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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

<u>A</u>	For th	e 2014 calendar year, or tax year beginning $OCT = 1$ , $2014$ and	ending S	EP 30, 2015				
В	Check if applicat	C Name of organization		D Employer identific	cation number			
	Addr chan							
	Name chan	Doing business as		22-2	559133			
	Initia returi		Room/suite	E Telephone number				
F	Final	AO WAMED CORPER 1CO PLOOP		207-622-3477				
_	termi			G Gross receipts \$ 3,708,374.				
	Amer	ded HATTOMETT ME 04247		H(a) Is this a group re				
干	Appl			for subordinates				
Final and address of principal officer.DTANA C. SCOTT   Ito Subordinates?								
_	Toyo	empt status:	or 527		cluded? Yes No list. (see instructions)			
		te: WWW.MBF.ORG	01 321	H(c) Group exemption				
		forganization: X Corporation Trust Association Other	I Voor	<del></del>	State of legal domicile: ME			
	art I	Summary	L Teal	or formation. 1905[14	State of legal doffficile. PIL			
Ŀ	1	Briefly describe the organization's mission or most significant activities THE	MTCCTC	M OF THE MA	TNE TIISUTCE			
ခ်	1	FOUNDATION IS TO FACILITATE THE DUE ADMIT						
Activities & Governance				·· <del>·</del> ··				
er.	2	Check this box I if the organization discontinued its operations or dispositive to the continued its operations of the continued its operations.	seu oi mon	1 1	25			
ģ	3	Number of voting members of the governing body (Part VI, line 1a)		3	25			
વ્ય	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	5			
ies	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5				
Ē	6	Total number of volunteers (estimate if necessary)		6	82			
Act		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
	<u>  b</u>	Net unrelated business taxable income from Form 990-T, line 34	····	7b	0.			
	1			Prior Year	Current Year			
ē	8	Contributions and grants (Part VIII, line 1h)		1,367,026.	1,615,655.			
en	9	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		327,194.	229,851.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	9,068.	9,585.			
	12	Total revenue · add lines 8 through 11 (กับรับ equal Part VIII, column (A), line 12)		1,703,288.	1,855,091.			
	13	Grants and similar amounts paid-(Part-IX,-column-(A),-lines(1,3)		1,437,418.	1,395,307.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
S	15	Salaries, other compensation employee benefits (Part IX, column (A), lines 5-10)		238,218.	271,021.			
Expenses	16a	Professional fundraising fees ( <u>Part IX</u> , column (A), line 1.1 e) △		0.	0.			
ž	t t	Total fundraising expenses (Part IX, column-(D), line 25)	<u>32.                                    </u>					
Ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		163,427.	137,885.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,839,063.	1,804,213.			
	19	Revenue less expenses. Subtract line 18 from line 12		-135,775.	50,878.			
Assets or	<u> </u>		В	ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		4,094,050.	3,986,819.			
AS S	21	Total liabilities (Part X, line 26)		828.	4,212.			
Net /	22	Net assets or fund balances Subtract line 21 from line 20		4,093,222.	3,982,607.			
	art l	Signature Block						
Un	der per	alties of perjury, I declare that I have examined this return, including accompanying schedule	es and staten	nents, and to the best of m	y knowledge and belief, it is			
tru	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	r has any knowledge.				
		Diana C Scully		114	12016			
Sig	gn	Sugnature of officer		Date	, ,			
Не	ere	▶ DIANA C. SCULLY, EXECUTIVE DIRECTOR						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature	9	Date Check	PTIN			
Pa	ıd	KIRK PURVIS KIRK PURVIS	<u> </u>	L2/21/15 self employ	P00439837			
Þ٢	eparer	Firm's name DAWSON, SMITH, PURVIS & BASSETT	, P.A	Firm's EIN	01-0459941			
Us	e Only	Firm's address 15 CASCO STREET						
_		PORTLAND, ME 04101-2902		Phone no. 20	7-874-0355			
Ma	ay the	IRS discuss this return with the preparer shown above? (see instructions)			X Yes No			
432	2001 11	07-14 LHA For Paperwork Reduction Act Notice, see the separate instructi	ons.		Form <b>990</b> (2014)			

432002 11-07-14 Form 990 (2014)

# Form 990 (2014) MAINE JUSTICE FOUNDATION Part IV Checklist of Required Schedules

			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			
	sımılar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	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	X	L
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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 and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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	<del> </del>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18_	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	<u> </u>	X.
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	<u></u>
		Form	990	(2014)

Part IV Checklist of Required Schedules (continued)

		_	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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 employees? If "Yes," complete			
	Schedule J	23		Х
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 25a	24a		X
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 to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		<b>?</b> (	
	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		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
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? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, 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	35b		
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	<u></u>	Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2014)

rai	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1	1.00	1
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	ō		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		ì	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	_3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	1		1
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country.	.		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		ļ	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<del> </del>	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	<b>↓</b>	ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
_	any contributions that were not tax deductible as charitable contributions?	6a	<b>├</b> ─	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		-	
_	were not tax deductible?	6b	<del> </del>	ऻ
7	Organizations that may receive deductible contributions under section 170(c).	_ ا _	1	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor of "Yes," did the organization notify the donor of the value of the goods or services provided?		┼	X
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b	<del> </del>	<del> </del>
C	to file Form 8282?	70		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c	<del> </del>	<u>^~</u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<del>                                     </del>	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	†	<del> </del> -
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C		T	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u> </u>	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders  11a	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
120	amounts due or received from them)  Section 4047(a)(4) non-assemble braidehile truste is the argentiation filing Form 200 in lay of Form 10412	- 40-		
12a	, , , , , , , , , , , , , , , , , , , ,	12a	+	┼
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
a a		13a	+	+
u	Note. See the instructions for additional information the organization must report on Schedule O	134	+	+
b				
_	organization is licensed to issue qualified health plans			
С		7		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Fori	m <b>990</b>	(2014

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 or note to any line 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 25	5						
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	,						
b	Enter the number of voting members included in line 1a, above, who are independent  1b	5						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2	1	Х				
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	1	х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
	5 Did the organization become aware during the year of a significant diversion of the organization's assets?							
6	Did the organization have members or stockholders?	5 6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
, u	and the second s	7a		х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	/ α	t —	- 11				
b	persons other than the governing body?	7b		Х				
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	70		^				
8	The governing body?	0-	Х					
a	Each committee with authority to act on behalf of the governing body?	8a	X					
ь	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b		<del>-</del>				
9		9		x				
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	<u> </u>						
360	tion D. Folicies (This Section B requests information about policies not required by the internal nevenue Code)		<b>V</b>	NI.				
10-	Did the executation have local charters branches as affiliates?	40-	Yes	No X				
	Did the organization have local chapters, branches, or affiliates?	10a						
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v					
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X					
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
þ		12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		- v					
40	ın Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	X	-				
14	Did the organization have a written document retention and destruction policy?	14	X					
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?	1						
a	The organization's CEO, Executive Director, or top management official	15a	X					
b	Other officers or key employees of the organization	15b	X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		1					
	taxable entity during the year?	16a	-	X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)(3)s only)	avaılat	ole					
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website X Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	icial					
	statements available to the public during the tax year							
20	State the name, address, and telephone number of the person who possesses the organization's books and records:							
	DIANA C. SCULLY - 207-622-3477							
	40 WATER STREET, 1ST FLOOR, HALLOWELL, ME 04347							

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

Check of Schedule O contains a response or note to any line 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)			(0	2)			(D)	(E)	(F)	
Name and Title	Average	(do		Posi heck i		than (	one	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both an officer and a director/trustee)			is bot	n an	compensation	compensation	amount of	
	week	<del> </del>			ii ecic	1 1		from	from related	other	
	(list any hours for	direct				_		the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	ee oi	stee			nsate		(W-2/1099-MISC)	(** 27 1033 141100)	organization	
	organizations	trust	al tru		oyee	ompe				and related	
	below	Individual trustee or director	Institutional trustee	ie.	Key employee	Highest compensated employee	Je.			organizations	
	line)	를	lust	Officer	Æ.	E m	Former				
(1) H. LOWELL BROWN	1.00										
DIRECTOR		Х						0.	0.	0	
(2) SARAH B. COBURN	1.00							_	_		
DIRECTOR		Х						0.	0.	0	
(3) SCOT E. DRAEGER	1.00		ļ					_	_	_	
DIRECTOR		Х	_					0.	0.	0	
(4) BARBARA A. CARDONE	1.00	l	1							_	
DIRECTOR	1 22	X				_		0.	0.	0	
(5) DIANE DUSINI	1.00									_	
EX-OFFICIO		X				<u> </u>		0.	0.	0	
(6) SALLY N. MILLS	1.00							_			
PRESIDENT	1 00	X		X	-			0.	0.	0	
(7) JOHN W. GEISMAR	1.00	.,		.,							
TREASURER	1 00	X		X		1		0.	0.	0	
(8) DAVID OWEN	1.00	<b>.</b>								_	
DIRECTOR	1 00	X			-	┢		0.	0.	0	
(9) DAVID C. PIERSON	1.00	X			1			0.	0.	0	
DIRECTOR	1.00	^						0.	0.	U	
(10) SARAH C. MITCHELL	1.00	х						0.	0.	0	
DIRECTOR CONTESTED	1.00	Λ			<del> </del>	-		0.	0.	<u> </u>	
(11) WILLIAM D. ROBITZEK	1.00	x						0.	0.	0	
DIRECTOR (12) MARY KATHRYN BRENNAN	1.00		<b>!</b>		<del>                                     </del>	<del>                                     </del>					
DIRECTOR		x						0.	0.	0	
(13) ROGER A. CLEMENT, JR	1.00										
DIRECTOR		X						0.	0.	0	
(14) JANIS COHEN	1.00	==									
DIRECTOR		x						0.	0.	0	
(15) HON. HOWARD H. DANA, JR.	1.00										
DIRECTOR		X						0.	0.	0	
(16) AARON P. KOUHOUPT	1.00										
DIRECTOR		X	L					0.	0.	0	
(17) DAVID LEVESQUE, ESQ	1.00										
EX-OFFICIO		X						0.	0.	0	

Form 990 (2014)

22-2559133

Part VII Section A. Officers, Directors, Tru		ploy	/ees			ighe	st (	Compensated Employe	es (continued)				
(A)	(B)					_		(D)	(E)			(F)	
Name and title	Average	(do not check more th					one	Reportable	Reportable			stimate	
	hours per week		, unle					.	compensation	1	ar	nount	
•	(list any	-	T	Ī	Γ	T	T	from the	from related organizations		000	other	
	hours for	director				-		organization	(W-2/1099-MISC		1	pensa rom th	
	related	10 99	stee			nsate	1	(W-2/1099-MISC)		, 1	i	anızat	
	organizations		Institutional trustee		yee	Highest compensated	1	`			_ ~	d relat	
	below	Individual	tution	   =	Key employee	nest c	Former				org	anızatı	ons
	line)	를	tanst	Officer	Key	물등	휼				L		
(18) MICHAEL J. LEVEY	1.00	ļ			-						1		_
DIRECTOR	1 22	X	<del> </del>	<u> </u>	<u> </u>	$\vdash$	ــ	0.		0.	<u> </u>		0.
(19) JUDITH A. FLETCHER WOODBURY	1.00						ł			_			_
DIRECTOR	1 00	X	-			+	₽-	0.		0.	<u> </u>		0.
(20) AMBER ATTALLA	1.00	┨								_			_
DIRECTOR	1 2 2 2	X		<u> </u>	<u> </u>	╄	<u> </u>	0.		0.	<u> </u>		0.
(21) ZACHARY W. BRANDMEIR	1.00												_
DIRECTOR		X		<u> </u>	<u> </u>	-	-	0.		0.	<u> </u>		0.
(22) VIRGINIA E. DAVIS	1.00	4						_	1	_			_
DIRECTOR	1 2 2 2	X	-	ļ	<u> </u>	-	╄-	0.		0.			0.
(23) STEPHEN D. NELSON	1.00	┦											_
EX-OFFICIO	<del>                                     </del>	X	├		<u> </u>	<del> </del>	┞	0.		0.			0.
(24) KATHERINE TIERNEY	1.00	┨							ļ		1		_
DIRECTOR	40.00	X		_			-	0.		0.			0.
(25) DIANA C. SCULLY	40.00	+						0.5 0.00	İ	•			_
EXECUTIVE DIRECTOR		├	-	X		-	┼	86,098.		0.	<u> </u>		0.
	<u> </u>	-		İ									
4h Out Askel		<u> </u>		L	<u> </u>	Т	┖	86,098.		0.	<del>                                     </del>		0.
1b Sub-total c Total from continuation sheets to Part	VII Continu A							00,098.		0.			0.
d Total (add lines 1b and 1c)	vii, Section A							86,098.	<del></del>	0.			0.
2 Total number of individuals (including but	not limited to the	2000	lieta	od a	bov	- A W	bo i		<del></del>	-			
compensation from the organization	not innited to ti	1030	, 1131	cua	DOV	C) W		received more than \$100	o,000 of reportable				(
compensation nom the organization	-						_					Yes	No
3 Did the organization list any former office	er, director, or tr	uste	e, ke	ev er	npla	ovee	. or	highest compensated e	mplovee on				
line 1a? If "Yes," complete Schedule J for				,		,		<b>3</b>			3		Х
4 For any individual listed on line 1a, is the			omp	ensa	atioi	n an	d of	ther compensation from	the organization				
and related organizations greater than \$1								•	•		4		Х
5 Did any person listed on line 1a receive o	r accrue compe	nsat	tion :	from	any	y un	rela	ted organization or indiv	idual for services				
rendered to the organization? If "Yes," co	mplete Schedu	le J	for s	uch	per	son		v			5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest of	compensated in	dep	ende	ent c	cont	ract	ors	that received more than	\$100,000 of comp	ens	ation '	from	
the organization Report compensation for	or the calendar y	/ear	end	ing v	vith	or v	/ithi	in the organization's tax	ye <u>ar</u>				
(A)								(B)				<b>C)</b>	
Name and busines	ss address	N	ON	E				Description of s	services	C	ompe	nsatio	<u>n</u>
	·											_	
								İ					
								<del></del>					
2 Total number of independent contractors	(including but r	not l	ımıte	ed to	the	se l	ste	d above) who received n	nore than			- · -	
\$100,000 of compensation from the orga	nization 🕨					0							

Form **990** (2014)

Form 990 (2014)

238 351.

432009 11-07-14

e Total. Add lines 11a-11d

Total revenue See instructions.

1,085

855 091

# Form 990 (2014) MAINE JUSTICE FOUNDATION Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A)	
	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,368,103.	1,368,103.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	27,204.	27,204.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	99,401.		99,401.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	120,454.		63,395.	57,059.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	11,086.		11,086.	
9	Other employee benefits	22,547.		22,175.	372.
10	Payroll taxes .	17,533.		13,876.	3,657.
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	13,169.		13,169.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	18,672.		18,672.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	15,993.		15,993.	
12	Advertising and promotion				
13	Office expenses	12,232.		3,543.	8,689.
14	Information technology				
15	Royalties				
16	Occupancy	12,758.		12,758.	
17	Travel	10,814.		10,055.	759.
18	Payments of travel or entertainment expenses			•	
	for any federal, state, or local public officials		_		
19	Conferences, conventions, and meetings	7,348.		4,053.	3,295.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,472.		4,472.	
23	Insurance	3,203.		2,949.	254.
24	Other expenses. Itemize expenses not covered				·· <del>··</del>
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	JAG PROGRAM	16,367.	16,367.		
b	EQUIPMENT RENTAL AND MA	7,913.		7,913.	
С		6,258.			6,258.
d	MEMBERSHIP & SUBSCRIPTI	3,326.		3,326.	
е	All other expenses	5,360.	53.	5,118.	189.
25	Total functional expenses. Add lines 1 through 24e	1,804,213.	1,411,727.	311,954.	80,532.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)		<u> </u>		<del></del>
4320	10 11-07-14				Form <b>990</b> (2014)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 34,688. 4,231. 1 Cash - non-interest-bearing 133,310. 380,177. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Assets 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 194,680. basis Complete Part VI of Schedule D 10a 85,216. 113,936. 109,464. b Less: accumulated depreciation 10b 10c 3,812,116. 3,492,947. 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments · program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 4,094,050. 3,986,819. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 828. 4,212. Escrow or custodial account liability Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 828. 4,212. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,400,044. 27 Unrestricted net assets 27 320,506. 673,178. 1,023,039. 28 28 Temporarily restricted net assets 2,020,000. 2,639,062. Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32

> 3,986,819. Form 990 (2014)

> 3,982,607.

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

4,093,222.

4,094,050.

33

34

Form 990 (2014)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(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.

OMB No 1545-0047

Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization

**Employer identification number** 22-2559133

		MATN	E OOSTICE	F OUNDATION				<u> </u>
Part	T	Reason for Public (			omplete th	ıs part ) Se	ee instructions	
he or	ganız	zation is not a private found	ation because it is (	For lines 1 through 11, o	check only	one box)		
1	Ĭ.,	A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(	D(A)(i).	
2	_	A school described in <b>sect</b> i						
3	_	A hospital or a cooperative			ection 170	/b)/1)/A)/ii	ii).	
4	_	A medical research organiz	•				•	the hospital's name
7 L		city, and state	anon operated in col	njarrottori witti a ricopita	. 0000	300110	ii i olog igaging. Entor	ino įnoopitai o name,
5 [	_	An organization operated for	or the benefit of a co	llege or university owner	d or operat	ed by a d	overnmental unit describ	ed in
J _		section 170(b)(1)(A)(iv). (C		inege of armiverancy owner	a or opera	ica by a g	overnmental and accord	ica III
٦ ۾	$\neg$		•	antal wait described in		70/6\/4\/8\	(. )	
6 L 7 []	_	A federal, state, or local gov	-			,	• •	
7 6		An organization that norma	•	ntial part of its support	irom a gov	emmentai	unit or from the general	public described in
	$\neg$	section 170(b)(1)(A)(vi). (C						
8  -	$\neg$	A community trust describe						
9 ∟		An organization that norma	•		-		•	•
		activities related to its exen						-
		income and unrelated busing	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975
_	_	See <b>section 509(a)(2).</b> (Cor	nplete Part III.)					
10 📙	┙.	An organization organized a	and operated exclusi	ively to test for public sa	afety See :	section 50	)9(a)(4).	
11 L		An organization organized a	and operated exclus	ively for the benefit of, to	o perform t	the functio	ons of, or to carry out the	purposes of one or
		more publicly supported or	ganızatıons describe	d in section 509(a)(1) o	r section :	509(a)(2).	See <b>section 509(a)(3).</b> C	Check the box in
		lines 11a through 11d that	describes the type o	f supporting organizatio	n and com	plete lines	s 11e, 11f, and 11g	
а	:	Type I. A supporting orga	inization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (	of the dire	ctors or trustees of the s	upporting
		organization You must o	omplete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anızatıon supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	ving
		control or management o	f the supporting orga	anization vested in the s	same perso	ons that co	ontrol or manage the sup	ported
		organization(s) You mus					,	
С		Type III functionally inte	grated. A supporting	g organization operated	ın connec	tion with,	and functionally integrate	ed with,
		its supported organizatio	· · · · · · · · · · · · · · · · ·				, -	,
d		Type III non-functionally		•	•	•	•	zation(s)
_		that is not functionally int	· · · · · · · · · · · · · · · · · · ·				• • •	, ,
		requirement (see instruct	-	- ·			•	
e		Check this box if the orga	•	•	-			
C		functionally integrated, or					r type i, type ii, type iii	
	Ento	r the number of supported	,,	many integrated support	ing Organiz	Lation		
		ide the following information	· ·	od organization(e)				
9		Name of supported	(ii) EIN		(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
		organization	, ,	(described on lines 19	listed i	n your	support (see	other support (see
				above or IRC section	Yes	No No	Instructions)	Instructions)
				(see instructions))	163	140		•
					<del> </del>			
					-			
							,	
		· · · · · · · · · · · · · · · · · · ·						
Total					1			

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

## (Form 990 or 990 EZ) 2014 MAINE JUSTICE FOUNDATION 22-2559133 Page 2 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)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")	1526347.	1447170.	1458700.	1367026.	1615655.	7414898.
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		:				
4	Total. Add lines 1 through 3	1526347.	1447170.	1458700.	1367026.	1615655.	7414898.
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	;-			·	*	
	amount shown on line 11,		Ţ	, M	y *	,	
	column (f)		*	, ,	1	`	
	Public support. Subtract line 5 from line 4		*	. x .		, , , , , , , , , , , , , , , , , , ,	7414898.
Sec	ction B. Total Support	·					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
•	Amounts from line 4	1526347.	1447170.	1458700.	1367026.	1615655.	7414898.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	75,445.	96,285.	93,224.	82,716.	75,196.	422,866.
9	Net income from unrelated business						
	activities, whether or not the					•	
	business is regularly carried on						·
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)	11,014.	-43,981.	164,428.	248,598.	154,655.	<u>534,714.</u>
	Total support. Add lines 7 through 10					<u> </u>	8372478.
	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
Sec	organization, check this box and store ction C. Computation of Publ	ic Support Pe	rcentage				<u> </u>
	Public support percentage for 2014 (I			olumn (f))		14	88.56 %
	Public support percentage from 2013		•	("		15	90.16 %
	33 1/3% support test - 2014. If the c			n line 13, and line	14 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies						$\triangleright X$
b	33 1/3% support test - 2013. If the c	organization did no	t check a box on I	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			ightharpoons
17a	10% -facts-and-circumstances tes	t - 2014. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	ns box and stop h	ere. Explain in Par	t VI how the organ	ızatıon
	meets the "facts-and-circumstances"				-		
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts and-circ						▶
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>
					Sche	dule A (Form 990	or 990-EZ) 2014

## Schedule A (Form 990 or 990-EZ) 2014 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 I	f the organization fails	s to
qualify,under the tests listed below, please complete Part II )		

Section A. Public Support	iow, picase com	piete r ait ii j				
Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and			13/23/2	3,20,10	19/2511	1.7 . O.a.
membership fees received (Do not						
include any "unusual grants ")		1		-		
2 Gross receipts from admissions.						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose			ł			
3 Gross receipts from activities that						<del></del>
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to				]		
or expended on its behalf				<del> </del>		
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge		-	ļ	ļ		
6 Total. Add lines 1 through 5		<del>                                     </del>	ļ		<del> </del>	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						·
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						<del></del>
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support		T				
Calendar year (or fiscal year beginning in) ► 📙	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						-
11 Net income from unrelated business			-			
activities not included in line 10b, whether or not the business is				į		
regularly carried on						
12 Other income Do not include gain						1.7
or loss from the sale of capital						
assets (Explain in Part VI)  13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization'	's first, second, thi	rd. fourth, or fifth t	ax vear as a section	on 501(c)(3) organiz	ation
check this box and stop here		, , , , , , , , , , , , , , , , , , , ,			ee (e)(e) e ga	<b>▶</b> □
Section C. Computation of Publi	c Support Pe	ercentage			-	<u> </u>
15 Public support percentage for 2014 (li			column (fl)	<del></del>	15	%
16 Public support percentage from 2013		•	(-//		16	%
Section D. Computation of Inves					,	
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2	•	• • •	, 1 - 1 (1)		18	
19a 33 1/3% support tests - 2014. If the			on line 14, and line	e 15 is more than		
more than 33 1/3%, check this box ar	•					▶□
b 33 1/3% support tests - 2013. If the	•	-				and
line 18 is not more than 33 1/3%, che	_					<b>▶</b> □
20 Private foundation. If the organization		· -			-	
LO I HAGE TOURIGATION. IL THE OTGATIZATION	i dia not check a	COUNTINE 14, 13	va, or roo, oriect ti	INS DOX AND SEE II	istraction is	

#### Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

_			
	· «	Yes	No
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	5b		
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	9b		
	9c		
	.		
	10a		
	10b		
9	90 or 99	0-EZ)	2014

Schedule A (Form 990 or 990-EZ) 2014

instructions)

[   41	Type III Non-Functionally integrated 509	(a)(a) Supporting Orga	arrizations (continued)	
Secti	on D - Distributions			Current Year
_1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provide details in Part VI) See instructions	·		
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
C 4	Con F. Distribution Allegations (see instance)	Excess Distributions	Underdistributions	Distributable
Sect.	on E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
_1_	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
j	Carryover from 2009 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c			
_8_	Breakdown of line 7			
a				
b				
С				
d	Excess from 2013			
	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

chedule A	(Form 990 or 990-EZ) 2014 MAINE J	USTICE FO	<u>OUNDATION</u>		22-2559133 Page
Part VI	Supplemental Information. Provi	ide the explanatio	ons required by Part II	, line 10, Part II, line 17a	or 17b, and Part III, line 12
	Also complete this part for any additional	information (Sec	e instructions)		
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#### **SCHEDULE C**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

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.

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

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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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• (	Section 501(c)(4), (5), or (6) organizat	tions: Complete Part III				
	e of organization	Employer identification number				
	MAINE J	USTICE FOUNDATIO	N			22-2559133
Pa	rt I-A Complete if the org	janization is exempt und	er section 501(c)	or is a section 5	527 or	ganization.
2	Provide a description of the organiz Political expenditures Volunteer hours	ation's direct and indirect politic	al campaign activities	ın Part IV.	<b>▶</b> \$	
Pa	rt I-B Complete if the org	anization is exempt und	er section 501(c)	(3).		
1	Enter the amount of any excise tax				▶\$	
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 4955	5	▶\$	
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?			Yes No
4a	Was a correction made?					Yes No
b	If "Yes," describe in Part IV					
Pa	rt I-C Complete if the org	anization is exempt und	er section 501(c)	, except section	501(0	c)(3).
1	Enter the amount directly expended	d by the filing organization for se	ction 527 exempt fund	tion activities	▶ \$	
2	Enter the amount of the filing organ	ization's funds contributed to ot	her organizations for s	ection 527		
	exempt function activities				▶ \$	
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here a	nd on Form 1120-POL	-,		
	line 17b				▶\$	
4	Did the filing organization file Form	1120-POL for this year?				Yes No
5	Enter the names, addresses and er	mployer identification number (El	N) of all section 527 pe	olitical organizations t	o which	n the filing organization
	made payments For each organization	•				
	contributions received that were pr				separat	e segregated fund or a
	political action committee (PAC) If	additional space is needed, prov	ride information in Part	t IV		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid		(e) Amount of political
				filing organization funds. If none, en		contributions received and promptly and directly
				lunas. Il none, en	ter .o.	delivered to a separate
						political organization
						If none, enter -0-
		i				
				<u> </u>		

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

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990 EZ) 2014  Part II-A Complete if the org section 501(h)).	MAINE janization	JUSTI 1 is exer	CE FOUNDATI npt under section	ON on 501(c)(3) and fil	22-2 ed Form 5768 (e	559133 Page 2 lection under
	tion belong	s to an affi	listed group (and list i	n Part IV each affiliated	group member's nam	ne address EIN
expenses, and sha				iii ait iv each annated	group member s nan	ie, address, Liiv,
. — .		, ,	nd "limited control" pr	ovisions apply		
Limi	ts on Lobby	yıng Expei			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	uence public	c opinion (	grass roots lobbying)		818.	
<b>b</b> Total lobbying expenditures to infli	•				2,452.	<del></del>
c Total lobbying expenditures (add li	_		·, (=····,		3,270.	
d Other exempt purpose expenditure		,			1,800,843.	<del></del>
e Total exempt purpose expenditure		1c and 1c	1)		1,804,113.	
f Lobbying nontaxable amount Enti	•			th columns	240,206.	
If the amount on line 1e, column (a) of			bying nontaxable am		210,200.	
Not over \$500,000	(5)		the amount on line 1e		, ,	
Over \$500,000 but not over \$1,000	0.000		0 plus 15% of the exc			2,
Over \$1,000,000 but not over \$1,5			0 plus 10% of the exc			,, , , , ,
Over \$1,500,000 but not over \$17.			0 plus 5% of the exce			
Over \$17,000,000	,000,000	\$1,000,0		300 0 V C I V 1,000,000.		, **, * \$ *
0.00,000	1	<b>\$1,000,</b>				1 1
g Grassroots nontaxable amount (er	nter 25% of	line 1f)			60,052.	***
h Subtract line 1g from line 1a. If zer		•			0.	
i Subtract line 1f from line 1c If zero	•				0.	
j If there is an amount other than ze	-		line 1i, did the organiz	ation file Form 4720	L	
reporting section 4911 tax for this			, ,		Γ	Yes No
(Some organizations t	4 hat made a	section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all	of the five columns b	
	Lobby	ing Exper	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 20	011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					240,206.	240,206
b Lobbying ceiling amount					( *, *	
(150% of line 2a, column(e))						360,309
c Total lobbying expenditures		•			3,270.	3,270
d Grassroots nontaxable amount					60,052.	60,052
e Grassroots ceiling amount					,	20,002
(150% of line 2d, column (e))						90,078

Schedule C (Form 990 or 990-EZ) 2014

f Grassroots lobbying expenditures

818.

### Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description		a)	(b)	
of the lobbying activity	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers?				
<ul><li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li><li>c Media advertisements?</li></ul>				
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?				
Other activities?				
j Total Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), se	ction 501(c)	(5), or se	ction	
501(c)(6).	•			
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		·
2 Did the organization make only in house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
Part III-B Complete if the organization is exempt under section 501(c)(4), se	ction 501(c)	)(5), or se	ction	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer				ne 3, is
answered "Yes."				
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	olitical			
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year		2b		
c Total		2c_	<del></del>	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	3		··
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a	nd political			
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated g	roup list), Part I	II-A, lines 1 a	and 2 (see	
instructions), and Part II-B, line 1. Also, complete this part for any additional information				

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#### SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

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### Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

➤ Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2014
Open to Public Inspection

Name of the organization

MAINE JUSTICE FOUNDATION

Employer identification number 22-2559133

Held at the End of the Tax Year

2a

2b

2c

2d

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year 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? 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? Part II 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 a historically important land area Protection of natural habitat Preservation of a certified historic structure

2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution contribution in the form of a conservation contribution onservation easement on the las	
	day of the tax year.	

a Total number of conservation easements

Preservation of open space

- b Total acreage restricted by conservation easements
- c Number of conservation easements on a certified historic structure included in (a)
- d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax
	vear >

- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
  - Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$
- 8 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)?

  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include if applicable the text of the feature to the organization?

In Part XIII, 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 XIII, the text of the footnote to its financial statements that describes these items
- b 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) Revenue 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 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a Revenue included in Form 990, Part VIII, line 1
- **b** Assets included in Form 990, Part X

> \$ \_\_\_\_\_\_

► \$ \_\_\_\_\_ ► \$

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

Schedule D (Form 990) 2014

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Schedule D (Form 990) 2014

	Complete if the organization answered "Yes"				
	on of security or category (including name of security)	(b) Book value	(c) Method of v	aluation Cost or end-	of-year market value
<ol> <li>Financial</li> </ol>	derivatives				
2) Closely-ħ	eld equity interests	ļ			
3) Other _					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					_
(H)					
Fotal. (Col. (b)	must equal Form 990, Part X, col. (B) line 12.)				
	Investments - Program Related.				•
	Complete if the organization answered "Yes"	to Form 990. Part IV. Ir	ne 11c See Form 990.	Part X. line 13	
	(a) Description of investment	(b) Book value		aluation Cost or end-	of-year market value
(1)				***	
(2)		··			
(3)	*				
(4)					·
<u>(5)</u>					
(6)					
(7)					
(8)					
(9)		<del></del>			<del></del>
	must equal Form 990, Part X, col. (B) line 13.)  Other Assets.				
		t- F 000 D-+ IV I	11d C F 000	Dark V. Irra 15	
	Complete if the organization answered "Yes"	Description	ne 11d. See Form 990,	Part X, line 15	(b) Book value
	(a)	Description		-	(b) Book value
(1)					<del></del>
(2)					
(3)		<del></del>			
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) lin	e 15.)		<b>&gt;</b>	
Part X	Other Liabilities.				
	Complete if the organization answered "Yes"	to Form 990, Part IV, Ir	ne 11e or 11f See Forn	n 990, Part X, line 25	
1.	(a) Description of liability		(b) Book value		
(1) Fede	eral income taxes				
(2)				}	
(3)				1	
(4)				1	
(5)				1	
(6)				1	
(7)				1	
(8)				1	
( <u>0)</u> (9)				1	
	nn (h) must aqual Form 000. Part V. act. (D) in	e 25 )		-	
	nn (b) must equal Form 990, Part X, col (B) lin for uncertain tax positions In Part XIII, provide		te to the organization's	financial statements th	not roporte the

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2014

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Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 MAINE JUSTICE FOUNDATION	22-2559133 Page 5
Part XIII   Supplemental Information (continued)	<del> </del>
RECLASSIFIED FROM UNRESTRICTED ENDOWMENT FUNDS.	
PART X, LINE 2:	
MUE ECIMPANTON TO A NOW EOD DOCETH DECORDED IN CECUTON FOI	I/C\/2\ OE MUE
THE FOUNDATION IS A NOT-FOR-PROFIT DESCRIBED IN SECTION 501	I(C)(3) OF THE
INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL AND STATE	INCOME TAXES.
THE FOUNDATION DOES NOT BELIEVE IT IS SUBJECT TO UNRELATED	BUSINESS INCOME
TAX DURING THE CURRENT YEAR OR PREVIOUS YEAR. ACCORDINGLY	, NO PROVISION
FOR INCOME TAXES HAS BEEN RECORDED IN THE ACCOMPANYING FINE	ANCIAL
STATEMENTS.	
	<del></del>
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#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

2014

Open to Public Inspection

Name of the organization

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

Emplo

Employer identification number

MAINE J	USTICE FOUNDATION				22-2559	133
	Complete if the organization answer	red "Y	es" to	Form 990, Part IV, I		
Indicate whether the organization rais	e Solicitati f Solicitati g Special or oral agreement with any individual art VII) or entity in connection with pi	ion of ion of fundra (includ	non-ga govern using d ding of nonal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	Did aiser istody trol of itions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No	, ,		
	•		-			
						-
						- 144
· · · · · · · · · · · · · · · · · · ·						
otal		<u> </u>				
List all states in which the organization or licensing	on is registered or licensed to solicit o	contrib	outions	s or has been notified	d it is exempt from r	egistration
	· · · · · · · · · · · · · · · · · · ·					
					<del>-</del> .	
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432081 08-28-14 Schedule G (Form 990 or 990-EZ) 2014

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

	edu irt l	le G (Form 990 or 990 EZ) 2014 MAINE J	USTICE FOUND	ATION	22-	2559133 Page 2		
Pe	11 L I	Fundraising Events. Complete if the of fundraising event contributions and great productions.						
_		or randialing event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events			
		•	CAMPAIGN FOR	! ' '	NONE	(d) Total events		
		•	JUSTICE			(add col (a) through col. (c))		
Ф			(event type)	(event type)	(total number)	COI. (C))		
Revenue								
Ŗ	1	Gross receipts	530,501.			530,501.		
	_		E20 E01			F20 F01		
	2	Less. Contributions	530,501.	<u> </u>		530,501.		
	3	Gross income (line 1 minus line 2)						
_	Ť							
	4	Cash prizes						
m	5	Noncash prizes						
)Se(		5						
xpe	6	Rent/facility costs						
Direct Expenses	7	Food and beverages						
Şre	′	1 ood and beverages						
	8	Entertainment						
	9	Other direct expenses						
	10	Direct expense summary Add lines 4 through	n 9 ın column (d)		<b>&gt;</b>			
D	11 art	Net income summary Subtract line 10 from li						
P	11 L I	<b>Gaming.</b> Complete if the organization s \$15,000 on Form 990-EZ, line 6a	answered "Yes" to Form	990, Part IV, line 19, or	reported more than			
		\$15,000 OH FORM 990-EZ, line oa	T	(b) Pull tabs/instant		(d) Total gaming (add		
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))		
eve								
<u></u>	1	Gross revenue						
				:				
ses	2	Cash prizes						
Expenses	3	Noncash prizes						
Ä	3	Noncasii piizes						
rect	4	Rent/facility costs						
ă		·						
	5	Other direct expenses						
			Yes%	Yes %	Yes %			
	6	Volunteer labor	∟ No	No No	No No			
	_	Direct concess conserve Add lines Others of	a E va a alvuman (d)		_			
	′	7 Direct expense summary Add lines 2 through 5 in column (d)						
	8	Net gaming income summary Subtract line 7	from line 1, column (d)		•			
9	En	ter the state(s) in which the organization condi	ucts gaming activities					
		the organization licensed to conduct gaming a	ctivities in each of these	states?		└ Yes		
t	lf "	No," explain						
		<del></del>						
10:	We	ere any of the organization's gaming licenses re	evoked suspended or te	rminated during the tax	vear?	Yes No		
		Yes," explain		_	•			
	_							
4320	82 0	8-28-14			Schedule G (For	rm 990 or 990-EZ) 2014		
						•		

Sch	edule G (Form 990 or 990-EZ) 2014 MAINE JUSTICE FOUNDATION 2	2-2559133	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes [	No
13	Indicate the percentage of gaming activity conducted in		
	The organization's facility	13a	%
	o An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records	· · · · · · · · · · · · · · · · · · ·	
	Name	<del></del>	
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
t	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amoun	ıt.	
	of gaming revenue retained by the third party > \$		
(	E If "Yes," enter name and address of the third party		
	Name	<del> </del>	
	Address >	·····	
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
47	Manufacture distributions		
	Mandatory distributions		
ê	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	No
	retain the state gaming license?  5 Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in		
•	organization's own exempt activities during the tax year > \$	u ie	
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part IV	rt III, lines 9, 9b, 10b	, 15b,
	15c, 16, and 17b, as applicable Also provide any additional information (see instructions)		
			····

Schedule G	6 (Form 990 or 990-EZ)	MAINE JUSTICE FOUNDATION mation (continued)	22-2559133 Page 4
Part IV	Supplemental Infor	mation (continued)	
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			e
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SCHEDULE 1 (Form 990) Name of the organization

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public OMB No 1545-0047

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 22-2559133

Inspection

**%** X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection MAINE JUSTICE FOUNDATION Part I General Information on Grants and Assistance criteria used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and	Domestic Organi	zations and Domestic	c Governments. Co	omplete if the orga	nization answered "Y	Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000 Part II can	be duplicated if additi	ional space is need	pe			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPORT LEGAL SERVICES
CUMBERLAND LEGAL AID CLINIC							PROVIDED TO LOW-INCOME
246 DEERING AVENUE							RESIDENTS OF MAINE BY 2ND
PORTLAND, ME 04102	01-0544448	501(C)(3)	48,552.	0			AND 3RD YEAR LAW STUDENTS
							SUPPORT CIVIL LEGAL
IMMIGRANT LEGAL ADVOCACY PROJECT							SERVICES AND ADVOCACY FOR
P.O. BOX 17917							LOW-INCOME IMMIGRANTS IN
PORTLAND, ME 04112	22-3260883	501(c)(3)	94,714,	0			MAINE TO IMPROVE THEIR
							SUPPORT LEGAL
LEGAL SERVICES FOR THE ELDERLY							REPRESENTATION, ADVOCACY
5 WABON STREET							AND TRAINING FOR MAINE
AUGUSTA, ME 04330	01-0359131	501(C)(3)	250,456,	0			RESIDENTS AGE 60 AND
							SUPPORT LEGAL
MAINE EQUAL JUSTICE PARTNERS							REPRESENTATION, ADVOCACY,
126 SEWALL STREET							AND TRAINING TO HELP
AUGUSTA, ME 04330	04-3346273	501(C)(3)	194,385,	0			IMPROVE THE LIVES OF
							SUPPORT CIVIL LEGAL AID
PINE TREE LEGAL ASSISTANCE							PROVIDED TO LOW-INCOME
P.O. BOX 547							RESIDENTS OF MAINE WHO
PORTLAND, ME 04112	01-0279387	501(C)(3)	403,435,	0			ARE EXPERIENCING SERIOUS
							SUPPORT PROMOTION AND
VOLUNTEER LAWYERS PROJECT							COORDINATION OF PRO BONO
P.O. BOX 17917							EFFORTS BY PRIVATE MAINE
PORTLAND, ME 04112	01-0279387	501(C)(3)	350,935,	0.			ATTORNEYS FOR LOW-INCOME

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule I (Form 990) (2014)

Page 2 (f) Description of non-cash assistance 22-2559133 (e) Method of valuation (book, FMV, appraisal, other) REVIEWED AND UPDATED PERIODICALLY TO ASSURE ALIGNMENT WITH THE FOUNDATION'S MONITORS THE USE OF GRANT FUNDS BY EACH OF THE CORE PROVIDERS BY REQUIRING MONTHLY WITH THE PROVIDERS; AND HEARING FROM PROVIDERS AT MEETINGS OF THE SEMI-ANNUAL REPORTS; CONDUCTING ANNUAL SITE VISITS; MEETING APPROXIMATELY WHICH ARE Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed THE MAINE JUSTICE FOUNDATION PROVIDES GRANTS TO CORE PROVIDERS OF CIVIL THE FOUNDATION (d) Amount of non-cash assistance LEGAL AID BASED ON A DISTRIBUTION FORMULA AND OTHER PROCESSES, MISSION AND REQUIREMENTS OF VARIOUS FUNDING SOURCES. 27,204 (c) Amount of cash grant MAINE JUSTICE FOUNDATION (b) Number of recipients (a) Type of grant or assistance LOAN REPAYMENT ASSISTANCE PROGRAM BOARD OF DIRECTORS. Schedule I (Form 990) (2014) LINE PART I, Part IV Part III

Schedule I (Form 990) (2014)

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432102 10-15-14

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CUMBERLAND LEGAL AID CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT LEGAL SERVICES PROVIDED TO

LOW-INCOME RESIDENTS OF MAINE BY 2ND AND 3RD YEAR LAW STUDENTS UNDER

CLOSE SUPERVISION OF FACULTY MEMBERS WHO ARE EXPERIENCED PRACTITIONERS

AND MEMBERS OF THE MAINE BAR.

NAME OF ORGANIZATION OR GOVERNMENT: IMMIGRANT LEGAL ADVOCACY PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT CIVIL LEGAL SERVICES AND

ADVOCACY FOR LOW-INCOME IMMIGRANTS IN MAINE TO IMPROVE THEIR LEGAL

STATUS.

NAME OF ORGANIZATION OR GOVERNMENT: LEGAL SERVICES FOR THE ELDERLY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT LEGAL REPRESENTATION,

ADVOCACY AND TRAINING FOR MAINE RESIDENTS AGE 60 AND OLDER WHO HAVE

LOW-INCOME OR ARE VULNERABLE.

NAME OF ORGANIZATION OR GOVERNMENT: MAINE EQUAL JUSTICE PARTNERS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT LEGAL REPRESENTATION,

ADVOCACY, AND TRAINING TO HELP IMPROVE THE LIVES OF LOW-INCOME MAINE

RESIDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: PINE TREE LEGAL ASSISTANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT CIVIL LEGAL AID PROVIDED TO

LOW-INCOME RESIDENTS OF MAINE WHO ARE EXPERIENCING SERIOUS CIVIL LEGAL

PROBLEMS, SUCH AS DOMESTIC VIOLENCE, HOUSING, EMPLOYMENT CHALLENGES OR

GOVERNMENT MISTAKES.

Schedule I (Form 990)

Schedule   (Form 990) MAINE JUSTICE FOUNDATION	22-2559133 Page 2
Part IV Supplemental Information	
NAME OF ORGANIZATION OR GOVERNMENT: VOLUNTEER LAWYERS PROJ	ECT
(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT PROMOTION AND	COORDINATION
OF PRO BONO EFFORTS BY PRIVATE MAINE ATTORNEYS FOR LOW-INC	OME RESIDENTS
OF MAINE WHO HAVE CIVIL LEGAL PROBLEMS.	
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#### **SCHEDULE O**

(Form 990 or 990-EZ)

Name of the organization

### 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

Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service

Inspection **Employer identification number** 

MAINE JUSTICE FOUNDATION 22-2559133 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROMOTING THE PROVISION OF LEGAL SERVICES TO THE POOR, SUPPORTING LEGAL AND LAW-RELATED EDUCATION, AND ENGAGING IN ACTIVITIES TO ENHANCE THE LEGAL PROFESSION'S ABILTY TO SERVE THE PUBLIC THROUGHOUT THE STATE OF MAINE. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PUBLIC THROUGHOUT THE STATE OF MAINE. FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S GOVERNING BODY REVIEWS THE FORM 990 FOR COMPLETENESS AND ACCURACY, AND APPROVES THE FORM BEFORE IT IS FILED. FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD MEMBERS CERTIFY THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS. FORM 990, PART VI, SECTION B, LINE 15: THE PERSONNEL COMMITTEE UTILIZES THE MANP SALARY ANALYSIS FOR NON-PROFITS IN NEW ENGLAND TOGETHER WITH THE NATIONAL ASSOCIATION OF IOLTA PROGRAMS IT THEN REPORTS TO THE BOARD WHICH VOTES (NAIP) ANNUAL SALARIES ANALYSIS. ON THE PROPOSED COMPENSATION. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST ANNUAL FINANCIAL STATEMENTS ARE AVAILABLE POLICY AVAILABLE UPON REQUEST. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990 EZ) (2014)		Page 2
Name of the organization  MAINE JUSTICE FOUNDATION	Employer identification 22-2559133	number
ON ITS WEBSITE AND UPON REQUEST.		·
•		
FORM 990, PART XII, LINE 2C:		
THERE WERE NO CHANGES TO THE OVERSIGHT OR SELECTION PROCE	SS DURING THE	
YEAR.		
		<del></del>
		<del></del>
	- <u></u>	