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Department of the Treasury Internal Revenue Service

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

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

A	For the	e 2010 calendar year, or tax year beginning JUL 1, 2010 and endi	ing J	<u>UN 30,</u>	2011		
В	Check if applicable	C Name of organization				ion number	
	Addre	Jobs for Maine's Graduates, Inc.					
	Name chang				01-048	32628	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Roor	m/suite	E Telephon	e number		
	Termi.	45 Commerce Drive, Suite 9			207-62	20-7180	
	Amen return	City or town, state or country, and ZIP + 4	l	G Gross receip	ots \$	4,676,7	<u>95.</u>
	Application	Augusta, ME 04550		H(a) Is this a	a group retu		
	pend	F Name and address of principal officer Holly Wise-Copland		for affili	ates?	Yes X	No
			<u>4330</u>	H(b) Are all a	ffiliates includ	ed?Yes	No
		empt status X 501(c)(3) 501(c)() ((Insert no.) 4947(a)(1) or	527			t (see instruction	s)
		te: > www.jmg.org		H(c) Group			
K F	art I 1 2 3 4	forganization: X Corporation Trust Association Other Summary	L Year o	of formation:]	<u> 1995 м</u> S	tate of legal domici	le: ME
	1	Briefly describe the organization's mission or most significant activities School	to	career	educat	cion for	
髮		Maine's at-risk students.		·			
Z	2	Check this box > if the organization discontinued its operations or disposed of	of more	than 25% of	its net asse	ts	
	3	Number of voting members of the governing body (Part VI, line 1a)			3		<u> 28</u>
<u>≃જ</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			4		<u> 28</u>
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)			5		97
Ž	6	Total number of volunteers (estimate if necessary)			6		0
Sc. Avides N		Total unrelated business revenue from Part VIII, column (C), line-12			7a	·	0.
	b	Net unrelated business taxable income from Form 990-T Tipe 34./			7b		0.
Revenue 1107	İ	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	ļ	Prior Yea		Current Year	
ue	8	Contributions and grants (Part VIII, line 1h) 10 0CT \$ 1 2011		3,087		3,111,3	
len/	9	Program service revenue (Part VIII, line 2g)		1,474		1,555,1	
Ř	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	30	,462.	10,3	
ŧ_	וון	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1e)		4 500	0.	4 686 5	0.
₽ _		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,592		4,676,7	
a		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		-	0.	 _	<u>0.</u>
િ 		Benefits paid to or for members (Part IX, column (A), line 4)		3,911	0.	4 020 4	0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,911		4,038,4	
Ëä	16a	Professional fundraising fees (Part IX, column (A), line 11e)	-		0.		0.
N X	b	Total fundraising expenses (Part IX, column (D), line 25) 268, 289	•		050	602,3	70
1 .	,	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	-	4,462	,950.	4,640,8	
5		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			,908.	35,9	
<u> </u>	19	Revenue less expenses Subtract line 18 from line 12	Par				<u> </u>
ance	20	Total casets (Dort V. Fro. 16)	Dei	ginning of Curi 1,762		End of Year 1,947,7	56
Ass. Bal	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	<u> </u>		,113.	928,2	
Net Assets of Fund Balances	21	Net assets or fund balances Subtract line 21 from line 20			,551.	1,019,4	
P	art II	Signature Block			, <u> </u>	<u> </u>	. 02.
		alties of perjury, I declare that I have examined this return, including accompanying schedules and	d stateme	ents, and to the	best of my k	nowledge and belie	f. it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which r				100	1
		The Holling Collins	· ·		<u>112</u>	7 20	T
Sig	n	Signature of officer		Date		_	
Her		Nolly Wise-Copland, Vice President of Fi	inan	ce		-	
		Type or print name and title					
		Print/Type preparer's name Prepar#'s gignature	l l	ate / /	Check] PTIN _	
Paid	j	Richard E. Emerson, Jr., (Ichar & Green h. 4	PA 1	0/21/11	self-employed		
Prep	arer	Firm's name Purdy Powers & Company		Firm	's EIN		
Use	Only	Firm's address 130 Middle Street				_	
		Portland, ME 04101		Pho	ne no. <u>20</u>	<u>7-775-349</u>	6
May	the II	RS discuss this return with the preparer shown above? (see instructions)				X Yes] No
0320	01 02-2	22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.				Form 990	(2010)

	990 (2010) Jobs for Maine's Graduates, Inc. U1-0482628 Page 2
Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	To identify students who face barriers to education, and to guide each
	one on to a successful path toward continued education, a meaningful
	career, and productive adulthood.
	career, and productive additiood.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported
4-	
4a	(Code) (Expenses \$ 3,694,481. including grants of \$) (Revenue \$ 1,555,168.)
	School-to-work transition and opportunity awareness program provides
	essential services to at risk Maine students to remain in school,
	enhance academic performance, graduate, and become gainfully employed.
	FA 461
4b	(Code) (Expenses \$54,461. including grants of \$) (Revenue \$)
	The IDA Opportunity Passport Program is a financial literacy and
	matched savings program that helps youth develop a general
	understanding about personal finances and goal setting. In 2010 70
	youth benefitted from matching funds for a total of 90 different
	purchases from the approved categories of housing, education, vehicles,
	investments & medical expenses.
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e_	Total program service expenses ► 3,748,942.

			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			_
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		ا, ا	_
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	N/	<u>A</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		**
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		77
_	Schedule D, Part III	_8_		<u>X</u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			v
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	4.0		Х
44	If "Yes," complete Schedule D, Part V	10	-	
11	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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	x	
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110		
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
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		x
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		_x_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X_	
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	_X	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>_x</u>
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		<u>X</u>
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		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا ۔ ا		٠,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_ <u>X</u> _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			4.5
•	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		<u> </u>
þ	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	201		
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	200	L 2010)
		LOIM	75U	<u>د ۱۱۱۷)</u>

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_ X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	_23_		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			.,
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		v
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OEL		x
	Schedule L, Part I	<u>25b</u>		Α_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
07	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		1
27	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	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
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
Ĭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X_
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	-	X
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		i	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			₹.
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	X	
	Note. All Form 990 filers are required to complete Schedule O	Sorm		2010)
		FUIII	JUU	20 IUI

Form 990 (2010)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI						X
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a_		28			
	Enter the number of voting members included in line 1a, above, who are independent	1b		28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	p with	any other		1		
	officer, director, trustee, or key employee?				2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision				
	of officers, directors or trustees, or key employees to a management company or other person?			<u> </u>	3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?	L	4		<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		_	5		X
6	Does the organization have members or stockholders?			ļ.	6		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more m	ember	s of the				
	governing body?			L	7a_		<u>X</u>
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other pe	rsons?	•	L	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during	the year				
	by the following:						
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	<u>X</u> _	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached	at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code)				
				_		Yes	No
	Does the organization have local chapters, branches, or affiliates?				10a		<u> </u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such	n chapt	ers, affiliates,	1			
	and branches to ensure their operations are consistent with those of the organization?	¢1 Al-	- 60		10b 11a	X	
	a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?						
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
	Does the organization have a written conflict of interest policy? If "No," go to line 13	ورسم فسأدي	. maa	F	1 <u>2a</u>	X	
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that co	ula giv	erise		12b	X	
	to conflicts?	"Voo "	dosoribo	-	120		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	1 to,	describe		12c	X	
40	In Schedule O how this is done				13	X	
13	Does the organization have a written decument retention and destruction policy?				14	X	<u> </u>
14 15	Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approximately approximatel	/al hv i	ndenendent		<u>'</u>		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision'						
•	The organization's CEO, Executive Director, or top management official	•			15a	Х	
	Other officers or key employees of the organization			l	15b	x	
J	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)	•		一			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a				
. - a	taxable entity during the year?				16a		х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to ev	aluate	its participation				
_	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org						
	exempt status with respect to such arrangements?				16b		<u> </u>
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ►ME						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	T (501	(c)(3)s only) avaı	lable f	or		
	public inspection. Indicate how you make these available. Check all that apply.						
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	conflic	t of interest poli	cy, and	d fina	ncıal	
	statements available to the public.						
20	State the name, physical address, and telephone number of the person who possesses the books	and red	ords of the orga	anızatı	on 🕨		
	Holly Wise-Copland - 207-620-7180						
	45 Commerce Street, Augusta, ME 04330						

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Earm	$\Omega\Omega\Omega$	(2010)	
голи	221		

Jobs for Maine's Graduates, Inc.

01-0482628

age 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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.

(A)	(B)				C)			(D)	(E)	(F)	
Name and Title	Average			Pos			L A	Reportable	Reportable	Estimated	
	hours per week (describe hours for	<u> </u>		all		app		compensation from the organization	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the	
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations	
Cary Olson-Cartwright		i						_			
Chair	1.00	X	<u> </u>	X	<u> </u>	<u> </u>		0.	0.	0.	
Dan Lee	1 00	l			ŀ					_	
Vice Chair	1.00	X		X	ļ	-		0.	0.	0.	
June Koegel	1 00									_	
Secretary	1.00	X		X	-	 		0.	0.	0.	
Chris Amann	1 00	,,	Ŀ	7.		ł			_	0.	
Treasurer	1.00	X	1	X		 		0.	0.		
Carol Colson	1 00							0.	0.	0.	
Director	1.00	^	-	\vdash		├			U .	<u></u>	
Jon Doyle	1.00	\ v	ĺ	1				0.	0.	0.	
Director	1.00	^	╁	 	\vdash	\vdash			<u> </u>		
Marjorie Medd	1.00	Y			İ			0.	0.	0.	
Director	1.00	TA.			\vdash	 	_	- 0.	<u> </u>		
Mike Mahoney Director	1.00	x						0.	l o.	_ 0.	
The Hon Elizabeth Mitchell				l —		\vdash	_				
Director	1.00	x						0.	0.	_ 0.	
The Hon Bonnie Titcomb Lewis											
Director	1.00	x		ļ				0.	0.		
Tim Walton											
Director	1.00	X		Ĺ				0.	0.	0,	
The Hon Lynn Bromley											
Director	1.00	X						0.	0.	0.	
Steve Byrnes											
Director	1.00	X	<u> </u>				<u> </u>	0.	0.	0.	
Phil Dionne									_	_	
Director	1.00	X	_		<u> </u>	<u> </u>	L	0.	0.	0.	
Steve Fitzpatrick			-					_	1		
Director	1.00	X	<u> </u>	 	<u> </u>	<u> </u>		0.	0.	0.	
Dr. Allyson Hughes Handley								_			
Director	1.00	X	<u> </u>	_	<u> </u>	-	<u> </u>	0.	0.	0.	
Alan Hawkins	1 4 4 4									_	
Director	1.00	X	1		<u> </u>	1			0.	Form 990 (2010)	

(A)	(B) Average				C) sitior	.		(D) Reportable	(E) Reportable		F) nated
Name and title	hours per week (describe hours for	H				app	_	compensation from the organization	compensation from related organizations (W-2/1099-MISC)	amo ot compe	unt of her ensation n the
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2) 1033-Wilso)	organ and r	ization related zations
Donna Lamberth	1 00					Γ					
Director	1.00	X	_	_	╁	┼	_	0.	0.		0.
John Lemieux	1 00				}			0.	0.		0.
Director	1.00	^		\vdash	+	\vdash		<u> </u>			<u> </u>
David Packhem	1.00	v	ł					0.	0.		0.
Director	1.00	^	-		+	+					
Nicki Pellenz	1.00	v) o.	0.		0.
Director	1.00	┢┸	 	-	\vdash		\vdash	0.			<u> </u>
Mike Chadwick	1.00	v						0.	0.		0.
Director	1.00	^	i –	\vdash	╁	+		0.			
Thorn Dickinson	1.00	x						0.	0.		0.
Director Kay Rand	1.00		\vdash	1	T	T	Г				
Director	1.00	\mathbf{x}					ļ	0.	0.		0.
Arnold Shorey					1						
Director	1.00	X						0.	0.		0.
Carolyn Slocombe											
<u>Director</u>	1.00	X						0.	0.		0.
1b Sub-total								0.	0.		0.
c Total from continuation sheets to Part V	II, Section A							125,306.	0.		0.
d Total (add lines 1b and 1c)						<u> </u>		125,306.	0.		0.
2 Total number of individuals (including but	not limited to th	hose	liste	ed a	bov	e) w	ho r	eceived more than \$100),000 in reportable		4
compensation from the organization											/es No
O Dulaba anno de la la conferencia del Constanti del Const	d						ا ۵۰	nighost componented of	molovoo on		65 140
3 Did the organization list any former officer			э, ке	y er	пріс	yee,	or i	ngnest compensated ei	ripioyee on	3	х
line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the s			omn	onc	atio	n an	d at	har compensation from	the organization	3	- 1
4 For any individual listed on line 1a, is the s and related organizations greater than \$15									the organization	4	x
5 Did any person listed on line 1a receive or									idual for services	-	-
rendered to the organization? If "Yes," con							C.u.	organization of man	10001 101 001 11000	5	X
Section B. Independent Contractors	ipioto corioda.			<u></u>	, , , , , , , , , , , , , , , , , , , 						•
Complete this table for your five highest of the organization NONE	ompensated in	dep	ende	ent o	cont	ract	ors 1	that received more than	\$100,000 of compens	ation fro	om
(A)								(B)		(C)	
Name and business	address							Description of s	services C	compens	ation
			_								
							_				
								:			
					_						
2 Total number of independent contractors	(includina but i	not li	mite	ed to	o the	ose li	sted	d above) who received r	nore than		
\$100,000 in compensation from the organ	-			_		0	_				
See Part VII, Section	n A Con	ti	nu	at	io	n	sh	eets		Form 9	90 2010)

Form 990 (2010) Jobs for	<u>Maine's</u>	3 (<u>Gra</u>	<u>ıdı</u>	ıat	:es	3,	Inc.	<u>01-048</u>	<u> 2628 </u>
Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	mpk	oyee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average			(C Pos	C) ition	I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
David Walker Director	1.00	×						0.	0.	0
The Hon Daniel Wathen	2,00	1								
Director	1.00	X						0.	0.	0
Craig Larrabee			t							
President	40.00			X		х		125,306.	0.	0
					_		_			
		<u> </u>				-		<u> </u>		
		_	-	-	_		_			
								107 707		
Total to Part VII, Section A, line 1c								125,306.		<u> </u>

10	it viii	Statement of never	iue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran		421,818.				
Contribu	_	similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f		689,508. 	3,111,326.			
vice		Contractual - S	Business Code 611710 611710	1,450,201. 104,967.	1,450,201. 104,967.			
Program Service Revenue	c d			V22/20				
Pro		All other program service reve Total. Add lines 2a-2f			1,555,168.			
	3	Investment income (including other similar amounts) Income from investment of ta		•	10,301.			10,301.
	5 6 a	Royalties Gross Rents	(i) Real	(ii) Personal			<u> </u>	
	b c	Less rental expenses						
		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less cost or other basis and sales expenses Gain or (loss)						
/enne		Net gain or (loss) Gross income from fundraisin including \$	of	>				
Other Revenu		contributions reported on line Part IV, line 18 Less direct expenses	a b					
		Net income or (loss) from fund Gross income from gaming at Part IV, line 19		<u> </u>				
	С	Less: direct expenses Net income or (loss) from gam Gross sales of inventory, less	-					
		and allowances Less cost of goods sold Net income or (loss) from sale	a b s of inventory					
	11 a	Miscellaneous Revenu	ie	Business Code				
	d	All other revenue						
03200 12-21	12	Total. Add lines 11a-11d Total revenue. See instructions.		<u> </u>	4,676,795.	1,555,168.	0	. 10,301. Form 990 (2010)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

	All other organizations must com	olete column (A) but are	not required to complete	e columns (B), (C), and (D).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV. line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.	ì			
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				· · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors,				
	trustees, and key employees	-			·
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	2 207 000	2 721 507	300 104	176 217
7	Other salaries and wages Pension plan contributions (include section 401(k)	3,307,098.	2,731,597.	399,184.	176,317.
8	and section 403(b) employer contributions)	77,719.	72,470.	4,025.	1,224.
9	Other employee benefits	416,480.	388,074.	14,063.	14,343.
10	Payroll taxes	237,189.	194,913.	29,759.	12,517.
11	Fees for services (non-employees)	201,1000		20,1000	
b	Legal	4,889.	4,889.		
C	, *	7,085.		7,085.	- <u></u> -
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	163,840.	84,448.	<u>30,365.</u>	49,027.
12	Advertising and promotion	4,183.	3,933.	250.	
13	Office expenses	45,382.	10,349.	34,816.	217.
14	Information technology	29,404.	9,805.	15,415.	4,184.
15	Royalties	50 444	5 040	50.050	2 500
16	Occupancy	70,441.	7,040.	59,879.	3,522.
17	Travel	72,567.	62,536.	6,027.	4,004.
18	Payments of travel or entertainment expenses	·			
40	for any federal, state, or local public officials	51,889.	51,889.		
19	Conferences, conventions, and meetings	51,669.	<u> </u>		
20 21	Payments to affiliates		· -		
22	Depreciation, depletion, and amortization	4,312.	1,725.	2,587.	
23	Insurance	4,241.	525.	3,716.	
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.)	1,222	333	,,,,,,,	
а	IDA - Opportunity Passp	54,461.	54,461.		
b	Training & Development	52,032.	47,468.	3,132.	1,432.
C	Minor Equipment Purchas	27,001.	21,954.	5,047.	
ď	Equipment Lease & Renta	6,259.		6,259.	
е	Dues & Subscriptions	3,210.	866.	842.	1,502.
f	All other expenses	1,182.		1,182.	
25	Total functional expenses Add lines 1 through 24f	4,640,864.	3,748,942.	623,633.	268,289.
26	Joint costs Check here ▶ ☐ If following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pai	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			756,579.	1	880,965.
	2	Savings and temporary cash investments			845,170.	2_	894,059.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			104,822.	4	109,656.
	5	Receivables from current and former officers, di	rectors, trustees, key				
		employees, and highest compensated employe	es. Complete Part II]			
		of 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				
		employers and sponsoring organizations of sec	tion 501(c)(9) voluntary	İ			
		employees' beneficiary organizations (see instru	ictions)	L		6	
Assets	7	Notes and loans receivable, net				7	<u> </u>
Ass	8	Inventories for sale or use				8	
-	9	Prepaid expenses and deferred charges		36,463.	9	47,758.	
	10a	Land, buildings, and equipment cost or other					
		basis Complete Part VI of Schedule D	10a 359,	417.			
	b	Less: accumulated depreciation	10b 344,	099.	19,630.	10c	<u> 15,318.</u>
	11	Investments - publicly traded securities	Ţ		11		
	12	Investments - other securities See Part IV, line			12		
	13	Investments · program-related See Part IV, line	ļ.		13		
	14	Intangible assets		Ļ		14	<u> </u>
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)		1,762,664.	16	1,947,756.
	17	Accounts payable and accrued expenses	<u> </u>	<u>273,653.</u>	17	268,620.	
	18	Grants payable	ļ		18	650 654	
	19	Deferred revenue	1	505,460.	19	659,654.	
	20	Tax-exempt bond liabilities			 	20	
es	21	Escrow or custodial account liability. Complete			 	21	
Liabilities	22	Payables to current and former officers, directo					
jab		highest compensated employees, and disqualif	ed persons. Complete P	art II			
_		of Schedule L		-		22	
	23	Secured mortgages and notes payable to unrel		}		23	
	24	Unsecured notes and loans payable to unrelate	d third parties		· · · · · · · · · · · · · · · · · · ·	24	
	25	Other liabilities Complete Part X of Schedule D		-	770 112	25_	928,274.
	26	Total liabilities. Add lines 17 through 25	. [7] .		779,113.	26	940,414.
		Organizations that follow SFAS 117, check h	ere 🕨 🔼 and comp	piete			
Ses		lines 27 through 29, and lines 33 and 34.			927,160.		1,019,482.
<u>aŭ</u>	27	Unrestricted net assets		}	56,391.	27 28	0.
Ва	28	Temporarily restricted net assets	ŀ		29		
ဋ	29	Permanently restricted net assets	haalahana 🕨 🔲 a	}		29	· · · · · · · · · · · · · · · · · · ·
Ę		Organizations that do not follow SFAS 117, o	neck nere	nd		ŀ	
Š		complete lines 30 through 34.				20	
set	30	Capital stock or trust principal, or current funds		}		30	
As	31	Paid-in or capital surplus, or land, building, or en		}		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	icome, or other funds	ŀ	983,551.	33	1,019,482.
_	33	Total hebition and not coacte/fund belonged		ŀ	1,762,664.		1,947,756.
	34_	Total liabilities and net assets/fund balances			1,/04,004.	1 34	1,741,1300

-orm	1990 (2010) Jobs for Maine's Graduates, Inc.	<u> </u>	04048	Pag	je 12
Pa	rt 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	4,67		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,64		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>31.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	98:	<u>3,5</u>	<u>51.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
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	1,01	9,4	<u>82.</u>
Pa	rt 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 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		i	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
b	Were the organization's financial statements audited by an independent accountant?		2b	_X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			Form	990 (2010)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **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.

2010

Open to Public Inspection

Name of the organization

Employer identification number

			<u>Jobs fo</u>	<u>r Maine's Gr</u>	<u>aduat</u>	<u>es, I</u>	nc.			<u> </u>	L-0482628
Pa	rt i	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	e this part) See inst	ructions		
he	organ	zation is not a	private foundation	because it is (For lines 1	through 1	11, check	only one b	ox.)			
1		A church, cor	nvention of churches	s, or association of churc	ches descr	nbed in se	ction 170	(b)(1)(A)(i)			
2		A school desc	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E)						
3		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in ection 170(b)(1)(A)(iii).									
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state									
5		•		benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental uni	t describe	ed in
		section 170(b)(1)(A)(iv). (Complete Part II)									
6				ent or governmental unit	t described	ın sectio	n 170(b)(1	I)(A)(v).			
	$\overline{\mathbf{x}}$	•	•	eives a substantial part					r from the	general i	oublic described in
•		-	b)(1)(A)(vi). (Comple				9				
8		-		ection 170(b)(1)(A)(vi).	(Complete	Part II.)					
9	$\overline{}$			eives: (1) more than 33			om contri	butions, m	nembershii	o fees. ar	nd gross receipts from
•		_	•	nctions - subject to certa							
				axable income (less sect							
			509(a)(2). (Complete			,			,		
10				perated exclusively to te	st for publi	c safety. S	See sectio	n 509(a)(4	l).		
11	一	•	•	perated exclusively for the	-	-			-	y out the	purposes of one or
		_	_	itions described in section							
			., -	organization and comple				•	,		
		a Type I	· · · -	7 <u> </u>		e III - Func		egrated		d 🗔	Type III - Other
е				t the organization is not	controlled	directly or	r indirectly	by one o	more disc	qualified	persons other than
				han one or more publicly							
f			-	ten determination from t							
		-	rganization, check th			•		•			
g		•	-	rganization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?	
Ū		(i) A persor	n who directly or ind	rectly controls, either al	one or tog	ether with	persons d	lescribed i	n (ii) and (iii) below,	Yes No
		• •	•	upported organization?							11g(i)
		=		described in (i) above?							11g(ii)
		(iii) A 35% c	controlled entity of a	person described in (i) o	or (ii) above	€?					. 11g(iii)
h		Provide the fo	ollowing information	about the supported or	ganization((s)					
			J			. ,					
/i)	Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did you	notify the	(vi) Is	the	(vii) Amount of
۱.,		organization organization fr			sted in your	organizat		organizáti (i) organiz	ed in the	support	
	•			above or IRC section	governing	document?	(i) of your	r support?	U.S	.?	
				(see instructions))	Yes	No	Yes	No	Yes	No	
								1			
									ļ		
										1	
			·							-	

Schedule A (Form 990 or 990-EZ) 2010 Jobs for Maine's Graduates, Inc. 01-0482628 Page 2

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

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

<u>Se</u> c	tion A. Public Support			<u> </u>			
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		_				
	include any "unusual grants ")	<u>1745233.</u>	2195553.	2915342.	3087313.	<u>3111326.</u>	13054767.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	4545000	010555	0015340	2005212	2111226	12054767
	Total. Add lines 1 through 3	1745233.	2195553.	2915342.	3087313.	3111326.	13054767.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included		'				
	on line 1 that exceeds 2% of the					İ	
	amount shown on line 11,						160 620
_	column (f)						169,628. 12885139.
	Public support. Subtract line 5 from line 4				l		12003133.
		(=) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2006 1745233.	2195553.	2915342.	3087313.		13054767.
-	Gross income from interest,	1/45255.	21/2/2/2	2713342.	3007313.	31113200	130317077
0	dividends, payments received on						
	securities loans, rents, royalties	j					
	and income from similar sources	33,035.	53,525.	48,951.	30,462.	10,301.	176,274.
۵	Net income from unrelated business	3370331	3373231		00/00=0		
9	activities, whether or not the						
	business is regularly carried on						1
10	Other income. Do not include gain				1		
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10		-			-	13231041.
	Gross receipts from related activities,	etc (see instruction	ons)			12 7	7,676,010.
	First five years. If the Form 990 is for			d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here					▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2010 (line 6, column (f) d	ivided by line 11, o	column (f))		14	97.39 %
	Public support percentage from 2009					15	<u>98.23 %</u>
16a	33 1/3% support test - 2010.If the o	rganization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	ox and
	stop here. The organization qualifies						►X
þ	33 1/3% support test - 2009. If the o	rganization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check to	his box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop I	here. Explain in Pa	rt IV how the orga	nization
	meets the "facts-and-circumstances"	-					▶∟
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						ne
	organization meets the "facts-and-circ						P
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17			
					Sche	edule A (Form 99	0 or 990-EZ) 2010

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

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

Se	ction A. Public Support	_					
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and	-					
	membership fees received (Do not						
	ınclude any "unusual grants.")						
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						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513					8	
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
(Add lines 7a and 7b	<u> </u>					
8	Public support (Subtract line 7c from line 6)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6						
10	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income			1			
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975				<u> </u>		
(: Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12)				<u></u>		
14	First five years. If the Form 990 is for	the organization's	s first, second, thu	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2010 (li	ne 8, column (f) d	ivided by line 13,	∞lumn (f))		15	%
16	Public support percentage from 2009	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	10 (line 10c, colur	nn (f) divided by lii	ne 13, column (f))		17	%
18	investment income percentage from 2					18	%
19 a	33 1/3% support tests - 2010. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar						▶□
t	33 1/3% support tests - 2009. If the		_				and
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	oorted organization	▶□
20	Private foundation, If the organization						▶□

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ▶ Complete if the organization answered "Yes," to Form 990,

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

John for Maine's Graduates

Employer identification number 01-0482628

Pa	rt I Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		•
		(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 v	writing that the assets held in donor advised	funds
Ū	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a	-	
·	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?	, doi.o. dav.co., co. d., co. pa.pccc co	Yes No
Pa		panization answered "Yes" to Form 990, Par	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or e		rically important land area
	Protection of natural habitat	Preservation of a certifie	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic stri	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	` '	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the o	organization during the tax
	year >		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements if	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements duri	ing the year
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expense s	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	e organization's accounting for
	conservation easements		
Pa	t III Organizations Maintaining Collections of		ier 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 (AS	SC 958), not to report in its revenue stateme	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtheranc	e of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of public	c 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		> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial g	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
ь	Assets included in Form 990, Part X		> \$

	dule D'(Form 990) 2010 Jobs fo	r Maine's				r Othe			82628 ts (contini		_{3e} 2
	Using the organization's acquisition, accessi										
3	(check all that apply)	on, and other record	is, check any c) tile 10	monning trial	acas	igi iiiloai ii				
а	Public exhibition	d	Loan	or excha	ange progra	ms					
_	Scholarly research	e			inge progra						
b		e	Other								
C	Preservation for future generations	allantions and similar		thar tha		on'n ovo	mat aurac	sco in Darl	YIV		
4	Provide a description of the organization's co							/SC a	. AIV.		
5	During the year, did the organization solicit of					er sımılal	rassets	<u></u>	٦٧		No
Dav	to be sold to raise funds rather than to be m						F 000	D-4 N/ I	Yes		NO
Par	t IV Escrow and Custodial Arran		ete if the organ	nization	answered "	Yes to	Form 990	, Partiv, i	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contrib	outions	or other as:	sets not	included		٦	$\overline{}$	
	on Form 990, Part X?							<u> </u>	Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	illowing table:								
									Amount		
С	Beginning balance						1c				
ď	Additions during the year						1 <u>d</u>				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes		No
	If "Yes," explain the arrangement in Part XIV										
Par			swered "Yes"	to Forn	n 990, Part	IV, line 1	10	-			
		(a) Current year	(b) Prior ye		(c) Two year			ears back	(e) Four y	ears b	ack
1a	Beginning of year balance	(u) ounon you			107		1-/				
	Contributions		-								
b											
С.	Net investment earnings, gains, and losses						_				
a	Grants or scholarships		-							_	
е	Other expenditures for facilities										
	and programs			-					ļ		
f	Administrative expenses		-							-	
g	End of year balance	<u> </u>	_						<u> </u>		
2	Provide the estimated percentage of the year	ar end balance held a	as.								
а	Board designated or quasi-endowment		_%								
b	Permanent endowment >	%									
С	Term endowment ▶	%									
За	Are there endowment funds not in the posse	ession of the organiz	ation that are l	held and	d administe	red for t	he organi	zation	_		
	by:								\	/es	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Schedule R	?					3b		
4	Describe in Part XIV the intended uses of the	•									
	t VI Land, Buildings, and Equipn			10				-			
	Description of investment	(a) Cost or o) Cost o	r other	(c) A	ccumulate	ed	(d) Book	value	,
	bescription of investment	basis (investi		basis (o		(-)	preciation		(- /		
4-	Land						•				
	Land										
	Buildings										—
	Leasehold improvements			250	117		244 0	00	1 =	21	<u> </u>
	Equipment			355	,417.		<u>344,0</u>	""	тэ	, 31	10.
	Other Add lines 1a through 1e (Column (d) must e	anual Form 000, D-	V 00/1:22 /01	hac 10					1 5	21	18.
ı otal	. Add lines 18 inrollan 1e <i>iColumn (a) Must 6</i>	Juuai FUIIII 330. PAN	A. WIUITIN (B).	. mic iV	10/./				1 .	, -	

Schedule D (Form 990) 2010

	dule D (Form 990) 2010 Jobs for Maine's Graduates	<u>Inc.</u>			0482628	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Fire	nancial Stat	ement		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		4,676	<u>.795.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		4,640	<u>,864.</u>
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		35	,931.
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net) Add lines 4 through 8		9			0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19	10		35	,931.
	t XII Reconciliation of Revenue per Audited Financial Stateme		evenue per	Return		
1	Total revenue, gains, and other support per audited financial statements			1	4,676	.795.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		•			<u> </u>
	Net unrealized gains on investments	2a				
	Donated services and use of facilities	2b		-		
		2c 2c		-		
C	Recoveries of prior year grants			- 1		
d	Other (Describe in Part XIV.)	2d		┥╻╽		^
е	Add lines 2a through 2d			2e	4 676	705
3	Subtract line 2e from line 1			3	4,676	<u>, /95.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	t 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-		
b	Other (Describe in Part XIV)	4b		- 1		_
С	Add lines 4a and 4b			4c		<u> </u>
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		 	5	4,676	<u>,795.</u>
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With E	xpenses pe	r Retu		
1	Total expenses and losses per audited financial statements			1	4,640	<u>,864.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
а	Donated services and use of facilities	2a		_l i		
b	Prior year adjustments	2b		_		
С	Other losses	2c		_		
d	Other (Describe in Part XIV)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	4,640	,864.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b		7 I		
-	Add lines 4a and 4b					0.
_	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,640	
	t XIV Supplemental Information				17010	<u> </u>
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III e 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comp Schedule D Part X No.2: Management of the	lete this part to	o provide any a	dditional	information.	_
	material uncertain tax positions and, according to the second state of the second seco	ordingly	will n	ot r	ecognize	≥
					<u></u>	
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_						
						

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Schedule O (Form 990 or 990-EZ) (2010)

Jobs for Maine's Graduates, Inc. 01-0482628
Form 990, Part VI, Section B, line 11: The form 990 is prepared by the
Organization's independent accountants. Prior to filing, the Organization's
Finance Committee reviews and recommends acceptance to the Executive
Committee. The Executive Committee then reviews and votes to accept and
sends out to the entire governing body.
Form 990, Part VI, Section B, Line 12c: Current board members and key
employees are required to complete a conflict of interest statement
annually. New board members complete the statement upon joining the board.
Any conflicts brought to the attention of management or the board are
addressed and resolved timely.
Form 990, Part VI, Section B, Line 15: The organization has an evaluation
process in place. All key employees have an annual evaluation. The
President's compensation is decided on by the Board of Directors after his
review. They also have an independent salary study done using Maine
Association for Non Profits, Guide Star Survey of Non Profit Executives and
Non Profit Times Salary Survey. Those surveys were used for determining
compensation for the President and top management.
Form 990, Part VI, Section C, Line 19: All documents are made available
upon request.
Form 990, Part XII, Line 2c:
The Organization's Finance committee has responsibility for oversight
of the audit and gelection of the independent accountant. The process

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

032211 01-24-11

Name of the organization	Jobs fo	or Maine's	Graduates,	Inc.		Employer identific	ation number
is unchanged	from the	previous	year				
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