEDERAL ROLES We also hosted a weekly	y television	
	Transportation, and much more		
4b	(Code ) (Expenses \$ 10,548 including grants of \$ 0 ) (Revenue	 e \$	0)
	ENGAGE MAINE - is a collaboration of Maine organizations committed to common progressive goals ar		/
	to making Maine a better place by engaging citizens to play an active role in democracy MPRC is		
	a host organization to this effort, primarily overseeing the expenses of Fundraising, Financial		
	Reporting, and Program consultation services EM is a non-partisan, long-term effort for		
	advancing progressive public policies for a better future for Mainers		
4c	(Code ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue	e\$	0)
		• • • • • • • • • • • • • • • • • • • •	
		• • • • • • • • • • • • • • • • • • • •	
		• • • • • • • • • • • • • • • • • • • •	
4d	Other program services. (Describe in Schedule O )	<del>-</del>	<del></del>
74	(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$	0)	
<u></u>	Total program service expenses ► 536 839	<del></del>	

Form 990 (2010) MAINE CENTER FOR ECONOMIC POLICY 22-3317572 Page 3 **Checklist of Required Schedules** Part IV No Yes 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х complete Schedule A . Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) 2 Х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х candidates for public office? If "Yes," complete Schedule C, Part I 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 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 98-197 If "Yes," complete Schedule C, 5 Х Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I 6 Х 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 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Х Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," 9 Х complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 11a Х Schedule D. Part VI 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 c 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 d 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 11d . . . . . e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (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 b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," 12b Х and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 Х 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 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services

on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). . . .

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

If "Yes," complete Schedule G, Part III

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Form 990 (2010)

Χ

Х

17

18

19

20a

20b

## MAINE CENTER FOR ECONOMIC POLICY Checklist of Required Schedules (continued) Part IV

		1	res	NO
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
22	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	21		X
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
240	employees? If "Yes," complete Schedule J.	23		Х
<b>24</b> a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
٨	to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	240		
	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			,,
26	990-EZ? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	25b		X
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
28	If "Yes," complete Schedule L, Part III	27		X
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	hir sana
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L, Part IV  An entity of which a current or former officer, director, tructon, or key employee (or a family member thereof)	28b		Χ
C	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	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
24	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	<u> </u>		
	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I		1	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33		X
	III, IV, and V, line 1	34		Х
35	is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	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  Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		y
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	37		<u> </u>
	19? Note. All Form 990 filers are required to complete Schedule O	38	х	
			990 (	2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V						
_	1					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .	1a		12			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b		0			ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors	and r	eportable			,	., .,,
	gaming (gambling) winnings to prize winners?				1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax						
	Statements, filed for the calendar year ending with or within the year covered by this return	2a		_7		<i>.</i>	
ь	If at least one is reported on line 2a, did the organization file all required federal employment ta				2b	X	<u> </u>
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst		ns)				U
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.			1	3a		X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or	othor	outhority	- }	3b		
74	over, a financial account in a foreign country (such as a bank account, securities account, or of						l
	account)?	.1161 11	Hariciai		4a		х
b	If "Yes," enter the name of the foreign country		•	·			<del>- ^</del>
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Fin	ancia	I Accounts				, ,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax y			ŀ	5a	11.7.77	"X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter t		ction?	Ì	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		•	.	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and	did t	he	ľ			
	organization solicit any contributions that were not tax deductible?			ļ	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such con-	tributi	ons or	Ì			
_	gifts were not tax deductible?		•	}	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).					, 33 , 23	1 5.45 5 547 5
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and part	ly for	goods	Ì			
ь	and services provided to the payor?  If "Yos " did the graphystics potify the depay of the value of the goods or converse provided?			}	7a		X
b b	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	h it w	00	ŀ	7b		<b></b> -
•	required to file Form 8282?	11 IL VV	as		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		ŀ	: "		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal be		contract?	$\Box$	7e		ΪX
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit			İ	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	8899	as required?	- [	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		Form 1098-0	C2 [	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) suppo						
	organizations. Did the supporting organization, or a donor advised fund maintained by a spon-	soring	)		di. sir		in, Inan
_	organization, have excess business holdings at any time during the year?		•	ļ	8	****	X
9	Sponsoring organizations maintaining donor advised funds.					.7.7	
a	Did the organization make any taxable distributions under section 4966?	•	٠	- 1	9a		X
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter			ŀ	9Ь		X
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				' '	., . 
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:	1001		$\neg$			
а	Gross income from members or shareholders .	11a					į
b	Gross income from other sources (Do not net amounts due or paid to other sources		*				
	against amounts due or received from them.)	11b			t <b>)*</b>		,
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	f For	m 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?			L	13a		
	Note. See the instructions for additional information the organization must report on Schedule	2				- 1	
b	Enter the amount of reserves the organization is required to maintain by the states in which	40. 1		- 1			
_	the organization is licensed to issue qualified health plans .  Enter the amount of reserves on hand	13b				- 1	
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	13c			140		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sci	nedula	3 O		14a 14b		X
		1	<del></del>	1			

Pai	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.			$\overline{}$
	Check if Schedule O contains a response to any question in this Part VI	<u>···</u>	•	<u> </u>
Sect	tion A. Governing Body and Management	_		
	<b>-</b>		Yes	No
1a		8		,
b	Enter the number of voting members included in line 1a, above, who are independent  1b 1	ឮ .	٠٠	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
_	any other officer, director, trustee, or key employee?	2	<u> </u>	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> </b>	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<b> </b>	<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<u> </u>	X
6	Does the organization have members or stockholders?	6	-	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	1_		
<b>L</b>	of the governing body?	7a		X
ь 8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	1555	X
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	1 33	: ';''.	"", "
•	The governing body?	5	ı	7 - 14
a b	Each committee with authority to act on behalf of the governing body?	8a	X	├──
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	8b		<del> </del>
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue		<u> </u>	
	ton 2.1 Choics (This Cookern 2 requests information about policies not required by the internal Nevende V	<u> </u>	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,	100		<del>  ^</del>
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		N/A
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	1		<del></del>
	form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		, :5::	7273
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13.	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,,,	.;,	, , , , ,
a	The organization's CEO, Executive Director, or top management official	15a	Х	
Ь	Other officers or key employees of the organization	15b	Х	<del></del>
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1		_''
L.	with a taxable entity during the year?	16a		<u> </u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			•
	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?	404		, tre <del>est</del>
Sect	ion C. Disclosure	16b		
<u> 17</u>	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	only)		
	available for public inspection Indicate how you make these available. Check all that apply	yıny)		
	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 inter	est		
-	policy, and financial statements available to the public.	JJ1		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ıe		
	organization ► Judy Ward & Al Aucella 207-622-73			
	66 WINTHROP ST , AUGUSTA, ME 04332	<i></i>		

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Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A)

(B)

(C)

(D)

(E)

(A) Name and Title	(B) Average	Posit	ion (i		C) k all	that ap	ply)	(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) Christopher St. John Exec Director	40	Х		Х				87,233	o	0
(2) Keith Bisson Member	1	х						0	0	0
(3) Mary Cathcart Member	1	х						0	0	0
(4) Lynn Davey Member	1	х						0	0	0
(5) Kate Dempsey Member	1	Х						0	0	0
(6) John Hanson Member	1	х						0	. 0	0
(7) Elizabeth Kilbreth Member	1	х						0	0	0
(8) Lock Kıermaıer Member	1	x						0	0	0
(9) Bonnie Lounsbury Member	1	х						0	0	0
(10) Juan Perez-Febles Member	1	х						. 0	0	0
(11) Annee Tara Member	1	x						0	0	0
(12) Steve Ward Member	1	х						0	0	0
(13) Elizabeth Ward-Saxl Member	1	х						0	0	0
(14) Douglas Woodbury Member	1	x						0	0	0
(15) Joan Sturmthal Chair	2			Х				0	0	0
(16) Sarah Shed Vice-Chair	2			Х				0	0	0

22-3317572

Pa	art VII	Section A. Officers, Directors, T	rustees, Key E	mple	oye	es,	and	l Hig	hes	t Compensate	d Employe	æs (¢	ontin:	ued)	
		(A)	(B)	Posit	ınn (ı		C) k all :	that ap	nalv)	(D)	(E)		_	(F)	
•	٠	Name and title	Average hours per week (describe hours for related organizations in Schedule O)	or director	•		Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportal compensa from rela organizati (W-2/1099-I	ition ted ons	com fi org an	stimated mount of other opensated rom the ganization of related anization	of tion e on ed
(17) Secr		nson	2			Х				0		0			0
(18)			2.			х				0		0			C
										0		0			
(20)							<u> </u>								
(21)															
(22)															
(23)										!					
(24)															
(25)															
(26)														•	
(27)															
(28)											-				
1b	Sub-total		•					•	<b>•</b>	87,233		0			C
c		n continuation sheets to Part VII,	Section A						•	0 27 222	ļ	0			0
d 2		d lines 1b and 1c) ber of individuals (including but not	limited to these	licto	- d a	hove	0) 14	uho r	000	87,233	<del></del>	0	L		C
2		compensation from the organization		: 11516		0 0	e) v	VIIO I	ece	ived inore than .	\$ 100,000	.11			
	Toportubio	. compensation normalic organization										_		Yes	No
3		ganization list any <b>former</b> officer, d on line 1a? <i>If "Yes," complete Sche</i>					oyee	e, or l	hıgl	nest compensate	ed		3		
4		dividual listed on line 1a, is the sun					n a	nd ot	her	compensation f	rom			19"	•
•		zation and related organizations gre													
	indıvıdual												4		Χ
5		erson listed on line 1a receive or ac es rendered to the organization? <i>If</i> "									indıvıdual		5		Х
Sec		ependent Contractors													
1		this table for your five highest compation from the organization	pensated indepi	ender	nt co	ontr	acto	ors th	at ı	received more th	nan \$100,0	i00 of			
		(A) Name and business add	lress							(B) Description of ser	vices	c	(C Comper		
	<u> </u>		<del> </del>						$\vdash$						
									$\vdash$						
						-				<del></del>					- 0
2		iber of independent contractors (inc a \$100,000 in compensation from th	•	mited	l to	tho	se l	sted 0		ove) who receive	ed				

Page 9

Pari	t VIII	Statement of Revenue						
•	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1a	Federated campaigns		1a 3,096	3			
ributions, gifts, grants other similar amounts	b	Membership dues .	1-				,	
ig 6	С	Fundraising events	f	<del></del>	5			
ifts ira	d	Related organizations .	· }	<del></del>	<u> </u>			
nia Sign	e	Government grants (contribution	<u>, , , , , , , , , , , , , , , , , , , </u>	<del>-  </del>	<del>1</del>			
Si Si	f	All other contributions, gifts, gr		<u>''e                                   </u>	4			
outi Ner		similar amounts not included a		1f 508,919				
를 를	_	Noncash contributions included in	L		-1			,
Contributions, gifts, grants and other similar amounts	g		mes ra-m.	\$ 103	• 1			,
	h	Total. Add lines 1a-1f	<del></del>		512,015			
Program Service Revenue				Business Code				
Ş.	_	Conference Revenues		611710	8,105	<del>                                     </del>		
ž	b	Honoraria		611710	250	250		
Š	С				0			
Ser	d				0	·		
돑	е				0	)		
Ď	f	All other program service rever	iue.		0			
مّ	g	Total. Add lines 2a-2f			8,355		,	
	3	Investment income (including of other similar amounts)	lividends, inte	erest, and	11,229			11,229
	4	Income from investment of tax-	exempt bond	proceeds >	0	<del></del>		,
	5	Royalties		•	0	)		
	_	,	(i) Real	(ii) Personal				
	6a	Gross Rents		270	1 : ::			
	Ь	Less: rental expenses	}	-70	-	* *	21 7 411 1 7	j ;i.
		· · · · · · · · · · · · · · · · · · ·	<b>—</b>	270 (	<del>-</del>		, ,	, ,
	C	Rental income or (loss)		<u>270 </u> ►	4 .	<b>.</b> .		
	d	Net rental income or (loss)		<del></del>	270			270
	7a	Gross amount from sales of	(i) Securities			1 11 - 1		i '*
		assets other than inventory		252 (	4	· · · · ' '	·	-
	b	Less cost or other basis				" ,		,
		and sales expenses		300 (	4		,	
	С	Gain or (loss)		-48 (	<u> </u>		, ( '	
	d	Net gain or (loss)			_48			-48
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line See Part IV, line 18	0	a (	,		-	٠;
둦	b	Less direct expenses		b (		[		
		Net income or (loss) from fund	aising events	, <u> </u>	] 0			
	9a	Gross income from gaming act See Part IV, line 19	ivities	a (				
	b	Less direct expenses		b (				
		Net income or (loss) from game	na activities	· · · · •	1 0		·	
		Gross sales of inventory, less	3			1		
		returns and allowances		a (	,[			
	h	Less cost of goods sold	•	<b>b</b> (	H			
		<del>-</del>	. of inventor	·	ή ,			
	С	Net income or (loss) from sales	or inventory	<del></del>	0			
	4.4	Miscellaneous Revenue		Business Code				
	11a				0	<del></del>		<del></del>
	b				0	<del></del>		
	С	531756			0	·		
	d	All other revenue			0			
	е	Total. Add lines 11a-11d .		. ▶	0			
	12	Total revenue. See instruction	s	<u> </u>	531,821	8,355	0	11,451
								Form <b>990</b> (2010)

22-3317572

#### Form 990 (2010)

#### 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) (D) Do not include amounts reported on lines 6b, Program service Management and Fundraising Total expenses 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 Grants and other assistance to individuals in the U.S. See Part IV. line 22 Grants and other assistance to governments, organizations, and individuals outside the US See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 87,233 68,183 7,620 11,430 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 259,119 198,008 45,202 15,909 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 12,934 9.842 2,044 1.048 67,640 51,503 10,615 5,522 9 Other employee benefits Payroll taxes 28,494 21,683 4,488 10 11 Fees for services (non-employees) Management Legal 0 b 648 6.479 5,183 648 Accounting C 0 Lobbying Professional fundraising services. See Part IV. line 17 0 e f Investment management fees 0 82,339 82,339 Other g Advertising and promotion 6,700 6,700 12 1,850 Office expenses 22,743 17,276 3,617 13 14,559 2,293 Information technology 11,080 1,186 14 15 Royalties 32,493 24.727 5,118 2.648 16 Occupancy 1,753 11,128 8,468 907 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 15,164 19 Conferences, conventions, and meetings 15,164 20 Interest 21 Payments to affiliates 0 22 Depreciation, depletion, and amortization 1,653 1,260 260 133 23 1,810 1,377 285 148 24 Other expenses Itemize expenses not covered 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) Recruitment and Training 3,555 3,555 Printing/Copying 14,745 13,271 368 1,106 Subscriptions/Publications 1.755 1,755 C 0 d 0 e 0 All other expenses 670,543 Total functional expenses. Add lines 1 through 24f. 536,839 88,846 44,858 25 Joint costs. Check here ▶ ☐ If following 26 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.

_	n 990 (2	MAINE CENTER FOR ECONOMIC POLICY  Balance Sheet			22-3317572 Page <b>11</b>
	art X		(A) Beginning of year		(B) End of year
•	1	Cash—non-interest-bearing	608,881	1	471,944
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Receivables from current and former officers, directors, trustees, key			# F F
		employees, and highest compensated employees. Complete Part II of	: :	· 51.	
	1	Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section		•-	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	er e '' is		, : ,
		employers and sponsoring organizations of section 501(c)(9) voluntary	i. i	:	1 1 1 1 1
Ş		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net	0	7	0
Ä	8	Inventories for sale or use	<del> </del>	8	
	9	Prepaid expenses and deferred charges	•	9	
	10a	Land, buildings, and equipment cost or	A State of the sta	, , , ,	July Combined to the
		other basis Complete Part VI of Schedule D 10a 26,077	그 [편집 환경] [환경]		
	Ь	Less accumulated depreciation 10b 22,693	2,446	10c	3,384
	11	Investments—publicly traded securities	273		124
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	0		0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	611,600		475,452
	17	Accounts payable and accrued expenses	21,241		21,278
	18	Grants payable	,	18	·
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	·	20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D	····	21	
Liabilities	22	Payables to current and former officers, directors, trustees, key		1,, "	" "" " " " " " " " " " " " " " " " " "
ğ		employees, highest compensated employees, and disqualified	udis sui, ui i i un un un i i i i i i i i i i i i		
Ë		persons Complete Part II of Schedule L	*	22	
	23	Secured mortgages and notes payable to unrelated third parties	0	23	ō
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities Complete Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	21,241	26	21,278
		Organizations that follow SFAS 117, check here ► X and	, , , , , , , , , , , , , , , , , , , ,	, 1-	
ës		complete lines 27 through 29, and lines 33 and 34.	, , , , , , , , , , , , , , , , , , , ,		
SE SE	27	Unrestricted net assets	272,319	27	257,404
3a l	28	Temporarily restricted net assets	318,040		196,770
<u>Б</u>	29	Permanently restricted net assets	310,040	29	190,770
Š	23		· · · · · · · · · · · · · · · · · · ·	23	
Ē		Organizations that do not follow SFAS 117, check here ▶ □			
S O		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
Asi	31	Paid-in or capital surplus, or land, building, or equipment fund	•	31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds.		32	
Z	33	Total net assets or fund balances	590,359	33	454,174
	34	Total liabilities and net assets/fund balances	611,600	34	475,452

rorm :	990 (2010) MAINE CENTER FOR ECONOMIC POLICY		2-331/5/2	Pag	ge 1Z
Pari	XI Reconciliation of Net Assets		••		
	Check if Schedule O contains a response to any question in this Part XI				
	·				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		531	,821
2	Total expenses (must equal Part IX, column (A), line 25)	2		670	<u>,543</u>
3	Revenue less expenses Subtract line 2 from line 1	3			,722
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4		590	,359
5	Other changes in net assets or fund balances (explain in Schedule O)	5		2	,537
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		454	,174
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			.	
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				: :
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			477	-: !
	Schedule O			7-1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Χ
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	it of			_
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	N/A	
	If the organization changed either its oversight process or selection process during the tax year, explain	n	7.77	;	., 2
	Schedule O			. •	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			"	
	issued on a separate basis, consolidated basis, or both		- ''	"	
	X Separate basis Consolidated basis Both consolidated and separate basis		1, 1		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		-,, ,.5*	7, **	·
Ja	the Single Audit Act and OMB Circular A-133?		За		Х
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Ja		
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		N/A
	required addit of addits, explain why in ochedule O and describe any steps taken to undergo such addits	•	JD		14/74

Form **990** (2010)

#### **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 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** 

		ENTER FOR	ECONOMIC PO	JLICY					<u> </u>	22-33	37/5/2		
Par				arity Status (All org						nstructio	ns.		
_	organ			ation because it is (F						/:\			
1	$\vdash$			rches, or association				tion 170	(D)(1)(A)(	(1).			
2	$\vdash$			on 170(b)(1)(A)(ii). (A				4=0/1.1/4					
3	$\vdash$	•	•	nospital service organ						0/1 1/41/8	=		
4			esearch organiza ime, city, and st	ation operated in conju ate	unction w	ith a hosp 	ital descr	ibed in se	ection 17	0(b)(1)(A 	.)(III). En	ter the	e 
5		•	•	r the benefit of a colle (Complete Part II)	ge or univ	ersity ow	ned or op	erated by	a govern	imental u	nıt desci	ribed	
6		A federal, st	ate, or local gov	ernment or governme	ental unit o	described	ın <b>sectio</b>	n 170(b)	(1)(A)(v).				
7	X	_		ly receives a substant (1)(A)(vi). (Complete	•	f its suppo	ort from a	governm	ental unit	or from t	the gene	ral pu	blic
8		A community	y trust described	d in section 170(b)(1)	(A)(vi). (	Complete	Part II)						
9		receipts from support 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 le income	eptions, a e (less se	nd (2) no ction 511	more tha	n 33 1/3	8% of	
10		An organizat	tion organized a	nd operated exclusive	ely to test	for public	safety S	ee <b>sect</b> io	on 509(a)	(4).			
11		purposes of	one or more pu heck the box the	ind operated exclusive blicly supported organ at describes the type of Type II c	nizations of of support	described	in section	n 509(a)(′ nd comple	1) or secti ete lines 1	on 509(a 1e throug	)(2) See	e <b>sect</b>	
e f		By checking persons othe 509(a)(1) or If the organiz	this box, I certifer than foundation section 509(a)(zation received	a written determinatio	er than or	ne or more	publicly	supporte	d organiza	ations de	scribed i		tion
g		•	, check this box st 17, 2006, has	the organization acce	epted anv	aift or coi	ntribution	from any	of the				
9		following per		<b>3</b>	,	<b>3</b>					_		
		· ·	-	or indirectly controls,		_		persons	described	d in (ii)		Yes	No
		•		verning body of the su		_	on?				11g(i)		
		• •	•	person described in ( ty of a person describe	•		2				11g(ii)	$\dashv$	
h				ation about the suppo							11g(iu)		
		of supported anization	(ii) EIN	(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 (i)	ou notify nization in of your port?	organizat	ls the tion in col ized in the S?		Amount	t of
					Yes	No	Yes	No	Yes	No	<u> </u>		
(A)					[								^
'B\					<del>                                     </del>				-	<del>                                     </del>	<del>                                     </del>		0
B)						•							0
(C)				·-									
(D)							-						0
(E)													0
							<u> </u>		<u> </u>				0
T-4-			1			1	1	]	1	1	1		^

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.)

<u>Chad</u>	ion A. Dublic Cumpart	<u> </u>					
	ion A. Public Support ndar year (or fiscal year beginning in)	(=) 2006	(b) 2007	(=) 2000	(4) 2000	(2) 2010	(f) Total
		(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	504.044	504.007	700 400	222 227	544.040	0.000.540
_	include any "unusual grants ")	561,344	534,387	768,183	663,687	511,912	3,039,513
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						•
_	its behalf	0	0	0	0		0
3	The value of services or facilities	ļ					
	furnished by a governmental unit to the		_	_			
	organization without charge	504 244	524 227		000.007	544.040	0 000 540
4	Total. Add lines 1 through 3	561,344	534,387	768,183	663,687	511,912	3,039,513
5	The portion of total contributions by each		1,85				
	person (other than a governmental unit						
	or publicly supported organization)	Company of the	en disa é mo	:: 1, - 10 m	inter comp	7.7	
	included on line 1 that exceeds 2%				1767 14 - 1467 (1 11 10 11 11 11 11 11 11 11 11 11		
	of the amount shown on line 11,	[1][27][34][34][[第	form the about the		, for the field of the form	and the second s	004 705
e	column (f)	Jan Carlotte	THE STATE OF THE S	Transfer to process	e de Brond de Maria de la compansión de la La compansión de la comp		921,785
Sect	Public support. Subtract line 5 from line 4 ion B. Total Support	7 600 2 15 3 3	and the second	la <u>i ir kar</u> y	re i aeris a es		2,117,728
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
			<del>````</del>			<del></del>	
7	Amounts from line 4	561,344	534,387	768,183	663,687	511,912	3,039,513
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar	0.450		40.004	44.070	44.400	70.040
_	sources	8,159	28,230	13,691	11,073	11,489	72,642
9	Net income from unrelated business						
	activities, whether or not the business is		^			ا م	0
10	regularly carried on	0	0	0	0	0	0
10	Other income Do not include gain or						
	loss from the sale of capital assets		•	_		ا	0
11	(Explain in Part IV)  Total support. Add lines 7 through 10	0	O	0		0	3,112,155
12	Gross receipts from related activities, etc. (			<u>El Circular de de</u>	3 - 7 - 7.5 mm 7.	12	
13	First five years. If the Form 990 is for the c		•	ard fourth or	fifth toy your o		68,338
13	organization, check this box and stop here		iist, second, ti	ina, iourtii, oi	ilitii tax year as	s a section so i	```
<u> </u>			- • •	•			▶∟
	ion C. Computation of Public Suppor						
14	Public support percentage for 2010 (line 6,		-	column (f))		14	68 05%
15	Public support percentage from 2009 Sched				44 00 440	15	66 67%
16a	··· ··• • - · · · · · · · · · ·				ne 14 is 33 1/3	s% or more, ch	
	and stop here. The organization qualifies a					00.4/00/	►X
b	33 1/3% support test-2009. If the organization much				and line 15 is a	33 1/3% or mor	e, cneck this
	box and stop here. The organization qualifi			-			▶∟
17a	10%-facts-and-circumstances test-2010.						
	is 10% or more, and if the organization mee			•		•	
	Part IV how the organization meets the "fac	ts-and-circums	stances" test T	he organizatio	n qualifies as a	a publicly supp	orted
	organization .						▶∐
Ь	10%-facts-and-circumstances test-2009.	_					
	15 is 10% or more, and if the organization is						Explain in
	Part IV how the organization meets the "fac	ts-and-circums	stances" test T	he organizatio	n qualifies as a	a publicly	_
	supported organization	•		÷	•		. ▶ 📙
18	<b>Private foundation.</b> If the organization did instructions	not check a bo	x on line 13, 1	6a, 16b, 17a ,d 	or 17b, check t	his box and see	• . <b>▶</b> □

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

	If the organization fails to qualify u	inder the test	s listed below	, piease com	piete Part II.)		
	tion A. Public Support		r				
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	0	0	0	O	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	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	0	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
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6)		Transfer of				0
Sec	tion B. Total Support			_			
Cale	ndar 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	lo	o	o	o	o	0
10a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar sources						0
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
С	Add lines 10a and 10b .	0	0	0	0	0	0
11	Net income from unrelated business activities not included in line 10b, whether						_
	or not the business is regularly carried on						0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	ol	0
13	Total support. (Add lines 9, 10c, 11, and 12)	0		0	0	0	0
14	First five years. If the Form 990 is for the organization organization, check this box and stop here	on'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 16	Public support percentage for 2010 (line 8, column (f Public support percentage from 2009 Schedule A, Pa	) divided by line 1	3, column (f))			15 16	0 00% 0 00%
	tion D. Computation of Investment Inc		age	·		· · · · · · · · · · · · · · · · · · ·	2 00 70
17	Investment income percentage for 2010 (line 10c, co			(f))	•	17	0 00%
18	Investment income percentage from 2009 Schedule		-			18	0 00%
19a b	33 1/3% support tests-2010. If the organization did not more than 33 1/3%, check this box and stop here 33 1/3% support tests-2009. If the organization did	e. The organization	on qualifies as a p	oublicly supported	l organization		
20	line 18 is not more than 33 1/3%, check this box and  Private foundation. If the organization did not check	stop here. The	organization qualif	fies as a publicly	supported organiz		<b>&gt;</b>

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

## **Political Campaign and Lobbying Activities**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part 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-A

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

• 5	section 501(c)(4), (5), or (6) or	ganizations Complete Part III				
	e of organization	Jan Zanono Gompioto Latern		Emplo	yer identification num	ber
MAI	NE CENTER FOR ECON	OMIC POLICY			22-3317572	
Pa	rt I-A Complete if t	he organization is exempt und	ler section 501	(c) or is a section 52	7 organization.	
1	Provide a description of	the organization's direct and indirec	t political campai	gn activities in Part IV		
2	Political expenditures			•	\$	0
3	Volunteer hours					0
Pa		he organization is exempt und		<del></del>		_
1		excise tax incurred by the organizat			\$	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 Fore	m 4720 for this ye	ear?	Yes	No
4a	Was a correction made?	•			Yes	No No
b	If "Yes," describe in Part					_
Pa		he organization is exempt und			01(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 f			. 🏲	\$	
3	· · · · · · · · · · · · · · · · · · ·	penditures Add lines 1 and 2 Ente	r here and on For	m 1120-POL,		
	line 17b .		•	•	\$	0
4		n file Form 1120-POL for this year?			Yes	No
5		ses and employer identification num				
		nents. For each organization listed, e ontributions received that were prom				
		d fund or a political action committe				
			· · · · · · ·	<del></del>	<u> </u>	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of po contributions recei	
				funds if none, enter -0-	promptly and di	ectly
					delivered to a se political organiza	
					none, enter	
(4)						<del></del>
(1)					0	0
(2)						
					0	0
(3)					o	0
					<u> </u>	
(4)		<b></b>			0	0
(5)					0	0
(6)						
,-,				i	ΛI	Λ

Grassroots ceiling amount

(150% of line 2d, column (e)) Grassroots lobbying expenditures

Sch	edule C (Form 990 or 990-EZ) 2010					Page 2			
P	art II-A Complete if the organize	ation is exempt	under section 5	01(c)(3) and file	d Form 5768 (ele	ction			
	under section 501(h)).								
A	Check ▶ if the filing organization	n belongs to an a	affiliated group.						
	Check ▶ if the filing organization			trol" provisions a	vlaa.				
<u> </u>		obbying Expendi	<del></del>		(a) Filing	(b) Affiliated			
	(The term "expenditures				organization's totals	group totals			
1a	Total lobbying expenditures to influence		<del></del>			0			
b	Total lobbying expenditures to influence			s, .	1,802	0			
C	Total lobbying expenditures (add lines	•	y (direct lobbying)		1,802	0			
d	Other exempt purpose expenditures	ra and ray			668,741	0			
e	Total exempt purpose expenditures (a	dd lines 1c and 1d'	) .		670,543	0			
f	Lobbying nontaxable amount Enter th			ooth					
-	columns		<b>3</b>		125,581	0			
ſ	If the amount on line 1e, column (a) or (b)	is: The lobbyin	g nontaxable amoun	t is:	·				
ı	Not over \$500,000	20% of the ar	mount on line 1e						
	Over \$500,000 but not over \$1,000,000		s 15% of the excess o						
	Over \$1,000,000 but not over \$1,500,000		s 10% of the excess o						
ļ	Over \$1,500,000 but not over \$17,000,000		s 5% of the excess ov	er \$1,500,000					
	Over \$17,000,000	\$1,000,000		<u></u>					
g	Grassroots nontaxable amount (enter	· ·			31,395	0			
h	Subtract line 1g from line 1a If zero of			!	0	0			
i	Subtract line 1f from line 1c If zero or				0	0			
j	If there is an amount other than zero of	on either line 1h or	line 1i, did the orga	anization file Form	4/20 reporting ر	¬, , ,			
	section 4911 tax for this year?			· · · · · · · · · · · · · · · · · · ·		Yes No			
	4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)								
	Lobb	ying Expenditure	s During 4-Year A	veraging Period					
	Calendar year (or fiscal year beginning in)	(a) 2007	( <b>b)</b> 2008	(c) 2009	( <b>d)</b> 2010	(e) Total			
2a	Lobbying nontaxable amount	101,392	127,537	130,942	125,581	485,452			
b	Lobbying ceiling amount (150% of line 2a, column(e))				natification of the second	728,178			
с 	Total lobbying expenditures	2,828	2,720	4,858	1,802	12,208			
d	Grassroots nontaxable amount	25,348	31,884	32,736	31,395	121,363			

0

Schedule C (Form 990 or 990-EZ) 2010

0

0

182,045

Page 3

•	. (election under section 501(h)).	(a)		(a) (b)		
		Yes	No	¢	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		-	15 -		
a	Volunteers?			_		٠,
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?	-			•	•
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV .					
j	Total Add lines 1c through 1:		, <u>1,</u>			0
2a	· · · · · · · · · · · · · · · · · · ·			, ~;	, `	,,,,, .
þ	If "Yes," enter the amount of any tax incurred under section 4912	, ,	7			
C		4.	27	777	<del>,</del>	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			<u> </u>	············	٠,,
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	(c)(5)	, or s	ectio	n	
					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		
1	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, "Yes."  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).		2a			
a	Current year Carryover from last year		2a 2b			
0	Total		2c			0
ر ع	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			0
Part						
Com	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5,	and	Part I	l-B, lın	e 1ı	
Also,	complete this part for any additional information					
N/A						
						· • • • •

#### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

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

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury iternal Revenue Service Name of the organization

➤ Attach to Form 990.

► See separate instructions.

MAINE CENTER FOR ECONOMIC POLICY 22-3317572 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year. 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year). 4 Aggregate value at end of year 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? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 h 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 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located 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 No 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes 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

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

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection terms (check all that apply)  a	Part	III Organizations Maintaining	Collections of A	Art, Histo	rical Tre	asures, or	Other	Similar Assets	(conti	nued)	
a Public exhibition d Loan or exchange programs b Scholarly research e Other  Preservation for future generations  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Raria V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part XIV, line 9, or reported an amount on Form 990, Part X, line 21.  Is the organization an agent, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIV and complete the following table  If "Yes," explain the arrangement in Part XIV and complete the following table  If "Yes," explain the arrangement in Part XIV and complete the following table  If Ending balance  Additions during the year  Did the organization include an amount on Form 990, Part X, line 21?  If "Yes," explain the arrangement in Part XIV  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  If "Yes," explain the arrangement in Part XIV  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  If "Yes," explain the arrangement in Part XIV  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  If a Beginning of year balance  If a Guine year balance  If year in the year year balance year and programs  If a Administrative expenses  If year in the year year year year year year year yea	3										
b   Scholarly research   e   Other    c   Preservation for future generations    Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV    5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?   Yes   No    Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part    In line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediarly for contributions or other assets not included on Form 990, Part X?    1b   I'Yes, "explain the arrangement in Part XIV and complete the following table   Amount    1c   Beginning balance   Amount    1c   Other   Other    1d   Other   Other   Other   Other    2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment   Other   Other    2 Provide the estimated percentage of the year end balance held as Board designated or quasi-endowment   Other   Other    2 Provide the estimated percentage of the year end balance held as Board designated or quasi-endowment   Other   Other    2 Provide the estimated percentage of the year end balance held as Board designated or quasi-endowment   Other   Other    3a(i)   Other   Other   Other   Other    2 Provide the estimated percentage of the year end balance held as Board designated or quasi-endowment   Other   Other    3a(i)   Other   Other   Other   Other   Other   Other    4 Description of	•	use of its collection items (check all the	nat apply)								
C Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to risase funds rather than to be maintained as part of the organization's collection?	а	Public exhibition		d [_]	Loan	or exchange	progra	ims			
Part XIV  Touring the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIV  Touring the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X   Yes   No bif "Yes," explain the arrangement in Part XIV and complete the following table    Amount	b	Scholarly research		е 🗌	Other						
Part XIV  Touring the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIV  Touring the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X   Yes   No bif "Yes," explain the arrangement in Part XIV and complete the following table    Amount	С	Preservation for future generati	ons								
Secrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.    Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.    If "Yes," explain the arrangement in Part XIV and complete the following table	4	Provide a description of the organizat		nd explain	how the	y further the	organi	zation's exempt p	urpose	ın	
Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    I   Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?    I   "Yes," explain the arrangement in Part XIV and complete the following table   Amount   1c	5						-		Пу	es 🗔	No
IV, line 9, or reported an amount on Form 990, Part X, line 21.    Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?    If "Yes," explain the arrangement in Part XIV and complete the following table	Part										
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?    Yes   No   No   No   No   No   No   No   N		<del></del>	_	•	-			. 100 (010		<u> </u>	
Included on Form 990, Part X?	1a						r othe	r assets not			
b If "Yes," explain the arrangement in Part XIV and complete the following table    Comparison of Co				· · · · · · · · · · · · · · · · · · ·	,			, addition	$\prod Y$	es 🗍	No
C   Beginning balance   1d   1d   1d   1d   1d   1d   1d   1	b		art XIV and comp	lete the fol	llowing ta	ible			٠ ب	Ш	
Additions during the year   1d   1e     1e			•		· ·			1	mount		
Ending balance	С	Beginning balance					1	С	•		0
f Ending balance Did the organization include an amount on Form 990, Part X, line 21?  If Yes, explain the arrangement in Part XIV  Part  Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  Beginning of year balance  O	d	Additions during the year .					10	d			
Did the organization include an amount on Form 990, Part X, line 21?    Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.   Contributions	е	<del>-</del> -						<del></del>			
Bart V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Find   F	f	Ending balance					1	f			0
Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Complete   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four yea	2a	Did the organization include an amou	nt on Form 990, F	art X, line	21?				Y	es 🛛	No
Contributions   Contribution	<u>b</u>										•
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment b Permanent endowment b M6  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii) related organizations (iiii) related org	Part	V Endowment Funds. Compl	ete if the organiz	zation ans	swered "	Yes" to For	n 990	, Part IV, line 1	0.		
b Contributions  Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 0 0 0 0 0  Permanent endowment b Permanent endowment b Permanent endowment c Term endowment b Permanent funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Describe in Part XIV the intended uses of the organization's endowment funds  Land b Buildings 0 0 0 0 0 0  C Leasehold improvements 0 0 26,077 22,693 3,384 e Other 0 0 0 0 0 0 0			(a) Current year	(b) Pro	or year	(c) Two years	back	(d) Three years back	(e) F	our years	back
C Net investment earnings, gains, and losses  d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment Permanent endowment Modern endowment Mode	1a		0		<del></del> "			an Tarih Liverizi e ta T			<u> </u>
and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 0 0 0 0 0 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment Permanent endowment No c Term endowment No dare there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIV the intended uses of the organization's endowment funds  Pant VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment (a) Cost or other basis (b) Cost or other basis (other) (investment) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	b	l-	····						2 2 2 2 2	557779535777 <u>7</u>	istrary yluga
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment b Permanent endowment C Term endowment	С								; ; ; , , , , , , , , , , , , , , , , ,		
and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment b Permanent endowment b Permanent endowment c Term endowment b %  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Describing of investment (a) Cost or other basis (investment) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation  1a Land 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	d			ļ <u>.</u>					1	<u></u>	· /.:
f Administrative expenses g End of year balance  O O O O  Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment  Permanent endowment  Term endowment  Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations  (ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Describe in Part XIV the intended uses of the organization's endowment funds  Describe in Part XIV the intended uses of the organization's endowment funds  Describe in Part XIV the intended uses of the organization's endowment funds  Describe in Part XIV the intended uses of the organization's endowment funds  Describe in Part XIV the intended uses of the organization's endowment funds  Describe in Part XIV the intended uses of the organization's endowment funds  Describe in Part XIV the intended uses of the organization's endowment funds  Describe in Part XIV the intended uses of the organization's endowment funds  Describe in Part XIV the intended uses of the organization's endowment funds  Describe in Part XIV the intended uses of the organization of the organization that are held and administered for t	е	· · · · · · · · · · · · · · · · · · ·								jan langg l an lam m	
Provide the estimated percentage of the year end balance held as Board designated or quasi-endowment			<u>-</u>	ļ						1 1	1 1 1 1
2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment				-				Tage of the second seco	L ., 221,11 .		) ,3
Board designated or quasi-endowment b Permanent endowment c Term endowment	-	•	<u>_</u>	<u> </u>			U	· · · · · · · · · · · · · · · · · · ·	<u>.l.</u>	<del></del>	<del></del>
b Permanent endowment		•	7		5						
Term endowment	_	•		70							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations (ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment  (a) Cost or other basis (investment) (investment)  (b) Cost or other basis (other) (c) Accumulated depreciation  (d) Book value  (d) Book value  (d) Book value  C Leasehold improvements.  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0											
Ves   No   Sa(i)   Unrelated organizations   Sa(i)   Sa(ii)   Sa				e organiza:	tion that a	are held and	admın	istered for the			
(ii) unrelated organizations (iii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment  (a) Cost or other basis (investment)  (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  1a Land  0 0 0 0 0 0 0  b Buildings  0 0 0 0 0 0  c Leasehold improvements  0 26,077 22,693 3,384  e Other  0 0 0 0 0	-		poodoon or and	o o ga maa		2.0	<b></b>	1010104 101 1110		Yes	No
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment  (a) Cost or other basis (investment)  (a) Cost or other basis (other)  (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  0 0 0 0 0 0 0  Equipment 0 0 0 0 0 0  C Leasehold improvements 0 0 0 0 0 0 0  d Equipment 0 0 26,077 22,693 3,384  e Other 0 0 0 0 0 0 0		· ·							3a(i)	133	
b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (investment) (i		· · ·									
Part VI         Land, Buildings, and Equipment. See Form 990, Part X, line 10.           Description of investment         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a         Land         0         0         0         0           b         Buildings         0         0         0         0           c         Leasehold improvements         0         0         0         0           d         Equipment         0         0         26,077         22,693         3,384           e         Other         0         0         0         0         0	b	If "Yes" to 3a(II), are the related organ	izations listed as	required o	n Schedu	ıle R?			$\overline{}$		
Description of investment   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation   (d) Book value	4	Describe in Part XIV the intended use	s of the organizati	on's endo	wment fu	nds					
tal         Land         0         0         0         0           b         Buildings         0         0         0         0         0           c         Leasehold improvements         0         0         0         0         0         0           d         Equipment         0         26,077         22,693         3,384         0	Part	VI Land, Buildings, and Equi	pment. See For	m 990, P	art X, lin	e 10.					
b         Buildings         0         0         0         0           c         Leasehold improvements         0         0         0         0         0           d         Equipment         0         26,077         22,693         3,384           e         Other         0         0         0         0		Description of investment							(d) B	ook valu	e
b         Buildings         0         0         0         0           c         Leasehold improvements         0         0         0         0         0           d         Equipment         0         26,077         22,693         3,384           e         Other         0         0         0         0	1a	Land		0		0					0
c         Leasehold improvements         0         0         0         0           d         Equipment         0         26,077         22,693         3,384           e         Other         0         0         0         0	b	Buildings		0		0		0			
e Other	С	Leasehold improvements		0		0		0			
	đ	• •		0		26,077		22,693			3,384
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 3,384			·L					0			0
	Total	I. Add lines 1a through 1e (Column (d)	must equal Form	990, Part	X, colum	n (B), line 10	(c).)	. •			3,384

Part VII	Investments—Other Securiti	es. See Form 990, Part X	, line 12.	
· (a	Description of security or category (including name of security)	(b) Book value	(с) Method of val Cost or end-of-year п	
(1) Financia	derivatives	0		_
	neld equity interests	0		
(3) Other		0		
		0	· · · · · · · · · · · · · · · · · · ·	
		0		
(C)		0	<del></del>	
(Ď)		0		
{Ē}		0		<del></del>
(G)		0		
(H)		0		<u> </u>
(1)		0		
Total (Column (b)	must equal Form 990, Part X, col (B) line 12)	0	<u> </u>	
Part VIII	Investments—Program Rela	ted. See Form 990, Part >	· ·	
	(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year m	
(1)		0		
(2)	<del> </del>	0		
(3)		0		
<u>(4)</u>	· · · · · · · · · · · · · · · · · · ·	0	<del> </del>	
<u>(5)</u> (6)		0		
(7)		0		
(8)		0		<del></del>
(9)		0		
(10)		0		
	must equal Form 990, Part X, col (B) line 13)	<del></del>		<u>,, </u>
Part IX	Other Assets. See Form 990,			
	(	(a) Description		(b) Book value
(1)				0
(3)				0
(4)			<u> </u>	0
(5)				0
(6)				0
(7)				0
(8)				0
(9)				0
(10)	(h)	(D) (m 45)		0
Part X	mn (b) must equal Form 990, Part X,  Other Liabilities. See Form 9		▶	0
1.	(a) Description of liability	(b) Amount	<u> </u>	
	I income taxes	0		
(2)		0		
(3)		0		
(4)	·	0		
(5)		0		
(6)		0		
		0		
(8)		0		
(9) (10)		0		
(11)	·	0		
	must equal Form 990, Part X, col (8) line 25)	0		
	SC 740) Footnote In Part XIV, provid	de the text of the footnote to	the organization's financial state	ments that reports the
	's liability for uncertain tax positions			·

Schedule D (Form 990) 2010 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 1 Total revenue (Form 990, Part VIII, column (A), line 12) 531,821 'n Total expenses (Form 990, Part IX, column (A), line 25) 2 670,543 3 Excess or (deficit) for the year. Subtract line 2 from line 1 3 -138,722 4 Net unrealized gains (losses) on investments 4 5 Donated services and use of facilities 5 6 Investment expenses 6 7 Prior period adjustments 7 8 Other (Describe in Part XIV) 8 -54 9 Total adjustments (net) Add lines 4 through 8 9 -54 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 -138,776 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 532,204 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 а Net unrealized gains on investments 2a -55 Donated services and use of facilities 2b b 11/2 Recoveries of prior year grants 2c Ы Other (Describe in Part XIV) 2d 438 Add lines 2a through 2d. е 2e 383 3 Subtract line 2e from line 1 3 531,821 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIV) 4ь Add lines 4a and 4b 0 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 531,821 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 670,980 1 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 С Other losses. 2c d Other (Describe in Part XIV). . 2d 437 Add lines 2a through 2d 437 2e 3 Subtract line 2e from line 1 670,543 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: ÷ Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIV) 4h C Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 670.543 Part XIV 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 XI, Line 8 Other Adjustments \$55 Unrealized Fair Market Value adjustments on Investments (prior year activity), plus rounding PART XII, Line 2d In Audit Revenues but not Revenues on 990. Expense reimbursements received and booked as Revenues on the audit but moved vs. the appropriate expense account on the 990, plus rounding PART XIII, Line 2d. In Audit Revenues but not Expenses on 990 same as PART XII, Line 2d description above

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

Department of the Treasury

(8) (9)

## **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Open To Public

Internal Reve	nue Service	► Attach to	Form 990	0 or Form	990-EZ. ►See se	parate instruction				Inspe			
Name of the	organization	<del></del>		Employer Identification i					number				
		ECONOMIC POLICY						2-3317	572				
Part I		Benefit Transaction											
	Complet	e if the organization a	inswered	"Yes" or	n Form 990, Part IV	/, line 25a or 25t	o, or Fo	<u>rm 990</u>	<u>-EZ, P</u>	art V,	<del>,</del>		
1	(4	(a) Name of disqualified person				(b) Description of tra	ansaction				(c) Cor Yes	rected?	
/4)		<del></del>				-	-				163		
(1)	<del></del>	·									+-		
(3)			•					-			<del> </del>	<del>                                     </del>	
(4)											<del> </del>	_	
(5)										<del></del>	<del> </del>	<del>                                     </del>	
(6)							-				$\vdash$		
	nter the amo	unt of tax imposed or	n the orga	anızatıon	managers or disgu	ualified persons	durina t	he vear			J		
	nder section	•			J			, ,	•	\$			
		unt of tax, if any, on I	ine 2. ab	ove, rein	nbursed by the orga	anization .			<b>•</b>	\$			
Part II	Loans to	o and/or From Intere	ested Pe	rsons.									
	Complet	e if the organization a	answered	"Yes" or	n Form 990, Part IV	/, line 26, or Fori	n 990-E	ΞΖ, Par	t V, lın	e 38a			
(a) Na	me of interested	d person and purpose	1 ' '	to or from	(c) Original (d) Balance due		ue (e) In default?		(f) Approved		(g) Written		
			the orga	anization?	principal amount					ard or	agreement?		
			<u> </u>				<u> </u>	<del></del>	comm	nittee?			
			То	From			Yes	No	Yes	No	Yes	No	
(1)			<b></b>	<u> </u>	0		0	┷	<u> </u>	<u> </u>	ļ		
(2)			<del>                                     </del>	<b>↓</b>	0		0	—	<u> </u>	—	—		
(3)			<del> </del>	<del> </del>	0		0	$\bot$	<u> </u>	<u> </u>	<del> </del>		
(4)		<del></del>	<del>                                     </del>		0		0	<del> </del>	<del> </del>	ļ	<b>├</b>		
(5)		·		<del>                                     </del>	0		0	—	↓	├	<del> </del>		
(6)			+		0		0	<del> </del>	₩	<del> </del>	├	-	
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(10) Tatal				┸	<u> </u> 0  ▶ \$	L	0		1 . , .	1, ,	. :	<u> </u>	
Total Part III	Czanta	or Assistance Benef	fiting Int		*		<u>U</u>						
raitiii	J.		_			/ line 27							
Complete if the organization answered "Yes" on Form 990, Part IV, line 27  (a) Name of interested person  (b) Relationship between interested person and the (c) Amount a													
	(a) Name of Inc	erested person	(0) (	telalionship	organization	on and the	(C)	Amount a	ina type	01 85515	lance		
(1)			<del> </del>	<del></del>									
(2)			†				-						
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(5)		<del></del>											
(6)			1										
(7)		•	1										

Pa	Part IV  Business Transactions Involving Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.							
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		aring of cation's ues?		
(1)	David Vail	Former Board member	102 540	Research	Yes	No		
(1)	· · · · · · · · · · · · · · · · · · ·	Former Board member Current Board member		Research Web Maintenance (see Part V)		X		
(2) (3)		Current Board member	7,675	vveb Maintenance (see Part V)	-	_^_		
(4)			0	-				
(5)			0					
(6)			0					
(7)			0					
(8)			0					
(9)		<u></u> -	0					
(10)	irt V Supplemental Information		0					
	Complete this part to provide a HEDULE L, PART IV, Line 2 Current Boar				ns)			
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#### **SCHEDULE O** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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

MAINE CENTER FOR ECONOMIC POLICY	22-3317572
FORM 990, PART VI, SECTION B, LINE 11A PROCESS OF BOAR	D REVIEW OF 990
The Form 990 (in trial pdf version) is sent to the full Board before a	Board meeting where the form will be discussed and
approved	
FORM 990, PART VI, SECTION B, LINE 12C DISCLOSURE OF CO	ONFLICTS OF INTEREST
Staff will disclose any potential conflicts of interest at biweekly staff	meetings The Board bylaws require Board members to
inform the Board of any conflict which any Board member may hav	e, and this discussion takes place at the bimonthly Board
meetings No formal guestionnaire is provided	
	•
FORM 990, PART VI, SECTION B, LINE 15A. COMPENSATION RE	VIEW
The Board reviews the Executive Director position by evaluating pe	rformance and compensation . In reviewing compensation,
MECEP relies on comparability data for this position, as well as loc	king at past history and budget flexibility. When reviewing
other staff compensation, MECEP also relies on both comparability	data for the various positions, as well as looking at past
history and budget flexibility	
FORM 990, PART VI, SECTION C, LINE 19 AVAILABILITY OF FIN	ANCIAL DOCUMENTS
The organization is ready to ovver copies of the governing docume	nts (bylaws), its conflict of interest policy, and any financial
statement requested at no charge upon request. These could be pro-	ovided via email or had copy (a reasonable copy charge may
apply for large hard copy requests	
FORM 990, PART XI RECONCILIATION OF NET ASSETS - OTHER	R CHANGES (\$2,537)
\$-55. Unrecognized Fair Market Value adjustments (not reflected in	Revenues), including prior year
\$2,592. Prior year depreciation adjustments, primarily a missed pri	or year copier capitalization and depreciation, previously
accounted for as a lease expense.	•••••