MF.IP 07/29/2020 9:38 AM

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2019 Open to Public

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) (Rev. January 2020) u Do not enter social security numbers on this form as it may be made public. Department of the Treasury Inspection u Go to www.irs.gov/Form990 for instructions and the latest information. For the 2019 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if applicable: Address change MAINE EQUAL JUSTICE PARTNERS Doing business as 04-3346273 Name change Number and street (or P.O. box if mail is not delivered to street address) 207-626-7058 126 SEWALL STREET Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated AUGUSTA ME 04330-6822 1,854,717 G Gross receipts \$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Yes Application pending Rachel Wertheimer c/o 126 Sewall Street H(b) Are all subordinates included? Augusta ME04330 If "No," attach a list. (see instructions) **X** 501(c)(3) 501(c) (527) t (insert no.) 4947(a)(1) or Tax-exempt status: www.mejp.org Website: U $\mathbf{H}(\mathbf{c})$ Group exemption number \mathbf{U} Year of formation: 1996 X Corporation Other \mathbf{u} ME Form of organization: Association M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: Maine Equal Justice is a nonprofit legal aid and economic justice Activities & Governance organization working to increase economic security, opportunity, and equity for people in Maine. 2 Check this box u if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 14 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 20 5 6 Total number of volunteers (estimate if necessary) 120 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 39. **Current Year** 1,195,672 1,219,619 8 Contributions and grants (Part VIII, line 1h) Revenue 9 Program service revenue (Part VIII, line 2g) 802 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 98,296 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -419 1,318,298 287,232 **12** Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 71,641 25,600 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 882,614 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) u \dots 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 396,067 296,678 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 1,350,322 1,306,522 -32,024-19,29019 Revenue less expenses. Subtract line 18 from line 12 Assets or Balances Beginning of Current Year End of Year 1,714,443 1,806,334 20 Total assets (Part X, line 16) 15,199 16,794 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 699,244 789,540 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is

- true, corre	ot, and t	complete. Decia	ration of preparer (other than	1 officer) is based off all information	on or which preparer has any know	neage.			
Sign Here		Signature of office	el Tarpinian	(via efile)	Treasurer		Date		
		Type or print name	e and title	•					
	Print/Ty	pe preparer's nam	е	Preparer's signature		Date	Check X if	PTIN	
Paid	Al Au	cell	Cencella	Al Aucella		07/29/2	self-employed	P000762	93
Preparer	Firm's n	iame }		d/b/a The Botto	om Line	Firm'	s EIN }	1-0462	2899
Use Only			69 Field Rd						
	Firm's a	ddress }	Falmouth, M	E 04105-1101		Phon	e no. 20	7-781-	-3853
May the IR	S discu	ss this return	with the preparer shown a	above? (see instructions)				. X Yes	No

Part III	Statement of Program Se			v
	Check if Schedule O conta	ains a response or note to	any line in this Part III	X
	escribe the organization's mission:	a nonprofit log	al aid and economic jus	ıtian
organ			mic security, opportuni	
2 Did the	organization undertake any significa	nt program services during the ye	ear which were not listed on the	
prior Fo	rm 990 or 990-EZ?			Yes X No
-	describe these new services on Sc			
3 Did the services	organization cease conducting, or m	iake significant changes in how it	conducts, any program	Yes X No
	describe these changes on Schedu			163 22 160
			three largest program services, as measured by	ру
expense	es. Section 501(c)(3) and 501(c)(4)	organizations are required to repo	ort the amount of grants and allocations to other	rs,
the total	expenses, and revenue, if any, for	each program service reported.		
the flegis able and to 2019, clien relate progrand u	ederal poverty le lature and state to meet basic need o move out of pove including admini- t services. These ed) cases, 251 cases, ams, 5 cases conce tility matters, 1	vel) before admi if federal courts is, including fo erty. MEJ handle strative and leg included 244 he ses concerning f erning employmen if cases concerni	s of \$ 15,100) (Revenue of S clients (individuals nistrative agencies, the primarily to ensure the od, housing, utilities, defined and the factorial of the care (primarily Mesond assistance and incompact issues, 67 cases control of the consumer issues, and (See Sch O for more.)	below 200% of ne state nat they are health care, dual cases in ll as direct edicaid ome support cerning housing
legal acces Speci Medic value enrol	research, public s to health care fic state activit aid, preserving a of good health t	policy analysis for people with ies including pr nd increasing Me hrough Medicaid	epresentation noted in , and develops strateging low-income at the state oviding education on the dicaid access, and promavailability for 257,00 and helping people approximately.	4a, performs Les to improve Le level. The benefits of Moting the Modicaid
TANF in 4a strat Maine child 4319 impro	and Parents as Sc , performs legal egies to improve 's public benefit ren. Specific ac families receivin	holars: In conju research and pub Temporary Assist program for low tivities include g TANF, includin	nction with the represe nction with the represe lic policy analysis, ar ance for Needy Families -income families with o sustaining benefits for g more than 7739 childred d increasing access to	entation noted of develops (TANF) dependent or more than sen, as well as
• • • • • • • • • • • • • • • • • • • •				
4d Other pi	rogram services (Describe on Scher	dule O.) including grants of \$	7,500) (Revenue \$)
	ogram service expenses u		- your j (November 4	I

Part IV Checklist of Required Schedules

1	Le the experiencian described in continu 504(a)(2) or 4047(a)(4) (ather there a private foundation) 2 If "Vee "		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
	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		Х
	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	
;	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
	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		Σ
	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		Σ
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		2
	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		_2
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			_
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		2
	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, Part VI	11a	Х	
	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		_
	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		2
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			٠,
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		7
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		-
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
3	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		
	Schedule D, Parts XI and XII	12a		_
)	Was the organization included in consolidated, independent audited financial statements for the tax year? If	401		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			-
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	446		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
	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		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		
	assistance to a far facing individuals 2 If #Vos." associate Cabadula F. Davis III and IV	16		
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
	Port IV solumn (A) lines C and 44e2 if "Ves " complete Cabadida C. Port I/eas instructions)	17		
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII lines 1s and 9c2 if "Vos " complete Schodule C. Part II.	18		
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		-
		19		
	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			
а	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		•
,	n 100 to mio 200, dia tio organization attaon a cody di ito auditau infanciai statemento iu tino tetuni!	200		<u> </u>
)	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			

Part IV Checklist of Required Schedules (continued)

			Yes	No
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		X
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	0.4 -		
	to defease any tax-exempt bonds?	24c		
d 250	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
b	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	23a		
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	MINOR The control Oct of the Line Board	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If</i> "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) 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 instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			3.7
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
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	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	21	х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	JJa		
	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	00.0		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		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	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u> </u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 12			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

1 6	Statements Regarding Other INST lings and Tax Compliance Contin	iueu)				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	ı	I		Yes	No
Zu	Statements, filed for the calendar year ending with or within the year covered by this return	2a	20			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	-		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule</i> (ງ		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		over			
Tu	a financial account in a foreign country (such as a bank account, securities account, or other financial	•		4a		х
b	If "Vos." ontor the name of the foreign country.					
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ar					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		,	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	0				X
c	If "Vee" to line 5e or 5h, did the expeniention file Form 2000 T2			Fa		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
vu	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	gifts were not tay deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for gr	nnde				
u	and any incompression to the approximation of the property of the state of the stat			7a		
b	16 (CV) and the comparison of the decomplete of the production of the comparison of			7h		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
·				7c		
d	If "Vee " indicate the number of Forms 2000 filed during the year	7d]			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contrained.			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For		as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintainer					
•	sponsoring organization have excess business holdings at any time during the year?	a by the		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	.00	1			
 а	One of the control of	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
-	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		l	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year]			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		-1			
а	le the appropriation lineared to increase wealth of health plants in second their and other 2			13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
~	the organization is licensed to issue qualified health plans	13b				
С		13c				
14a	Did the organization receive any payments for indept tapping convices during the tay year?		·L	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i>					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations.					
. •	and the state of t			15		х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	ncome	•	16		х
. •	If "Yes," complete Form 4720, Schedule O.	iiconie (10		
					•	

X

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

, ,		•	<u> </u>	*
response to line 8a, 8b, or 10b below	describe the circumstances,	processes,	or changes on Schedule	O. See instructions.
Check if Schedule O contains a response	nse or note to any line in this	Part VI		

Sec	tion A. Governing Body and Management					1
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14			
	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 on Schedule O.		- 4			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	14			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
						X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?					X
6	Did the organization have members or stockholders?			. 6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					7.
	one or more members of the governing body?			. 7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					7.
_	stockholders, or persons other than the governing body?			. 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the f	ollowing:	_	77	
a	The governing body?				X	
b	Each committee with authority to act on behalf of the governing body?			. 8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					v
<u></u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-	nai R	evenue C	oue.)	V	NI.
40-	Did the executation have lead shorters broughes as effiliates?			100	Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?			10a		Λ
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			40h		
44-						Х
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	e ioiiii		11a		Λ
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			120	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to				X	
b		o comin		. 120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			12c	х	
12	describe in Schedule 0 how this was done			12	X	
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?				X	
				. 14	22	
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?					
а	The appropriation's OFO Franchine Director and a grant of the circ			15a	Х	
a b	Other officers or key employees of the organization			4 <i>E</i> b	X	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			. 130	41	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
IVa	with a tayable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			. 100		
	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			. 100		
17	List the states with which a copy of this Form 900 is required to be filed 1. None					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 6104 requires and organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 6104 requires and organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 6104 requires and organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 6104 requires and organization to make its Forms 1024 requires and organizatio					
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.		(~)			
	Own website Another's website X Upon request Other (explain on Schedule 0)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interes	t policy	and			
	financial statements available to the public during the tax year.	· policy	and			
20	State the name, address, and telephone number of the person who possesses the organization's books and records	:11				
_5		·u				

Maine Equal Justice Augusta

126 Sewall Street

ME 04330-6822 207-626-7058

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

Check if 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. See instructions for the order in which to list the persons above.

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours	(d	o not o		ition more	than or	ne	Reportable compensation	Reportable compensation	Estimated amount of other
	per week (list any					s both a		from the organization	from related organizations	compensation from the
	hours for							(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related organizations	dividual director	stitut	Officer	ey en	ghes	Former			related organizations
	below dotted line)	Individual trustee or director	onal		Key employee	ee				
	dotted inter	ıstee	Institutional trustee		e	Highest compensated employee				
			ď			ited				
(1) Tina H. Nadeau										
	2.00									
President	0.00	X		X				0	0	0
(2) Rachel Wertheime	2.00									
VP (President '20)	0.00	\mathbf{x}		х				0	0	0
(3) Michael Tarpinia		^		Λ				0	0	
(3) HIGHACI TAIPIHIA	2.00									
Treasurer	0.00	X		х				0	0	0
(4) Lauren Wille										
	2.00									
Secretary	0.00	X		Х				0	0	O
(5)Robyn Merrill										
	40.00									
Executive Director	0.00			Х				90,631	0	16,981
(6)Lisa Black	1 00									
36	1.00	×						0	0	0
Member (7) Judith Chamberla		^						U	U	U
(/)Oddicii Cilambella	1.00									
Member	0.00	X						0	0	0
(8) Shanna Cox										
•	1.00									
Member	0.00	X						0	0	0
(9) Charles Dingman										
	1.00									
Member	0.00	X						0	0	0
(10)Ben Grant	1 00									
	1.00							_		
Member (11) Lucky Hollander	0.00	Х						0	0	0
(II) LUCKY HOLLANGER	1 00									

0

Member

Part VII	Section A. Officers	, Directors, Trus	stee	s, Ke	y Er	nplo	yees	s, an	nd Highest Compensated	Employees (continued)	
	(A) Name and title	(B) Average hours per week (list any	of	lo not o ox, unle	Pos check ess pe nd a c	rson i lirecto	s both r/truste	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	mily Howe	1.00									
Member (13) D	eborah Ibonw		Х						0	0	0
	(Left Dec) rnold McDona	0.00	х						0	0	0
		1.00	x						0	0	0
	Michael V. Sa										
Member		0.00	Х						0	0	0
	talfrom continuation shee							u u	90,631		16,981
d Total 2 Total	(add lines 1b and 1c)	cluding but not lin	nited					u	90,631 who received more than \$1	00,000 of	16,981
	e organization list any for yee on line 1a? <i>If "</i> Yes," o							-	, or highest compensated		Yes No
organi		izations greater tl	han :	\$150	,000	? If "	Yes,'	ion a " <i>cor</i>	and other compensation from mplete Schedule J for such	m the	4 X
5 Did ar	ny person listed on line 1a rvices rendered to the org	a receive or accru ganization? <i>If "</i> Ye	ne co	ompe	ensat	ion f	rom a	any i	unrelated organization or ind r such person		5 X
1 Comp		e highest comper							ctors that received more that		
		(A) business address	про	louin	511 10		Gaio			(B) tion of services	(C) Compensation
	number of independent co								listed above) who	0	

Part VIII Statement of Revenue

		Check if	Sche	edule O conta	ains a	respon	ise or note	to any line in this	s Part VIII		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campa	aigns		1a		8,250				
ran	b	Membership due	_		1b		<u> </u>				
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising ever			1c						
ifts ar A	d	Related organiza	itions		1d						
s, G	е	Government grants (co			1e						
Sir	f	All other contributions,									
uti	•	and similar amounts no			1f	1	,187,422				
QË	a	Noncash contributions i	included	in lines 1a 1f	1g		7,601				
Son	9 h	Total. Add lines						1,195,672			
<u> </u>		Total. Add lines	14 11				Business Code	1,133,072			
	2a	Educational	. com				611430	1,275	1,275		
Program Service Revenue	Za h	*					011430	1,275	1,275		
ser. Iue	b										
im S	C										
ogra Re	d										
Pro	e										
		All other program						1 275			
		Total. Add lines					u	1,275			
	3	Investment incor	•	•	, intere	est, and		35 300			35 300
		other similar amo	,					35,288			35,288
	4	Income from inve		•			u				
	5	Royalties									
	_	_	_	(i) Real		(ii)	Personal				
	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
	С	Rental inc. or (loss)	6с								
	d 7a	Net rental income Gross amount from	e or (lo								
	<i>.</i> u	sales of assets		(i) Securities		<u> </u>) Other				
		other than inventory	7a	617,	568		4,914				
ıne	b	Less: cost or other									
Other Revenue		basis and sales exps.	7b	567,		_					
Re		Gain or (loss)	7c		083	•	4,914				
her		Net gain or (loss)				<u></u>	u	54,997			54,997
ŏ	8a	Gross income from									
		(not including \$									
		of contributions rep		n line 1c).							
		See Part IV, line 18			8a						
		Less: direct expe			8b						
		Net income or (Id	,	-	ents .		u				
	9a	Gross income from	•	•							
		See Part IV, line 19			9a						
		Less: direct expe			9b						
	С	Net income or (lo	oss) fro	om gaming activit	ies		u				
	10a	Gross sales of in	vento	ry, less							
		returns and allow			10a						
	b	Less: cost of goo	ds so	ld	10b						
	С	Net income or (lo	oss) fro	om sales of inver	tory						
S							Business Code				
eou	11a										
lan	b										
Miscellaneous Revenue	С										
Mis	d	All other revenue									
	е	Total. Add lines									
	12	Total revenue.	See in:	structions			u	1,287,232	1,275	0	90,285

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

	Check if Schedule O contains a respo	onse or note to any line in th	is Part IX		
	ot include amounts reported on lines 6b, b, 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 domestic organizations			3	
-	and domestic governments. See Part IV, line 21	25,600	25,600		
2	Grants and other assistance to domestic	•	•		
	individuals. See Part IV, line 22				
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	107,629	59 , 196	26,907	21,526
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	746,210	650,266	69,332	26,612
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	14,808		1,337	485
9	Other employee benefits	49,038		1,105	
10	Payroll taxes	66,559	55,367	7,518	3,674
11	Fees for services (nonemployees):				
	Management				
	Legal	11.500	10 110	4 4==	
С	Accounting	14,622	12,148	1,675	799
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	40 020	42 700	4 775	1 264
	(A) amount, list line 11g expenses on Schedule O.)	49,838 4,409	43,799	4,775 486	1,264 244
	Advertising and promotion	49,856			
13	Office expenses	60,165		13,914 8,293	
14	Information technology	60,165	48,736	0,293	3,130
15	Royalties	39,454	33,377	4,058	2,019
16	Occupancy	14,178		332	2,019
17	Travel Payments of travel or entertainment expenses	14,170	13,337	332	209
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,949	13,587	222	140
20		13,747	13,307	222	140
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,679	12,911	1,899	869
23	Insurance	9,884	8,944	637	303
24	Other expenses. Itemize expenses not covered	2,001	0,5 = =		303
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Dues, Library, Subscripts	16,088	15,072	510	506
b	Continuing Education	6,407	5,745	390	272
c	Bar Fees & Lobby Fees	1,760	1,760		
d	Parking Tax Payments	389	-	389	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,306,522	1,093,117	143,779	69,626
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 u if following SOP 98-2 (ASC 958-720)	-	-	-	
DAA					Form 990 (2019)

Part X Balance Sheet

		Check if Schedule O contains a response or note t	o any line in	this Part X			
-					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			629,834	2	731,122
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or former of	•	· ·			
		trustee, key employee, creator or founder, substantial co		35%			
		controlled entity or family member of any of these person				5	
	6	Loans and other receivables from other disqualified personal					
ets		under section 4958(f)(1)), and persons described in section				6	
Assets	7	Notes and loans receivable, net				7	
٩	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges	.1			9	
	10a	Land, buildings, and equipment: cost or other		286 680			
		basis. Complete Part VI of Schedule D	10a	376,679	101 445		150 000
		Less: accumulated depreciation		198,381	181,445		178,298
	11	Investments—publicly traded securities			903,164	11	896,914
	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			1 714 442	15	1 000 224
	16	Total assets. Add lines 1 through 15 (must equal line 33			1,714,443	16	1,806,334
	17	Accounts payable and accrued expenses			15,199	17	16,794
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of				21	
ies	22	Loans and other payables to any current or former officer) = 0 /			
Liabilities		trustee, key employee, creator or founder, substantial con				00	
Lia		controlled entity or family member of any of these person				22	
	23	Secured mortgages and notes payable to unrelated third	parties			23	
	24	Unsecured notes and loans payable to unrelated third pa				24	
	25	Other liabilities (including federal income tax, payables to parties, and other liabilities not included on lines 17-24).					
		of Schedule D	Jonipiele Fa	11. 7		25	
	26	Total liabilities. Add lines 17 through 25			15,199	26	16,794
	20	Organizations that follow FASB ASC 958, check here			13/133	20	10,751
ç		and complete lines 27, 28, 32, and 33.	: u 21				
nce	27	All and the second seco			1,645,774	27	1 - 677 - 109
<u></u>	28				53,470	28	1,677,109 112,431
g B	20	Organizations that do not follow FASB ASC 958, che	ck here 11		33,170	20	112,101
Fund		and complete lines 29 through 33.	ok nore a				
orF	29	On the last and the standard and the sta				29	
	30	Paid-in or capital surplus, or land, building, or equipment				30	
Ś	31	Retained earnings, endowment, accumulated income, or				31	
	32	Total and according found belowers			1,699,244	32	1,789,540
Ž	33	Total liabilities and net assets/fund balances			1,714,443	33	1,806,334

Form **990** (2019)

Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1,2	87,	232
2	Total expenses (must equal Part IX, column (A), line 25)	1,3	06,	522
3	Revenue less expenses. Subtract line 2 from line 1	_	19,	290
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	1,6	99,	244
5	Net unrealized gains (losses) on investments 5	1	09,	586
6	Donated services and use of facilities 6			
7	Investment expenses 7			
8	Prior period adjustments 8			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B)) 10	1,7	89,	540
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			. []
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
_	Schedule O.	_		37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

 \boldsymbol{u} Attach to Form 990 or Form 990-EZ.

u Go to $\underline{\textit{www.irs.gov/Form990}}$ for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MAINE EQUAL JUSTICE PARTNERS

Employer identification number 04 – 3346273

			MAINE EQUAL	OUSTICE PARTNERS	•		04-334	04/3	
P	art I	Reas	on for Public Charity	Status (All organizations r	must co	mplete t	his part.) See instruction	S.	
Γhe	orga	nization is not	a private foundation because	it is: (For lines 1 through 12, che	eck only o	ne box.)			
1				ciation of churches described in			A)(i).		
2	П			A)(ii). (Attach Schedule E (Form 9			~~		
3	П			e organization described in secti					
4			· ·	in conjunction with a hospital de	` '			ital's name.	
	ш	city, and state	-	,, ,, ,,,				,	
5		-		a college or university owned or	operated	by a gove	ernmental unit described in		٠
•	ш	_	b)(1)(A)(iv). (Complete Part		opo.a.oa	2) a go.			
6				vernmental unit described in sec	tion 170(b)(1)(A)(v	·).		
7	X		•	ubstantial part of its support from	•		•		
-		-	section 170(b)(1)(A)(vi). (Co		9				
8		A community	trust described in section 17	70(b)(1)(A)(vi). (Complete Part II	.)				
9				ribed in section 170(b)(1)(A)(ix)		in conjur	ction with a land-grant college		
		-	=	f agriculture (see instructions). Er					
		university:		·			· · · · · · · · · · · · · · · · · · ·		
10				more than 33 1/3% of its suppor					
		receipts from	activities related to its exemp	ot functions—subject to certain e	xceptions	and (2) r	no more than 33 1/3% of its		
		• •	•	d unrelated business taxable inco	•		11 tax) from businesses		
			•	, 1975. See section 509(a)(2). (•				
11	Н	ŭ		xclusively to test for public safety		•	,, ,		
12		-		xclusively for the benefit of, to pe					
				ations described in section 509(a at describes the type of supportin				l'a	
	•		· ·	rated, supervised, or controlled b			•	.9.	
	а			er to regularly appoint or elect a		-	. ,		
			• ,, ,	emplete Part IV, Sections A and		ino anoc	note of tradition of the		
	b			ervised or controlled in connection		supporte	d organization(s), by having		
	_			ing organization vested in the sar			• ,, ,		
			ion(s). You must complete				3		
	С	Type III f	unctionally integrated. A su	upporting organization operated i	n connect	ion with, a	and functionally integrated with,		
		its suppo	rted organization(s) (see insti	ructions). You must complete P	Part IV, Se	ctions A	, D, and E.		
	d		• •	 A supporting organization opera)	
				organization generally must satis	-				
			,	ust complete Part IV, Sections					
	е			ived a written determination from functionally integrated supporting			Type I, Type II, Type III		
	f		nber of supported organization		y organiza	uon.			-
	g		ollowing information about the						_
		e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	raanization	(v) Amount of monetary	(vi) Amount of	-
		ganization	(II) LIIV	(described on lines 1–10		r governing	support (see	other support (see	
				above (see instructions))	docu	nent?	instructions)	instructions)	
					Yes	No			_
(A)									
(B)									
(C)									
									_
(D)									
_ ′									
(E)									
F-4-									

Schedule A (Form 990 or 990-EZ) 2019

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1,727,880 780,060 1,876,038 1,219,619 6,799,269 1,195,672 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 1,727,880 780,060 1,876,038 1,219,619 1,195,672 6,799,269 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, column (f) 209,925 Public support. Subtract line 5 from line 4. 6,589,344 Section B. Total Support Calendar year (or fiscal year beginning in) **(b)** 2016 (c) 2017 (a) 2015 (d) 2018 (e) 2019 (f) Total Amounts from line 4 1,727,880 780,060 1,876,038 1,219,619 1,195,672 6,799,269 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from 44,907 40,028 44,275 39,328 35,288 203,826 similar sources Net income from unrelated business activities, whether or not the business 669 669 is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 7,003,764 Gross receipts from related activities, etc. (see instructions) 12 12 12,936 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 14 94.08% Public support percentage from 2018 Schedule A, Part II, line 14 15 15 94.19% 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service u Complete if the organization is described below.

u Attach to Form 990 or Form 990-EZ.

u Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on 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," on 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," on 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

• 5	Section 501	(c)(4), (5), or (6) organizations: Complete F	Part III.			
Nam	e of organiz	zation				ification number
		MAINE EQUAL JUST	ICE PARTNERS		04-33462	73
Pa	rt I-A	Complete if the organization is	exempt under section 501(c) or is a sectio	n 527 organizatio	n.
1	Provide a	description of the organization's direct and	indirect political campaign activities in	Part IV. (see instru	ictions for	
	definition	of "political campaign activities")				
2	Political ca	ampaign activity expenditures (see instruct	tions)		u \$	
3		hours for political campaign activities (see				
Pa	rt I-B	Complete if the organization is	exempt under section 501(c	:)(3).		
1	Enter the	amount of any excise tax incurred by the o	rganization under section 4955		u \$	
2	Enter the	amount of any excise tax incurred by organ	nization managers under section 4955		u \$	
3	If the orga	anization incurred a section 4955 tax, did it	file Form 4720 for this year?			Yes No
4a	Was a co	rrection made?				Yes No
		escribe in Part IV.				
Pa	rt I-C	Complete if the organization is	exempt under section 501(c), except secti	on 501(c)(3).	
1	Enter the	amount directly expended by the filing orga	anization for section 527 exempt function	on		
	activities				u \$	
2		amount of the filing organization's funds co				
	527 exem	pt function activities			u \$	
3	Total exer	mpt function expenditures. Add lines 1 and				
	line 17b				u \$	
4	Did the fili	ing organization file Form 1120-POL for th	is year?			Yes No
5	Enter the	names, addresses and employer identifica	tion number (EIN) of all section 527 po	olitical organizations	to which the filing	
	organizati	on made payments. For each organization	listed, enter the amount paid from the	filing organization's	funds. Also enter	
	the amou	nt of political contributions received that we	ere promptly and directly delivered to a	separate political o	rganization, such	
	as a sepa	rate segregated fund or a political action co	ommittee (PAC). If additional space is	needed, provide inf	ormation in Part IV.	
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
					filing organization's	contributions received and
					funds. If none, enter -0	promptly and directly delivered to a separate
						political organization.
						If none, enter -0
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

Schedule C (Form 990 or 990-EZ) 2019

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Schedule C (Form 990 or 990-EZ) 2019 MAINE EQUAL JUSTICE PARTNERS	04-3346273	Page
Part II-A Complete if the organization is exempt under section 501(c)(3) and	d filed Form 5768 (elect	ion under
section 501(h)).		
A Check u if the filing organization belongs to an affiliated group (and list in Part IV ea	ch affiliated group member'	s name,
address, EIN, expenses, and share of excess lobbying expenditures).		
$\textbf{B} \text{Check} \textbf{u} \boxed{ \text{if the filing organization checked box A and "limited control" provisions app}}$	y.	
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	1,273	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	50,386	
c Total lobbying expenditures (add lines 1a and 1b)	51,659	
d Other exempt purpose expenditures	1,254,863	
e Total exempt purpose expenditures (add lines 1c and 1d)	1,306,522	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	205,652	
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:	2037032	

	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
	Not over \$500,000	20% of the amount on line 1e.	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
	Over \$17,000,000	\$1,000,000.	
Q	Grassroots nontaxable amount (enter 25% of	line 1f)	51,413

i Subtract line 1f from line 1c. If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

h Subtract line 1g from line 1a. If zero or less, enter -0-

0

0

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditu	res During 4-Year	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	154,192	225,081	210,032	205,652	794,957
b Lobbying ceiling amount (150% of line 2a, column (e))					1,192,436
c Total lobbying expenditures	53,610	114,318	31,713	51,659	251,300
d Grassroots nontaxable amount	38,548	56,270	52,508	51,413	198,739
e Grassroots ceiling amount (150% of line 2d, column (e))					298,109
f Grassroots lobbying expenditures	37,607	52,139	9,327	1,273	100,346

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019 MAINE EQUAL JUSTICE PARTNERS	04-334	627	'3		Pa	age 3
Part II-B Complete if the organization is exempt under section 501(c)(3) a (election under section 501(h)).			1 5768			
For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(8	1)	ļ	(b)		
description of the lobbying activity.	Yes	No		Amoun	t	
1 During the year, did the filing organization attempt to influence foreign, national, state, or local						
legislation, including any attempt to influence public opinion on a legislative matter or						
referendum, through the use of:						
a Volunteers?		<u></u>				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
c Media advertisements?		<u></u>				
d Mailings to members, legislators, or the public?		<u></u>				
e Publications, or published or broadcast statements?		L				
f Grants to other organizations for lobbying purposes?						
g Direct contact with legislators, their staffs, government officials, or a legislative body?						
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i Other activities?						
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), s	section 501(c)(5), (or se	ction			
501(c)(6).	(-)(-),					
				Y	'es	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 campaign activity expenditures from t				3		
Part III-B Complete if the organization is exempt under section 501(c)(4), s						
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answ				ne 3. i	s	
answered "Yes."	0.00 110 011 (10)		,	,		
Dues, assessments and similar amounts from members		1				
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		-				
political expenses for which the section 527(f) tax was paid).						
		2a				
*		2b				
b Carryover from last year		_				
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		2c 3				
		3				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	do a	1				
excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbyi	-	4				
and 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 ground for Part I-A) line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground for Part I-A) line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground for Part I-A) line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground for Part I-A) line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground for Part I-A) line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground for Part I-A) line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground for Part I-A) line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground for Part I-A) line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground for Part I-A) line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground for Part I-A) line 1; Part I-C, line 5; Part II-A (affiliated ground for Part I-A) line 1; Part I-C, line 5; Part I-	oup list); Part II-A, lines 1	and				
2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.						

SCHEDULE D (Form 990)

Department of the Treasur Internal Revenue Service

Supplemental Financial Statements

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

u Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public Inspection

Name of the organization Employer identification number MAINE EQUAL JUSTICE PARTNERS 04-3346273 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 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? **Conservation Easements.** Part II Complete if the organization answered "Yes" on 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 (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements **b** Total acreage restricted by conservation easements ______ 2b c Number of conservation easements on a certified historic structure included in (a) 2c

historic structure listed in the National Register

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

d Number of conservation easements included in (c) acquired after 7/25/06, and not on a

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$ ______

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)?

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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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 on Form 990, Part VIII, line 1 u \$

(ii) Assets included in Form 990, Part X u \$

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1
 b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2019

Sche	dule D (Form 990) 2019 MAINE E					04-33462				Page 2
Pa	rt III Organizations Maintain	ng Co	llections of a	Art, Historical Tr	easures, c	or Other Simil	ar Asset	s (continւ	ıed)	
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and	d other records,	check any of the follow	ving that mak	ce significant use o	f its			
а	Public exhibition		d 🗌 I	Loan or exchange pro	gram					
b	Scholarly research		е 🗍 (Other						
С	Preservation for future generations									
4	Provide a description of the organization's	collection	ns and explain h	ow they further the org	ganization's e	exempt purpose in	Part			
	XIII.									
5	During the year, did the organization solicit	or receiv	ve donations of a	art, historical treasures	s, or other sin	nilar				
	assets to be sold to raise funds rather than	to be m	aintained as par	t of the organization's	collection?			TY	es	No
Pa	rt IV Escrow and Custodial A	rrange	ements.	-						
	Complete if the organizat	ion ans	wered "Yes"	on Form 990, Pa	rt IV, line 9	9, or reported a	ın amoun	t on Form	ı	
	990, Part X, line 21.					•				
1a	Is the organization an agent, trustee, custo	dian or c	ther intermediar	y for contributions or o	other assets r	not				
	included on Form 990, Part X?							Y	es	No
b	If "Yes," explain the arrangement in Part X							—		
								Amour	t	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on	Form 99	0. Part X. line 2	1. for escrow or custoo	dial account li	iability?		T Y	es	No
	If "Yes," explain the arrangement in Part X									
	rt V Endowment Funds.		·	'						
	Complete if the organizat	ion ans	wered "Yes"	on Form 990, Pa	rt IV, line 1	10.				
			Current year	(b) Prior year	(c) Two ye		nree years back	(e) Foo	ır years	back
1a	Beginning of year balance									
	Contributions									
c	Net investment earnings, gains, and									
·	lanear .									
Ч	Grants or scholarships									
	Other expenditures for facilities and									
·										
f	Administrative expenses									
	End of year balance									
	Provide the estimated percentage of the co		or and halanca (line 1a, column (a)) he	old ac:					
-	Board designated or quasi-endowment u	-	,	•	iu as.					
h	Permanent endowment u	 0/_								
	Term endowment u %	70								
·	The percentages on lines 2a, 2b, and 2c s	nould ear	ual 100%							
32	Are there endowment funds not in the post			on that are hold and a	lministored fo	or the				
Ja	organization by:	56221011	or the organization	on that are nelu and at	illillistered it	or title			Yes	No
	•							3a(i)	163	NO
	(i) Unrelated organizations							2-/::\		
_	(ii) Related organizations If "Yes" on line 3a(ii), are the related organ			d on Cabadula D2						
4	Describe in Part XIII the intended uses of t							3b		
- Pa				nent iunas.						
га	, ,			on Form 000 Do	rt I\/ ling 1	Ida Saa Farm	000 Dor	V line 1	^	
	Complete if the organizat	1011 al 15								
	Description of property		(a) Cost or other ba	asis (b) Cost or (oth		(c) Accumulate depreciation		(d) Book	value	
	Land		(111462111161111)	(Oth	···,	depreciation				
	Land			 	21 500	1/7	202	-	60	207
b	Buildings				31,590	163	,293		00,	297
	Leasehold improvements				25 625	3.0	022		2	600
	Equipment				35,625	32	,933		۷,	692
	Other			=. :	,				70	000
F∩tal	L Add lines 1a through 1e. (Column (d) mus	t egual F	orm 990) Part X	. column (B). line 10c)		11		/ U -	989

MEJP 07/29/2020 9:39 AM Schedule D (Form 990) 2019 MAINE EQUAL JUSTICE PARTNERS 04-3346273 Page 3 Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (B) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4)(6)(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4)(5) (6)(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value Federal income taxes (1) (2)(3)(4) (5)(6) (7) (8)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Pa	Reconciliation of Revenue per Audited Financial State		ue per Return.	
	Complete if the organization answered "Yes" on Form 990		<u> </u>	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а		2a		
b	Donated services and use of facilities	2b		
С		2c		
d		2d		
е			2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а		4a		
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			
	art XII Reconciliation of Expenses per Audited Financial Stat			
	Complete if the organization answered "Yes" on Form 990			
1	Total company and leaves are districted from the latest are total		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		• • • • • • • • • • • • • • • • • • • •	
		2a		
a		2a 2b		
D	Prior year adjustments	20		
	Other losses	2c		
d	,			
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) art XIII Supplemental Information.		5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III	V, lines 1b and 2b; Part	V, line 4; Part X, line	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) art XIII Supplemental Information.	V, lines 1b and 2b; Part	V, line 4; Part X, line	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III	V, lines 1b and 2b; Part	V, line 4; Part X, line	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III	V, lines 1b and 2b; Part	V, line 4; Part X, line	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III	V, lines 1b and 2b; Part	V, line 4; Part X, line	
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c 5 Pa Provi 2; Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part 'e any additional information	V, line 4; Part X, line on.	
c 5 Pa Provi 2; Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III	V, lines 1b and 2b; Part 'e any additional information	V, line 4; Part X, line on.	
C 5 Provi 2; Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part is any additional information	V, line 4; Part X, line on.	
C 5 Provi 2; Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part is any additional information	V, line 4; Part X, line on.	
c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part early additional information	V, line 4; Part X, line	
c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part early additional information	V, line 4; Part X, line	
c 5 Provide Pr	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part early additional information	V, line 4; Part X, line on.	
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c 5 Provide Pr	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part early additional information	V, line 4; Part X, line on.	
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c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part eany additional information	V, line 4; Part X, line on.	
C 5 Paerovi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part early additional information	V, line 4; Part X, line on.	
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c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part value any additional information	V, line 4; Part X, line on.	
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C 5 Paerovi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part	V, line 4; Part X, line on.	
C 5 Paerovi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part	V, line 4; Part X, line on.	
C 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part	V, line 4; Part X, line on.	

SCHEDULE I (Form 990)

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

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

u Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

04-3346273

Department of the Treasury Internal Revenue Service u Go to www.irs.gov/Form990 for the latest information.

Name of the organization

MATNE ROILAL THISTICE PARTNERS

THINE EQUID COSTICE		·				0	1 33102/3
Part I General Information on Grants and	Assistance						
 Does the organization maintain records to substantiate the the selection criteria used to award the grants or assistant Describe in Part IV the organization's procedures for monitorial procedures for monitorial procedures. 	ce?toring the use of gr	ant funds in	the United States.				
Part II Grants and Other Assistance to Do							red "Yes" on Form 990,
Part IV, line 21, for any recipient that	received more t	than \$5,0	00. Part II can be	duplicated if additi		eeded.	
(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, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Race Forward							
145 East 57th St, 4th floor							Training
New York NY 10022	94-2759879	501c3	13,600				
(2) University of Maine School of Law 246 Deering Avenue							Lecture Series
Portland ME 04101	01-0544448		7,500				
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
2 Enter total number of section 501(c)(3) and government o	rganizations listed i	n the line 1	table				u
3 Enter total number of other organizations listed in the line	1 Iavie						u

Part III Grants and Other Assistance Part III can be duplicated if add		Is. Complete if the	organization answered	I "Yes" on Form 990, Part I	V, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. P	rovide the information re	quired in Part I, line	2; Part III, column (b)	and any other additional in	nformation.
Part I, Line 2 - Procedure MEJP monitors the use of 9				th its	
grantees and review of red	quired delivera	bles, as spe	lled out in th	ne	
contract agreement.					

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.

OMB No. 1545-0047
2019

Department of the Treasury Internal Revenue Service u Attach to Form 990 or 990-EZ. u Go to <u>www.irs.gov/Form990</u> for the latest information. Open to Public Inspection

Name of the organization

MAINE EQUAL JUSTICE PARTNERS

Employer identification number 04-3346273

Form 990, Part III - Additional Information

Form 990, Part III, Line 4a - Litigation & Other Advocacy

(Continued from page 2 of 990): Handled 31 Administrative Advocacy Cases.

Provided 40 trainings to direct service providers, case workers, health centers, and community groups.

Form 990, Part III, Line 4d - All Other Accomplishments

ORGANIZING Program Service Expense: \$168,350, incl \$7,500 Grants

LOBBYING ACTIVITY Program Service Expense: \$51,659 incl \$ 0 Grants

FOOD/HUNGER Program Service Expense: \$42,672, incl \$0 Grants

HOUSING Program Service Expense: \$16,250, incl \$ 0 Grants

CONSUMER PROTECTION Program Service Expense: \$77,990, incl \$ 0 Grants

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The entire Board does not receive a copy of this form before filing.

Rather, the Form 990 is sent to all members of the Finance Committee for their review for approval to e-file. Once the 990 has been filed, the staff provides the Board with notice of the filing and emails an electronic copy to any interested Board member.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The Conflict of Interest plicy is in the Bylaws. On an annual basis, each

Board member, the Executive Director, and Key Employees fill out a Conflict

of Interest and Disclosure form.

Name of the organization	Employer identification number				
MAINE EQUAL JUSTICE PARTNERS	04-3346273				
Form 990, Part VI, Line 15a - Compensation Process	for Top Official				
The Board approves the Executive Director salary af	The Board approves the Executive Director salary after consulting the Maine				
Association of Nonprofit annual salary survey and c	ther factors.				
Form 990, Part VI, Line 15b - Compensation Process	for Officers				
There are no paid Other Officers and Key Employees					
There are no pard other officers and key Employees	per the IRS delimition.				
Form 990, Part VI, Line 19 - Governing Documents Di	sclosure Explanation				
Upon request.					
Form 990, Part X - Additional Information					
Line 17 The Organization uses a modified cash basis	of accountingcash				
basis with the exceptions of showing accrued payrol	l taxes and related				
payroll liabilities, and an annual depreciation ent	ry to update the Balance				
Sheet assets. The Accounts Payable figure includes	payroll taxes and				
pension liabilities.					
······································					
	Page 1 of 1				

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

u Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. u Attach to Form 990.

Department of the Treasury Internal Revenue Service

u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

MAINE EQUAL JUSTICE PARTNERS								04-3346	tification number	er
Part I Identification of Disregarded Entities. Complete if the o	organization ans	wered '	'Yes" on Fo	orm 990	, Part IV,	line 33.		01 331	,2,3	
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity		(c) Legal domicile or foreign co	e (state		(d) ((e) f-year assets	(f) Direct con entit	trolling
(1)										-
(2)										
(3)										
(4)										
(5)										
Part II Identification of Related Tax-Exempt Organizations. C	omplete if the o	rganiza	tion answe	ered "Ye	s" on For	m 990, Par	t IV, line	e 34, because	e it had	
one or more related tax-exempt organizations during the t (a) Name, address, and EIN of related organization	(b) Primary activity	Legal or fo	(c) domicile (state reign country)		(d) Code section	(e) Public charity (if section 501	status (c)(3))	(f) Direct controlling entity	Section : controlle	g) 512(b)(13) ed entity?
(1) Maine Equal Justice Project 126 Sewall Street 01-0503454			g			(** 333,131,131,131,131,131,131,131,131,131	(-)(-)/	,	Yes	No
Augusta ME 04330	Advocacy		ME	50:	1c4		1	N/A		х
(2)										
(3)										
(4)										
(5)										

Part III	Identification of Related Organization because it had one or more related or	ons Taxable ganizations tr	as a l	Partnership. (d as a partners	Complete if the ship during the	organizatio tax year.	n answe	ered "Yes" (on For	m 99	90, Par	t IV, line	34,		. 49	7
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of tota income	al	(g) Share of end-of- year assets	Di port al	(h) spro- ionate loc.?	amour of Sch	(i) e V—UBI at in box 20 nedule K-1 rm 1065)	Gene mana parti	ner?	(k) Percenta ownersi	age hip
(1)									163	NO			103	NO		
(2)																
(3)																
(4)																
Part IV	Identification of Related Organization line 34, because it had one or more re	ons Taxable elated organiz	as a (Corporation of treated as a	or Trust. Comp corporation or	lete if the o	rganizat the tax	ion answer vear.	ed "Ye	s" o	n Form	990, Pa	rt IV,			
	(a) Name, address, and EIN of related organization	(b) Primary activit		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Shar	(f) re of total acome		(g) Share of f-year a		(h) Percen owners	tage	į	(i) Section 512(b)(1 controlle entity?	13) led
(1)														Y	es N	No
(2)																
(3)																
(4)																

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

No	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No				
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?											
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity											
b Gift, grant, or capital contribution to related organization(s)											
c Gift, grant, or capital contribution from related organization(s)											
d	d Loans or loan guarantees to or for related organization(s)										
е	e Loans or loan guarantees by related organization(s)										
f	Dividends from related organization(s)				1f		Х				
g	f Dividends from related organization(s) g Sale of assets to related organization(s)										
h	Purchase of assets from related organization(s)				1h		Х				
i	Exchange of assets with related organization(s)				1i		Х				
j	 i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) 										
k	k Lease of facilities, equipment, or other assets from related organization(s)										
1	l Performance of services or membership or fundraising solicitations for related organization(s)										
m	m Performance of services or membership or fundraising solicitations by related organization(s)										
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
o Sharing of paid employees with related organization(s)											
р	p Reimbursement paid to related organization(s) for expenses										
q	Reimbursement paid by related organization(s) for expenses				1q		Х				
r	Other transfer of cash or property to related organization(s)				1r		X				
s	Other transfer of cash or property from related organization(s)				1s		X				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	e, including covered relati	onships and transaction t	hresholds.							
	(a)	(b)	(c)	(d)							
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amou	nt involve	ed					
(1)											
(2)											
(3)											
<i>,</i>											
(4)											
<i>(</i> =`											
(5)											
/ 0`											
(6)											

Schedule R (Form 990) 2019

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under	dominant Are all partners Share of Share of end-of-year assets Disproportionate allocations? Cod amount of Schare of end-of-year assets Share of end-of-year allocations?		Disproportionate		conate in Section (i) Code V—UBI in Section (Form 1065)		Code V—UBI General or managing of Schedule K-1 general or partner?		eral or aging		
		country)	sections 512-514)	Yes	No		Yes	No		Yes	No			
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														

Schedule R (Fe	orm 990) 2019	MAINE	EQUAL	JUSTICE	PARTNERS		04-3346273	Page 5
D13/11	Supplemen	ntal Inform	ation.				04-3346273 See Instructions.	
Part VII	Provide add	litional info	rmation fo	r responses t	o questions on S	Schedule R.	See Instructions.	
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• • • • • • • • • • • • • • • • • • • •								