MEJP 08/15/2019 9:31 AM

Form **990**

Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Rev

Department of the Treasury

U Do not enter social security numbers on this

Return of Organization Exempt From Income Tax

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

u Do not enter social security numbers on this form as it may be made public. u Go to www.irs.gov/Form990 for instructions and the latest information. 2018
Open to Public Inspection

For the 2018 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 1,406,519 G Gross receipts \$ Amended return Name and address of principal officer: **H(a)** Is this a group return for subordinates? Yes Application pending Tina H. Nadeau C/O 126 Sewall Street H(b) Are all subordinates included? MEAugusta 04330 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} X Corporation Year of formation: 1996 ME Form of organization: Other **u** 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 provider working to increase Activities & Governance 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) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 13 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 15 5 6 Total number of volunteers (estimate if necessary) 60 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 1,850 **b** Net unrelated business taxable income from Form 990-T, line 38 Prior Year **Current Year** 1,876,038 1,219,619 8 Contributions and grants (Part VIII, line 1h) Revenue 9 Program service revenue (Part VIII, line 2g) 958 802 **10** Investment income (Part VIII, column (A), lines 3, 4, and 7d) 41,085 98,296 7,863 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,925,944318,298 **12** Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 268,720 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) **14** Benefits paid to or for members (Part IX, column (A), line 4) 750,479 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) 3,259 b Total fundraising expenses (Part IX, column (D), line 25) u \dots 479,157 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 396,067 1,501,615 1,350,322 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) -32**,**024 19 Revenue less expenses. Subtract line 18 from line 12 424,329 Assets or Balances Beginning of Current Year End of Year 1,884,298 1,714,443 20 Total assets (Part X, line 16) 12,662 15,199 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 871,636 1,699,244 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, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sian Michael Tarpinian (via efile) Here Treasurer Type or print name and title Print/Type preparer's name X if Check Aucella d/b/a The Bottom Line 08/15/19 Paid Al Aucella P00076293 Preparer 01-0462899 Firm's name Firm's EIN } **Use Only** 69 Field Rd 207-781-3853 Falmouth, ME 04105-1101 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

Check if Schedule O contains a response or	note to any line in this Part III
Briefly describe the organization's mission: See Schedule O	
•	
Did the organization undertake any significant program services du	ring the year which were not listed on the
	Yes X No
If "Yes," describe these new services on Schedule O.	
3 Did the organization cease conducting, or make significant change	s in how it conducts, any program
anninan?	Yes X No
If "Yes," describe these changes on Schedule O.	
4 Describe the organization's program service accomplishments for e	each of its three largest program services, as measured by
expenses. Section 501(c)(3) and 501(c)(4) organizations are require	red to report the amount of grants and allocations to others,
the total expenses, and revenue, if any, for each program service r	eported.
the federal poverty level) before legislature and state & federal complete able to meet basic needs, including and to move out of poverty. MEJ has including administrative and legistervices. These included 275 head cases, 241 cases concerning food cases concerning employment issues matters, 9 cases concerning consumeducation, employment, or family	esents clients (individuals below 200% of administrative agencies, the state ourts primarily to ensure that they are ng food, housing, utilities, health care, andled more than 619 cases in 2018, slative matters as well as direct client th care (primarily Medicaid related) assistance and income support programs, 5 s, 33 cases concerning housing and utility mer issues, and 37 cases involving issues.
Health Care: In conjunction with a legal research, public policy and access to health care for people of Specific state activities including Medicaid, preserving and increasing value of good health through Medicanteles.	ding grants of \$ 30,500) (Revenue \$ the representation noted in 4a, performs lysis, and develops strategies to improve with low-income at the state level. In the providing education on the benefits of the medicaid access, and promoting the caid availability for 267,000 Medicaid
in 4a, performs legal research and strategies to improve Temporary As Maine's public benefit program for children. Specific activities independent	ding grants of \$ 12,500) (Revenue \$ conjunction with the representation noted dipublic policy analysis, and develops ssistance for Needy Families (TANF) or low-income families with dependent clude sustaining benefits for more than luding more than 7014 children, as well as s.
•	
4d Other program services (Describe in Schedule O.)	
(Expenses \$ 232,313 including grants of \$	28,641) (Revenue \$
4e Total program service expenses u 1,148,763	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			37
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			37
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III			X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X	(2018)

Form 990 (2018) MAINE EQUAL JUSTICE PARTNERS

Part IV Checklist of Required Schedules (continued)

	Checklist of Required Schedules (Continued)	1		
20	Did the consciention are at a constant of COO of areas are at a constant of the description of the description of		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		х
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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			l
	employees? If "Yes," complete Schedule J	23		х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			l
	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		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
•	to defeace any tax-exempt honds?	24c		l
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			l
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			l
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			l
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			l
	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		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		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	X	
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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 14			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
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)

Га	Statements Regarding Other INST lings and Tax Compliance (Continu	c u)				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	ı	1		Yes	No
Zu	Statements, filed for the calendar year ending with or within the year covered by this return	2a	15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <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? If "No" to line 3b, provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	ority c	over			
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account.)	-		4a		х
b	If "Voc." onter the name of the foreign country 11					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial According to the Indiana Control of Financial Acco					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	^				X
C	16 War 2 to line 5 on 5b did the approximation 6b 5 come 2000 TO					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
ou	organization policit any contributions that were not toy deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of					
	nifts were not tay deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	de				
u	and continue provided to the prover?			7a		
b	If 6Van 2 did the approximation at 65 the depart of the replace of the application and the second approximation at 65 the application at 65 the applicatio			76		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
·	assumed to file Form 20000			7c		
d	If "Voc " 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 contri			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8		s 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 maintained b					
•	sponsoring organization have excess business holdings at any time during the year?	y 1110		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:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	. 32				
	Gross income from members or shareholders	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 10			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the constitution library and to increase multified be although a long in more than one of the O			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	Enter the agreement of account of account on heard	13c				
14a	Did the erganization receive any payments for indeer tenning any igne during the tay year?			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule</i> O					<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration					
	and the second state of th			15		х
	excess paracnute payment(s) during the year? 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 inc	ome?		16		х
. •	If "Yes," complete Form 4720, Schedule O.	OIIIC!		.0		
					4	

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

Overnance, management, and Disclosure for each fee response to lines 2 timough to below, and for a five
response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response or note to any line in this Part VI

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13			
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?			5		X
6	Did the organization have members or stockholders?			. 6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	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,					
	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					
а	The governing body?			8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?			8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O					X
ec	tion B. Policies (This Section B requests information about policies not required by the Inte	ernal R	evenue (Code.)	1	1
					Yes	No
0a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?					
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing to	he form?) 	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflic	cts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c	X	
3	Did the organization have a written whistleblower policy?			13	X	
4	Did the organization have a written document retention and destruction policy?			14	X	
5	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 organization's CEO, Executive Director, or top management official				X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed u None					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Sec	tion 501((c)			
	(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 in Schedule O)					
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	st policy,	and			
	financial statements available to the public during the tax year.					
0	State the name, address, and telephone number of the person who possesses the organization's books and record	lsu				

Maine Equal Justice

126 Sewall Street

Augusta

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.

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

Check this box if neither the organ	nization nor any	relate	ed or	gani	zatio	n cor	mpe	nsated any current officer, c	lirector, or trustee.		
(A) Name and Title	(B) Average hours per week (list any hours for	bo of	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	, , , , , , , , , , , , , , , , , , ,	organization and related organizations	
(1)Tina H. Nadeau											
	1.00									_	
President	0.00	X		X				0	0	0	
(2) Rachel Wertheime											
	1.00									•	
Vice President	0.00	X		Х				0	0	0	
(3)Michael Tarpinia											
<u></u>	1.00								•	•	
Treasurer	0.00	Х		Х				0	0	0	
(4) Lauren Wille	1 00										
<u></u>	1.00								•	•	
Secretary	0.00	Х		X				0	0	0	
(5)Robyn Merrill	40.00										
	40.00			3,5				00 500	0	16 102	
Executive Director	0.00			Х				90,589	0	16,103	
(6)Lisa Black	0 50										
	0.50	x						0	0	0	
Member (7) Judith Chamberla	0.00							0	U	0	
(/)Udditi Chamberia	0.50										
Member	0.00	x						0	0	0	
(8) Shanna Cox	0.00	Λ						U	0	<u> </u>	
(6) SHAIIIA COX	0.50										
Member	0.00	x						0	0	0	
(9) Ben Grant	0.00	22							<u> </u>		
(3) Dell' Grane	0.50										
Member	0.00	X						0	0	0	
(10) Lucky Hollander		1									
(, Lacity licitatides	0.50										
Member	0.00	x						0	0	0	
(11) Emily Howe		† 									
(,	0.50										
Member	0.00	x						0	0	0	
DAA				1	l					- 000	

Part VII	Section A. Officers	, Directors, Tru	stee	s, Ke	y Er	nplo	yees	s, ar	nd Highest Compensated	Employees (continued)	•
	(A) Name and title	(B) Average hours per week (list any	bo	ox, unle	Pos check ess pe	erson i	than o s both r/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
	lichel Kanyam	0.50									
Member (13) A	rnold McDona		Х						0	0	0
Member		0.50	х						0	0	0
	Michael V. Sa	0.50 0.00	x						0	0	0
Member		0.00	Α.						0	0	0
	otalfrom continuation shee							u u	90,589		16,103
d Total	(add lines 1b and 1c)	cluding but not lin	nited					u	90,589 who received more than \$1	00,000 of	16,103
	e organization list any for yee on line 1a? <i>If "Yes,"</i>								ree, or highest compensated		Yes No
organi	ization and related organi	izations greater t	han :	\$150	,000	? If '	Yes,	tion a " <i>cor</i>	and other compensation from plete 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 accri ganization? <i>If "Ye</i>	ue co	ompe	ensat	ion t	rom	any	unrelated organization or inc or such person	dividual	5 X
1 Comp		e highest compe							ctors that received more tha		
	U U	(A) business address								(B) tion of services	(C) Compensation
	number of independent c ed more than \$100,000 c								listed above) who	0	

	,	_ ~ ~		
Part VIII	Statement	of Reven	ue	

	Check if Schedule O contains a response or note to any line in this Part VIII									
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c	Federated camp Membership due Fundraising ever Related organiza	es nts	1a 1b 1c 1d		6,032				
tributions, G Other Simil	e f	Government grants (co All other contributions, and similar amounts no	ontributions)	1e		213,587				
Con	_	Noncash contributions Total. Add lines				15,906 u	1,219,619			
						Busn. Code				
Program Service Revenue	2a b	Education				611430	802	802	2	
servi	c d									
am ?	е									
rogr		All other program					0.00			
		Total. Add lines Investment incor					802			
	4	and other similar	r amounts)			u	32,228			32,228
	5	Royalties		<u>.</u>						
	60	Cross rents	(i) Real	100	(ii) P	ersonal				
		Gross rents Less: rental exps.		519						
		Rental inc. or (loss)		419						
	d	· · <u>L</u>	(i) Securities	or (loss)		Other	-419			-419
	b	other than inventory Less: cost or other	131,	702		15,570				
	c	basis & sales exps. Gain or (loss)		498		15,570				
		Net gain or (loss					66,068			66,068
enne		Gross income from (not including \$	fundraising even	ts			·			·
Other Revenu		of contributions rep See Part IV, line 18	8							
5		Less: direct expe		-	events	11				
		Gross income from	•			u				
		See Part IV, line 19								
	b	Less: direct expe								
		Net income or (le	,	ng activ	rities	u				
	10a	Gross sales of in	•							
	h	returns and allow								
		Less: cost of good Net income or (le			entorv	11				
			llaneous Revenue			Busn. Code				
	11a									
	b									
	C									
		All other revenue Total. Add lines				u				
	12	Total revenue.					1,318,298	802	2 0	97,877

Form 990 (2018)

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).

00011	Check if Schedule O contains a respo		<u> </u>	cic column (A).	
Do n		(A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
	b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	71 641	71 6/1		
_	and domestic governments. See Part IV, line 21	71,641	71,641		
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	106,691	58,680	26,673	21,338
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	669,867	583,536	60,861	25,470
8	Pension plan accruals and contributions (include	,	,	,	
,	section 401(k) and 403(b) employer contributions)	13,292	11,460	1.329	503
9	Other employee benefits	33,380		1,329 2,996	503 1,901
_		59,384	49,444	6,532	3,408
10	Payroll taxes	33,304	7 <i>7 </i> 777	0,532	3,700
11	Fees for services (non-employees):				
	Management				
	Legal	0 070	0 004	1 101	
	Accounting	9,970	8,204	1,191	575
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	(A) amount, list line 11g expenses on Schedule O.)	134,189	130,628	2,293	
12	Advertising and promotion	4,528		617	268
13	Office expenses	42,298		11,358	
14	Information technology	96,251	79,146	11,536	5,569
15	Royalties				
16	Occupancy	32,003	26,353	3,825	1,825
17	Travel	7,470	6,835	110	525
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	23,321	21,123	390	1,808
20	Interest	-	-		-
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	13,231	13,231		-
23	Incurance	9,711	8,611	744	356
24	Other expenses. Itemize expenses not covered	- ,	0, 0 = =	, ==	
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O.) Dues, Library, Subscripts	15,095	14,018	556	521
a	· · · · · · · · · · · · · · · · · · ·	5,745	5,200	279	266
b	Continuing Education	1,190	1,190	4/9	∠00
C	Filing Fee Expense				
d	Bar Fees & Lobby Fees	1,065	1,065		
e	All other expenses	1 250 200	1 140 763	121 200	70.000
25	Total functional expenses. Add lines 1 through 24e	1,350,322	1,148,763	131,290	70,269
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				
DAA	following SOP 98-2 (ASC 958-720)				- 000

		Balance Sheet					
		Check if Schedule O contains a response or note	to any line in t	this Part X			X
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			6,317	1	
	2	Savings and temporary cash investments			756,858		629,834
	3	Pledges and grants receivable, net			,	3	,
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and former of					
		trustees, key employees, and highest compensated em					
		0 1 0 1 1 10 1 1 1 1	5				
	6	Loans and other receivables from other disqualified per					
		4958(f)(1)), persons described in section 4958(c)(3)(B),					
		sponsoring organizations of section 501(c)(9) voluntary	employees' be	eneficiary			
S		organizations (see instructions). Complete Part II of Sch	nedule L			6	
Assets	7	Notes and loans receivable, net				7	
ğ	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	364,146 182,701			
	b	Less: accumulated depreciation	10b	182,701	152,588	10c	
	11	Investments—publicly traded securities			968,535	11	903,164
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 3	4)		1,884,298		1,714,443
	17	Accounts payable and accrued expenses			12,662	17	15,199
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of	of Schedule D			21	
es	22	Loans and other payables to current and former officers	, directors,				
ij		trustees, key employees, highest compensated employe	ees, and				
Liabilities						22	_
_	23	Secured mortgages and notes payable to unrelated thir	d parties			23	
	24	Unsecured notes and loans payable to unrelated third p				24	
	25	Other liabilities (including federal income tax, payables t					
		parties, and other liabilities not included on lines 17-24).				0.5	
	00	of Schedule D Total liabilities. Add lines 17 through 25			12,662	25	15,199
\dashv	26	Organizations that follow SFAS 117 (ASC 958), cher		X and	12,002	26	13,133
S		complete lines 27 through 29, and lines 33 and 34.	ck nere u	Allu			
ည	27				1,626,605	27	1,645,774
ala	28	T 9 414 1 4 4			245,031		53,470
d B	29	Permanently restricted net assets Permanently restricted net assets				29	33,170
Fun		Organizations that do not follow SFAS 117 (ASC 95	e u and				
P		complete lines 30 through 34.					
ets	30	One it all at a all and toward ordinal and a command formula			30		
SS	31	Paid-in or capital surplus, or land, building, or equipmen				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, of				32	
Z	33		-		1,871,636		1,699,244
_	34	Total liabilities and net assets/fund balances			1,884,298		1,714,443

Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,3	18,	298
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,3		
3	Revenue less expenses. Subtract line 2 from line 1	3			024
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,8		
5	Net unrealized gains (losses) on investments	5	-1	40,	368
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 in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	(//	10	1,6	99,	244
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			
				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.				
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:				
	X 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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				1
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				1
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

u Attach to Form 990 or Form 990-EZ.

u Go to 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	this 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-									

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) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 837,925 1,727,880 780,060 1,876,038 1,219,619 6,441,522 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 3 837,925 780,060 1,727,880 1,876,038 1,219,619 6,441,522 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) 197,415 Public support. Subtract line 5 from line 4. 6,244,107 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 **(e)** 2018 (f) Total Amounts from line 4 837,925 1,727,880 780,060 1,876,038 1,219,619 6,441,522 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from 18,504 44,907 40,028 44,275 39,328 187,042 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 6,629,233 Gross receipts from related activities, etc. (see instructions) 12 12 15,441 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 2018 (line 6, column (f) divided by line 11, column (f)) 14 14 94.19% Public support percentage from 2017 Schedule A, Part II, line 14 15 15 95.47% 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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 18

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

2018

Open to Public

Department of the Treasury Internal Revenue Service

u Complete if the organization is described below.

scribed 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	ection 501(c)(4), (5), or (6) organizations: Complete Part III.				
	of organization MAINE EQUAL JUSTICE	PARTNERS		Employer ident 04-33462	ification number 73
Pai	t I-A Complete if the organization is exem		or is a sectio		
1	Provide a description of the organization's direct and indirect				
	definition of "political campaign activities")				
2	Political campaign activity expenditures (see instructions)			u \$	
3	Volunteer hours for political campaign activities (see instruc				
Pai	t I-B Complete if the organization is exem	pt under section 501(c)	(3).		
1	Enter the amount of any excise tax incurred by the organization	tion under section 4955		u \$	
2	Enter the amount of any excise tax incurred by organization	managers under section 4955		u \$	
3	If the organization incurred a section 4955 tax, did it file Form	m 4720 for this year?			Yes No
4a					
b	If "Yes," describe in Part IV.				
Pai	t I-C Complete if the organization is exem	pt under section 501(c)	, except secti	on 501(c)(3).	
1	Enter the amount directly expended by the filing organization	n for section 527 exempt function	n		
	activities			u \$	
2	Enter the amount of the filing organization's funds contribute	S .			
	527 exempt function activities			u \$	
3	Total exempt function expenditures. Add lines 1 and 2. Ente	r here and on Form 1120-POL,			
	line 17b			u \$	
4	Did the filing organization file Form 1120-POL for this year?				Yes No
5	Enter the names, addresses and employer identification nur	•	-	-	
	organization made payments. For each organization listed, e				
	the amount of political contributions received that were prom			•	
	as a separate segregated fund or a political action committee	e (PAC). If additional space is n	eeded, provide info T	ormation in Part IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political contributions received and
				filing organization's funds. If none, enter -0	promptly and directly
				,	delivered to a separate
					political organization. If none, enter -0
(4)					ii none, enter o .
(1)					
(2)					
(2)					
(3)					
(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) 2018

MEJP 08/15/2019 9:31 AM		
Schedule C (Form 990 or 990-EZ) 2018 MAINE EQUAL JUSTICE PARTNERS	04-3346273	Page
Part II-A Complete if the organization is exempt under section 501(c)(3) an section 501(h)).	d filed Form 5768 (elect	ion under
 A Check u if the filing organization belongs to an affiliated group (and list in Part IV early address, EIN, expenses, and share of excess lobbying expenditures). B Check u if the filing organization checked box A and "limited control" provisions approximately approxima		s name,
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 (grass roots lobbying)	9,327	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	22,386	
c Total lobbying expenditures (add lines 1a and 1b)	31,713	
d Other exempt purpose expenditures	1,318,609	
e Total exempt purpose expenditures (add lines 1c and 1d)	1,350,322	
f Lobbying nontaxable amount. Enter the amount from the following table in both	210, 022	

columns.	unt from the following table in both	210,032		
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.			
g Grassroots nontaxable amount (enter 25% c	Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less,	0			
i Subtract line 1f from line 1c. If zero or less.	ubtract line 1f from line 1c. If zero or less, enter -0-			

j 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?

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 Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total				
2a Lobbying nontaxable amount	153,324	154,192	225,081	210,032	742,629				
b Lobbying ceiling amount (150% of line 2a, column (e))					1,113,944				
c Total lobbying expenditures	40,532	53,610	114,318	31,713	240,173				
d Grassroots nontaxable amount	38,331	38,548	56,270	52,508	185,657				
e Grassroots ceiling amount (150% of line 2d, column (e))					278,486				
f Grassroots lobbying expenditures	4,639	37 , 607	52,139	9,327	103,712				

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990-EZ) 2018 MAINE EQUAL JUSTICE PARTNERS 04-3346273 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

	(election under section 501(h)).								
	and Was I response as lives to through dishelaw manide in Dout IV a detailed	(a)			(b)				
For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed lescription of the lobbying activity.					Amo	unt			
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:								
	Volunteers?								
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?								
С	Media advertisements?								
d	Mailings to members, legislators, or the public?								
е	Publications, or published or broadcast statements?								
f	Grants to other organizations for lobbying purposes?								
g									
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?								
i	Other activities?								
-	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								
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912								
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?								
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), (r se	ction					
						Yes	No		
1	Were substantially all (90% or more) dues received nondeductible by members?				1				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2				
3					3				
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), (or se	ction					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O	R (b)	Part	III-A, I	ine 3	B, is			
	answered "Yes."								
1	Dues, assessments and similar amounts from members		1						

•	2 doc, doctorione and chimal amount non-monore		
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).		
а	Current year	2a	
b	Carryover from last year	2b	
С	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

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 group 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 Treasury 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.

Open to Public Inspection

Name of the organization Employer identification number

MZ	AINE EQUAL JUSTICE PARTNERS		04-3346273
	ort I Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on F		accounts.
	Complete if the organization answered Tes on T	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	· · · · · · · · · · · · · · · · · · ·	(b) I undo and other accounts
_	Aggregate value of contributions to (during year)		
2			
3 4	Aggregate value at end of year		
5	Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that ti		
3	•		☐ Yes ☐ No
6	funds are the organization's property, subject to the organization's exclus		No
6	Did the organization inform all grantees, donors, and donor advisors in w only for charitable purposes and not for the benefit of the donor or donor		
	, ,		☐ Yes ☐ No
Da	conferring impermissible private benefit?		Yes No
Га	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check a	ll that apply).	
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impo	ortant land area
	Protection of natural habitat	Preservation of a certified historic	structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organization held a qualified conserva	ation contribution in the form of a conserva	ation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure include	ded in (a)	2c
d			
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extir		n during the
	tax year u		
4	Number of states where property subject to conservation easement is loc	cated u	
5	Does the organization have a written policy regarding the periodic monitor	ring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of v		
	u	-	•
7	Amount of expenses incurred in monitoring, inspecting, handling of violat	ions, and enforcing conservation easemer	nts during the year
	u \$	-	
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easemer	nts in its revenue and expense statement,	and
	balance sheet, and include, if applicable, the text of the footnote to the or	ganization's financial statements that desc	cribes the
	organization's accounting for conservation easements.		
Pa	organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on F		Similar Assets.
10	If the organization elected, as permitted under SFAS 116 (ASC 958), not		ance sheet
ıa	works of art, historical treasures, or other similar assets held for public ex	•	
	public service, provide, in Part XIII, the text of the footnote to its financial		
h	If the organization elected, as permitted under SFAS 116 (ASC 958), to r		e sheet
	works of art, historical treasures, or other similar assets held for public ex		
	public service, provide the following amounts relating to these items:	and a restauration, or research in fulfillers	
			11 \$
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		u \$
2	If the organization received or held works of art, historical treasures, or o	ther similar assets for financial gain provide	
_	following amounts required to be reported under SFAS 116 (ASC 958) re		ac tric
2	• • • • • • • • • • • • • • • • • • • •	•	11 \$
	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		
	7,000to moradou in riorini 000, ridit /t		α ψ

Schedule D (Form					PARTNERS		04-33462			Page 2
Part III	Organizatio	ns Mainta	ining Col	llections of A	Art, Historical Tr	easures, e	or Other Simil	ar Asset	ts (continu	ied)
	organization's actems (check all		cession, and	d other records,	check any of the follow	wing that are	a significant use o	f its		
a Public	exhibition			d 🗌 I	_oan or exchange pro	grams				
H	arly research				Other	-				
	rvation for future	nenerations								
		-	n's collection	ns and explain h	ow they further the or	nanization's e	exempt nurnose in	Part		
XIII.	acachphon or the	o organization	13 CONCCUO	is and explain in	ow they farther the or	gariization 3 c	xempt purpose in	ı arı		
	voor did the er	ition	liait ar raaain	is denstions of i	ant biotonical traceura		milar			
-	•	-			art, historical treasure					
					t of the organization's	collection?		<u> </u>	Ye	es No
	Escrow and				on Form 000 Do	ممال / الممر) or reported a		at an Farm	
			alion ans	wered res	on Form 990, Pa	irt iv, ime s	a, or reported a	ın amour	it on Form	
	990, Part X,									
_	_				y for contributions or					
	n Form 990, Par								[Ye	es No
b If "Yes," ex	plain the arrang	ement in Par	t XIII and co	mplete the follow	wing table:					
									Amoun	t
c Beginning	balance							1c		
d Additions of	during the year							1d		
								1e		
								1f		<u>.</u>
2a Did the org	anization includ	e an amount	on Form 99	0, Part X, line 2	1, for escrow or custo	dial account li	iability?		Ye	es No
					anation has been prov					
	Endowment			•	•					
***************************************	Complete if t	he organiz	ation ans	wered "Yes"	on Form 990, Pa	rt IV. line 1	10.			
	•			Current year	(b) Prior year	(c) Two ye		hree years bac	ck (e) Fou	r years back
1a Beginning	of year balance			-						
	ons									
c Not invest	ment earnings, g	 vaine and								
_										
losses										
	scholarships									
	enditures for faci	lities and								
programs						1				
	tive expenses .									
	r balance									
	•	-	-	,	line 1g, column (a)) he	eld as:				
				%						
	t endowment ${f u}$									
c Temporaril	ly restricted end	owment ${f u}_{\perp}$		%						
The percer	ntages on lines 2	2a, 2b, and 2	c should equ	ual 100%.						
3a Are there e	endowment fund	ls not in the p	ossession c	of the organization	on that are held and a	dministered fo	or the		1	
organizatio	on by:									Yes No
(i) unrela	ted organization	s							3a(i)	
	dorganizations								2-/::\	
b If "Yes" on	line 3a(ii), are th	ne related org	ganizations I	isted as required	d on Schedule R?				3b	
				ization's endowr						
Part VI	Land, Buildi	ings, and	Equipme	nt.						
		_			on Form 990, Pa	rt IV, line 1	I1a. See Form	990, Par	rt X, line 10) .
	Description of prop			(a) Cost or other ba			(c) Accumulat		(d) Book	
				(investment)	(oth	ner)	depreciation	ı		
1a Land										
					.3	28,521	153	3,400	1	75,121
c Leasehold	improvements		·····		<u> </u>	,		,		- ,
						35,625	29	,301		6,324
	t					JJ , J <u>Z</u> J	22	,,,,,,		J,J21
				orm 000 Part V	, column (B), line 10c.)	1	u	1	81,445
. Juli Add III 65	ia unougii ie. (ooiaiiiii (u) II	iusi oqual I	onn 330, I ail A	, oolullii (<i>D),</i> iiil e 106.	/	<u> </u>	u		<u>,</u>

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on	Form 990 Part IV/ II	ing 11h See Form 000 Part Y line	12
	(a) Description of security or category	(b) Book value	(c) Method of valuation:	12.
	(including name of security)	(b) book value	Cost or end-of-year market value	
(4) Financial d			Cost of one of year market value	
(1) Financial d	erivatives			
	ld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 12.) u			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, li	ine 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)				
(5)				
(6)				
(7)				
(8)				
(9)	(h)			
Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.) u Other Assets.			
FAILIA		Form 000 Port IV/ I	ing 11d Cas Form 000 Part V line	1 E
	Complete if the organization answered "Yes" on	roiiii 990, Pait IV, ii		
	(a) Description		(b) B0	ok value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 15.)		u	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, I	ine 11e or 11f. See Form 990, Part 3	Χ,
	line 25.			
1.	(a) Description of liability	(b) Book value		
(1) Federal i	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)			_	
(7)			-	
(8)			_	
(9)	4) 4 45 000 5 114 45 115 15 15		_	
ı otal. (Column	n (b) must equal Form 990, Part X, col. (B) line 25.) u	1		

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

	Complete if the organization answered "Yes" on Form 9	990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements			1	1,178,236
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-140,368		
	Donated services and use of facilities	26			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	7,519		
	Add lines 2a through 2d			2e	-132,849
	Subtract line 2e from line 1			3	1,311,085
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,213		
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	7,213
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,318,298

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1	1,350,628
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	7,519		
	Add lines 2a through 2d		2	e!e	7,519
3	Subtract line 2e from line 1		3	3	1,343,109
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,213		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b		4	c	7,213
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	.)	5	5	1,350,322

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X - FIN 48 Footnote

The Organization is a non-profit organization exempt from income tax under U.S. Internal Revenue Code Section 501(c) (3) and comparable state law and contributions to the Organization qualify as tax-deductible charitable contributions within the limitations prescribed by the Code. The Organization has been classified as a publicly supported organization that is not a private organization under Section 509(a)(2) of the Code. Organization follows the recognition requirements for uncertain income tax positions as required by generally accepted accounting principles. Income tax benefits are recognized for income tax positions taken or expected to be taken in a tax return, only when it is determined that the income tax position will more-likely-than-not be sustained upon examination by taxing

authorities. It is the opinion of management that the Orga	anizati	on had no
uncertain tax positions that qualify for recognition or d	isclosu	re in the
financial statements. The Organization is subject to exam	ination	s by tax
authorities for three years following the filing of the re	eturn.	
Part XI, Line 2d - Revenue Amounts Included as Audit, not	990, R	evenues
Rent Exp 990 subtraction on Revenue pg	\$	7,519
Part XII, Line 2d - Expense Amounts Included as Audit, no	t 990,	Expenses
Rent Exp moved to Rev pg, per Part XI above	\$	7,519
•		
·		

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.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization MAINE EQUAL JUSTICE PARTNERS 04-3346273 **General Information on Grants and Assistance** Part I 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (a) Name and address of organization (c) IRC (b) EIN (d) Amount of cash (e) Amount of non-(h) Purpose of grant (g) Description of (book, FMV, appraisal, other) section cash assistance or assistance or government grant noncash assistance (if applicable) (1) Maine AFL-CIO 21 Gabriel Drive Advocacy Augusta ME 04330 01-0113840 501c5 19,641 (2) Maine People's Resource Center 565 Congress Street, #200 Health Care Advocacy Portland ME 04101 01-0383493 501c4 15,500 (3) University of Southern Maine 96 Falmouth Street Technical Assistance Portland ME 04103 01-6000769 12,500 (4) (5) (6) (7) (9) u 0 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table

		Is. Complete if the o	organization answered	l "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							
Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of noncash as							
3		Ace is needed. Number of cash grant (c) Amount of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) The composition of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) The composition of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) The composition of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) The composition of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) The composition of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) The composition of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) The composition of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) The composition of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) The composition of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) The composition of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) The composition of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) The composition of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) The composition of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) The composition of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) The composition of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) The composition of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) The composition of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) The composition of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) The composition of noncash assistance (e) Method of valuation (b) Method of val					
4					thod of valuation (book, IV, appraisal, other) (f) Description of noncash assistance IV, appraisal, other) ny other additional information.		
5							
6							
7							
Part III can be duplicated if additional space is needed. (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 (g) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance (g) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance (g) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance (g) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance (g) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance (g) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance (g) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance (h) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance (h) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance (h) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance (h) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance							
grantees and review of requ	ired deliveral	oles, as spel	lled out in th	ne			
(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 (e) Method of valuation (book, FMV, appraisal, other) (g) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) (g) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) (g) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) (g) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance (f) Descripti							

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
2018

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 - Organization's Mission

Part III, Line 1. Maine Equal Justice is a nonprofit legal aid provider working to increase economic security, opportunity, and equity for people in Maine, through public policy advocacy, organizing, legal representation and impact litigation, and statewide education and training.

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

ORGANIZING Program Service Expense: \$128,362, incl \$20,641 Grants

LOBBYING ACTIVITY Program Service Expense: \$31,713 incl \$ 0 Grants

FOOD/HUNGER Program Service Expense: \$47,551, incl \$8,000 Grants

HOUSING Program Service Expense: \$21,359, incl \$ 0 Grants

CONSUMER PROTECTION Program Service Expense: \$3,328, 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 Pr	ocess for Top Official
The Board approves the Executive Director sal	ary after consulting the Maine
Association of Nonprofit annual salary survey	and other factors.
Form 990, Part VI, Line 15b - Compensation Pr	ocess for Officers
There are no paid Other Officers and Key Empl	oyees per the IRS definition.
Form 990, Part VI, Line 19 - Governing Docume	nts Disclosure 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	payroll taxes and related
payroll liabilities, and an annual depreciati	
Sheet assets. The Accounts Payable figure in	cludes payroll taxes and
pension liabilities.	
	Dans 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

2018

Open to Public Inspection

Name of the organization					Employer ide	entification number
MAINE EQUAL JUSTICE PARTNERS	04-334	04-3346273				
Part I Identification of Disregarded Entities. Complete if the o	organization ansv	wered "Yes" on F	orm 990, Part IV	, line 33.		
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domici or foreign co	le (state Tota ountry)	(d) al income E	(e) ind-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
Part II Identification of Related Tax-Exempt Organizations. Conne or more related tax-exempt organizations during the tax-exempt organizations during the tax-exempt organizations.	omplete if the or	rganization answe	ered "Yes" on Fo	rm 990, Part IV,	line 34, becaus	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity? Yes No
(1) Maine Equal Justice Project 126 Sewall Street 01-0503454 Augusta ME 04330	Advocacy	ME	501c4		N/A	x
(2)	Advocacy	PIE	30104		N/A	
(3)						
(4)						
(5)						

Schedule R (I	Form 990) 2018 MAINE EQUAL JUSTIC	E PARTNER	.S		346273										Pag	ge 2
Part III	Identification of Related Organization because it had one or more related or	ons Taxable	as a	Partnership. d d as a partners	Complete if the ship during the	organizatio tax year.	n answered "Y	es" on	Forr	m 99	90, Par	t IV, line	34,			
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of tota income	(g) Share of e year as	end-of-	Dis porti alle	(h) spro- ionate oc.?	amour of Scl	(i) e V—UBI nt in box 20 nedule K-1 rm 1065)	Gene mana part	ner?	(k) Percent owners	
(1)			country)		Sections 312-314)				Yes	No			Yes	No		
(2)																
(3)																
(4)																
Part IV	Identification of Related Organization line 34, because it had one or more re	ons Taxable	as a	L Corporation of streated as a	or Trust. Comp	olete if the o	rganization ans	wered	"Ye	s" o	n Form	990, Pa	rt IV,	,		
	(a) Name, address, and EIN of related organization	(b) Primary activi		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income			(g) Share of f-year	of assets	(h) Percen owners	tage		(i) Sectio 512(b)(1 controll entity)	on (13) lled
(1)														Y	'es I	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	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
	During the tax year, did the organization engage in any of the following transactions with one or more related	l organizations listed in Pa	arts II–IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	· ·			1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b		Х
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
d	Loans or loan guarantees to or for related organization(s)				1d		Х
е	Loans or loan guarantees by related organization(s)				1e		Х
	• • • • • • • • • • • • • • • • • • • •						
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
•					_		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		х
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Х
o	Sharing of paid employees with related organization(s)				10		Х
р	Reimbursement paid to related organization(s) for expenses				1p		Х
a q	Reimbursement paid by related organization(s) for expenses				1q		Х
•							
r	Other transfer of cash or property to related organization(s)				1r		Х
s	Other transfer of cash or property from related organization(s)				1s		Х
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line						•
	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction	Amount involved	Method of determining amount	nt involve	ed	
		type (a-s)					
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							

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		c)(3)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate tions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		General or managing		General or managing		(k) Percentage ownership
		country)	sections 512-514)	Yes	No			Yes	No		Yes	No					
(1)																	
(2)																	
(3)																	
(4)																	
(5)																	
(6)																	
(7)																	
(8)																	
(9)																	
(10)																	
(11)																	