Form	990
Form	990

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Inspection Internal Revenue Service A For the 2023 calendar year, or tax year beginning and ending C Name of organization D Employer identification number В Check if applicable Address change Maine Equal Justice Partners Name change 04-3346273 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 126 Sewall Street (207) 626-7058 2714077. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended Augusta, ME 04330 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: Matt Scease Yes X No for subordinates? same as C above H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions www.maineegualjustice.org J Website: H(c) Group exemption number **K** Form of organization: **X** Corporation Other L Year of formation: 1996 M State of legal domicile: ME Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: Maine Equal Justice is a 1 Activities & Governance Nonprofit legal aid and economic justice organization 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 15 3 Number of voting members of the governing body (Part VI, line 1a) 3 15 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 33 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 5 Total number of volunteers (estimate if necessary) 140 6 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 2172083. 2580805. Contributions and grants (Part VIII, line 1h) 8 Revenue 450. Ο. 9 Program service revenue (Part VIII, line 2g) 75550. 129414. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 3858. 11 2248083. 2714077. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 68745. 1011018. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1693399. 2246050. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 170162. b Total fundraising expenses (Part IX, column (D), line 25) 912664. 488641. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 2674808. 3745709. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 -1031632. -426725. Revenue less expenses. Subtract line 18 from line 12 19 **Beginning of Current Year** End of Year P 5528593. 4775624. 20 Total assets (Part X, line 16) 139894. 184302. 21 Total liabilities (Part X, line 26) let 5388699. 4591322 Net assets or fund balances. Subtract line 21 from line 20 22 Part II 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.

Sign	Signature of officer		Date						
Here	Ben Grant, Treasurer								
	Type or print name and title								
	Print/Type preparer's name Peter montano	Preparer's signature DI OM I	Date	Check PTIN					
Paid	Peter montano	Preparer's signaturi Peta Matar	8/13/24	self-employed P01200943					
Preparer	Firm's name PGM LLC		Firm's	EIN 82-4812448					
Use Only	Firm's address 319 Main Street								
	Biddeford, ME 040	Phone	Phone no. (207) 415-5714						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions X Yes No								
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)								
	~ 1 1 1 ~ 6 ~ 6 1								

See Schedule O for Organization Mission Statement Continuation

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Maine Equal Justice is a nonprofit legal aid and economic justice organization working to increase economic security, opportunity and
	equity for people in Maine.
	odaroj ror poopro in narnov
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$558513. including grants of \$) (Revenue \$)
	Litigation & Other Advocacy: MEJ represents clients (individuals below
	200% of the federal poverty level) before administrative agencies, the state legislature and state & federal courts primarily to ensure that
	they can meet basic needs, including food, housing, utilities, health
	care, and to protect and advance their rights as consumers. MEJ handled
	644 individual cases in 2023, as well as 40 systemic cases and
	rulemakings affecting programs that serve over 345,000 people, and our
	15 trainings reached 773 people. Individual and systemic cases focused
	on health care (primarily Medicaid related), food assistance and income supports, employment issues, housing and utility matters, consumer
	protections, and education or family issues.
4b	(Code:) (Expenses \$207859. including grants of \$) (Revenue \$)
	Health Care: MEJ performs legal research, public policy analysis, and
	develops strategies to improve access to health care for people with
	low income at the state level. Specific state activities included
	providing education on the benefits of Medicaid and how to access health coverage as pandemic-era benefits end, and advocating to
	preserve and increase access to Medicaid to close gaps in health care
	coverage for people with low income.
4c	(Code:) (Expenses \$ 1276882. including grants of \$ 988321.) (Revenue \$
	Increasing Opportunity/Income Support: MEJ performs legal research and
	public policy analysis, and develops strategies to improve Temporary
	Assistance for Needy Families (TANF) and other anti-poverty programs
	that provide income support to low-income families. Activities include improving administrative processes, increasing access to economic
	support programs and providing support to qualifying households through
	our Build HOPE program and Next Step projects. MEJ is also a partner in
	the Peer Workforce Navigator pilot program.
44	Other program services (Describe on Schedule O.)
4u	(Expenses \$ 1184979. including grants of \$ 22697.) (Revenue \$ 3858.)
4e	Total program service expenses 3228233.
	Form 990 (2023
332002	2 12-21-23
700	3 2023.04010 MAINE EOUAL JUSTICE PARTN 10475
100	12 152130 10475 2023.04010 MAINE EQUAL JUSTICE PARTN 10475

 Form 990 (2023)
 Maine Equal Justice Partners

 Part III
 Statement of Program Service Accomplishments

155

___2

Page **2**

04-3346273

Form 990 (Partners
Part IV	Checklist of F	Required S	chedules	5	

			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	Х	
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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_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		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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			37
	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			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		х
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	120		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13 14a		X
14a		14a		
a	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	116		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		- 22
13		15		х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. 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			
10	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,"			
		19		х
202	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 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? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i>	21	x	
332003				(2023)

332003 12-21-23

15570812 152130 10475

Form	990	(2023)
FUIII	330	120201

 Form 990 (2023)
 Maine Equal Justice Partners
 04-3346273
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Ves
 No

			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		<u>X</u>
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		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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 the 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
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	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 11			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	Х	
332004	12-21-23	Form	990	2023)
	5			

15570812 152130 10475

5 2023.04010 MAINE EQUAL JUSTICE PARTN 10475_2

Form	990 (2023) Maine Equal Justice Partners	04-3346	273	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 33			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х	
			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	iccount)?	4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
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 transa	ction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				
	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 contribut	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b			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:	L., I			
	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	10		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a		
	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.		13a		
a	Is the organization licensed to issue qualified health plans in more than one state?		154		
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
D	organization is licensed to issue qualified health plans	13b			
^	Enter the amount of reserves on hand	13c			
			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		110		
	excess parachute payment(s) during the year?		15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
332005	- 12-21-23		Form	990	(2023)
	F				

Form 990	(2023)
----------	--------

Page **6**

 Form 990 (2023)
 Maine Equal Justice Partners
 04-3346273
 Page

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

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X						
Sec	tion A. Governing Body and Management											
					Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15	5								
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.											
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15	5								
2												
	officer, director, trustee, or key employee?			2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the											
				3		x						
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's ass			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 ap											
74	more members of the governing body?			7a		x						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			14								
D	persons other than the governing body?			7b		x						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			10								
	The governing body?		•	8a	х							
a h	Each committee with authority to act on behalf of the governing body?			8b	X							
0				uo	23							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real			9		x						
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		<u></u>						
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)		Vee	Na						
10-	Did the exercitive have level charters brenches as efficience?			100	Yes	No X						
	Did the organization have local chapters, branches, or affiliates?			<u>10a</u>								
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•		101								
			e filie e the e ferme 0	10b 11a		x						
	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?											
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.											
	12a Did the organization have a written conflict of interest policy? If "No," go to line 13											
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," d	escribe		37							
	on Schedule O how this was done			12c	X	<u> </u>						
13	Did the organization have a written whistleblower policy?			13	X							
14	Did the organization have a written document retention and destruction policy?			14	Х							
15	Did the process for determining compensation of the following persons include a review and approva	-	dependent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
а	The organization's CEO, Executive Director, or top management official			15a	X							
b	Other officers or key employees of the organization			15b	Х							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith 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	te its p	articipation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatior	ı's									
	exempt status with respect to such arrangements?			16b								
Sec	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed None											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3)	s only)	availat	ole						
	for public inspection. Indicate how you made these available. Check all that apply.											
	X Own website Another's website X Upon request Other (explain	n on Sc	hedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			d finano	cial							
	statements available to the public during the tax year.											
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	d records									
	Matt Scease - (207) 626-7058											
	126 Sewall Street, Augusta, ME 04330					_						
332006	6 12-21-23			Form	990	(2023)						
	7											

2023.04010 MAINE EQUAL JUSTICE PARTN 10475_2

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A)	(B)	l	mzu			iper	Jun	(D)	(E)	(F)			
Name and title			(C) Position					Reportable	(-) Reportable	Estimated			
Name and the	Average hours per	(do not check more				than o		compensation	compensation	amount of			
	week					box, unless person is both an officer and a director/trustee)					from	from related	other
	(list any	tor						the	organizations	compensation			
	hours for	direc				Ð		organization	(W-2/1099-MISC/	from the			
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization			
	organizations	trust	al tru		oyee	ad mo		1099-NEC)		and related			
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner			organizations			
	line)	Indiv	Insti	Officer	Key	High emp	Former						
(1) Robyn Merrill	35.00												
Executive Director				Х				97569.	0.	20689.			
(2) Mathew Scease	35.00												
Development and Finance Director				Х				81444.	0.	14820.			
(3) Lauren Wille	1.00												
President		Х		Х				0.	0.	0.			
(4) Lisa Black	1.00												
Vice President		Х		Х				0.	0.	0.			
(5) Ben Grant	1.00												
Treasurer		Х		Х				0.	0.	0.			
(6) Charlie Dingman	1.00												
Secretary		Х		Х				0.	0.	0.			
(7) Shanna Cox	0.50												
Board Member		Х						0.	0.	0.			
(8) Sara Gideon	0.50												
Board Member		Х						0.	0.	0.			
(9) Belinda Kande	0.50												
Board Member		Х						0.	0.	0.			
(10) Bruce King	0.50												
Board Member		Х						0.	0.	0.			
(11) Susan Kiralis	0.50												
Board Member		Х						0.	0.	0.			
(12) Maggie Lavoie	0.50												
Board Member		Х						0.	0.	0.			
(13) Tina Nadeau	0.50												
Board Member		Х						0.	0.	0.			
(14) Shelice Rhule	0.50												
Board Member		Х						0.	0.	0.			
(15) Jennifer Richardson	0.50												
Board Member		Х						0.	0.	0.			
(16) Erica Schair-Cardona	0.50							_					
Board Member		Х						0.	0.	0.			
(17) Rachel Wertheimer	0.50												
Board Member		Х						0.	0.	0.			
332007 12-21-23					_					Form 990 (2023)			

15570812 152130 10475

8

	990 (2023) Maine Equ									04-33	462	273	P	age 8
Par	t VII Section A. Officers, Directors, Trust (A)	(B)	oloye		(0))		t C	(D)	s <u>(continued)</u> (E)			(F)	
	Name and title	Average hours per week (list any hours for related	box,	not ch unles cer and	s per	nore son is recto	than o s both r/trust	an	Reportable compensation from the organization (W-2/1099-MISC/	Reportable compensation from related organizations (W-2/1099-MISO 1099-NEC)		am comp fre	timate ount other oensa om th anizat	of ation e
		organizations below line)	In dividual trus	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)				l relat nizati	
									179013.		0.		255	09.
с	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							<u> </u>		0.			$\frac{09}{00}$
2	Total number of individuals (including but no compensation from the organization								eceived more than \$100,	000 of reportable			Vee	0
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su	uch individual									[3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	,000? If "Yes,	" coi	mple	ete S	Sche	dule	J f	or such individual			4		x
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com tion B. Independent Contractors											5		X
1	Complete this table for your five highest con the organization. Report compensation for t	•	•							•	ensati	on fro	m	
	(A) Name and business	address	NC	DNE	:				(B) Description of s	ervices	Co	(C omper) Isatio	n
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nited	l to t	hos 0	e list)	ted	above) who received mo	ore than			000	

332008 12-21-23

		(2023) Maine Equal Ju	ustice Pa	artners		04-3346	273 Page 9
Pa	rt VI						
		Check if Schedule O contains a response of	or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns 1a	77362.				
Gran	b	Membership dues 1b					
ts, (Am	С	v					
Gif	d	Related organizations 10					
Sins,	e f	Government grants (contributions)1eAll other contributions, gifts, grants, and					
her			2503443.				
l Otl	g		5338.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		2580805.			
			Business Code				
e	2 a						
er vi	b						
n Sí	С						
grar Rev	d						
Program Service Revenue	f	All other program service revenue					
_	a						
	3	Investment income (including dividends, interest other similar amounts)	st, and	129414.			129414.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	· ···					
	С						
		Net rental income or (loss)	(ii) Other				
	7 a	Gross amount from sales of assets other than inventory 7a					
	b	Less: cost or other basis					
e		and sales expenses					
venue	с	Gain or (loss) 7c					
	d	Net gain or (loss)					
Other Re	8 a	Gross income from fundraising events (not including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	b						
	с 9 а	Gross income from gaming activities. See					
	5 a	Part IV, line 19					
	b	Less: direct expenses 9b					
	с	· · · · · · · · · · · · · · · · · · ·					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold					
	с	Net income or (loss) from sales of inventory	Business Code				
sn	11 a	Miscellaneous	900099	3858.	3858.		
neo	l i a b						
ella	c						
Miscellaneous Revenue	d	All other revenue					
2	е	Total. Add lines 11a-11d		3858.			
	12	Total revenue. See instructions		2714077.	3858.	0.	129414.
33200	9 12-21	-23					Form 990 (2023)

Form 990 (2023) Maine Equal Justice Partners
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).

D -	Check if Schedule O contains a respons		(B)	(C)	
7b, 8	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	00040			
	and domestic governments. See Part IV, line 21	92940.	92940.		
2	Grants and other assistance to domestic	010050	010070		
	individuals. See Part IV, line 22	918078.	918078.		
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,	014500	1 7 4 1 0 0	06570	10001
	trustees, and key employees	214522.	174192.	26579.	13751.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	100000	122200	001065	104426
7	Other salaries and wages	1629263.	1322962.	201865.	104436.
8	Pension plan accruals and contributions (include	26159	20250	4400	0010
-	section 401(k) and 403(b) employer contributions)	<u> </u>	29359.	<u>4480.</u> 27557.	<u>2318</u> 14256
9	Other employee benefits		180598.		
10	Payroll taxes	143697.	118532.	15808.	9357.
11	Fees for services (nonemployees):				
	Management	1566.	1566.		
	Legal	25323.	20563.	3137.	1623.
	Accounting	21723.	20563.	5157.	1023.
	Lobbying	21/23.	21/23.		
	Professional fundraising services. See Part IV, line 17	18403.		18403.	
f	Investment management fees	10403.		10403.	
g	Other. (If line 11g amount exceeds 10% of line 25,	73627.	61719.	7848.	4060.
	column (A), amount, list line 11g expenses on Sch 0.)	7022.	5702.	870.	4000
	Advertising and promotion	60112.	48811.	7448.	3853
13	Office expenses	97366.	79061.	12064.	6241
14 45	Information technology	97500.	79001.	12004.	02410
15	Royalties	24543.	19929.	3041.	1573.
16 17	Occupancy	6821.	5539.	845.	437.
17 18		0021.	5555.	045.	4376
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
10	Conferences, conventions, and meetings	84613.	73981.	7007.	3625.
19 20		04010.	, , , , , , , , , , , , , , , , , , , ,	7007•	5025
20 21	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	14070.	11425.	1743.	902.
22 23		16304.	11389.	4016.	899
	Insurance	103010	11305.	-0100	
24	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 0.)				
а	Dues and subscriptions	17535.	14238.	2173.	1124.
b	Continuing professional	13061.	10606.	1618.	837
c	Miscellaneous	6552.	5320.	812.	420
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3745709.	3228233.	347314.	170162.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

11

332010 12-21-23

Form 990 (2023)

_

04-3346273 Page 11

		Check if Schedule O contains a response or note	e to anv	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			833800.	1	562376.
	2	Savings and temporary cash investments	384684.	2	391142.		
	3	Pledges and grants receivable, net	233635.	3	440902.		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				1966.	9	458.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	366696.			
	b	Less: accumulated depreciation	10b	188006.	192760.	10c	178690.
	11	Investments - publicly traded securities			3881748.	11	3202056.
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa			5528593.	16	4775624.
	17	Accounts payable and accrued expenses	139894.	17	184302.		
	18	Grants payable		18			
	19	Deferred revenue		L		19	
	20	Tax-exempt bond liabilities		L		20	
	21	Escrow or custodial account liability. Complete F	Part IV c	f Schedule D		21	
Se	22	Loans and other payables to any current or form	er office	er, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
iabi		controlled entity or family member of any of thes	e perso	ns		22	
	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D	120004	25	104200		
	26				139894.	26	184302.
Ş		Organizations that follow FASB ASC 958, cher	ck here	X			
JCe		and complete lines 27, 28, 32, and 33.			2221472		2124542
alaı	27	Net assets without donor restrictions		<u>2231473.</u> 3157226.	27	<u>2134543.</u> 2456779.	
qB	28	Net assets with donor restrictions			5157220.	28	2450779.
'n		Organizations that do not follow FASB ASC 95	bo, che				
orF	~	and complete lines 29 through 33.				00	
Net Assets or Fund Balances	29 20	Capital stock or trust principal, or current funds				29 30	
SS	30 21	Paid-in or capital surplus, or land, building, or eq				<u>30</u> 31	
et⊿	31 32	Retained earnings, endowment, accumulated inc			5388699.	31 32	4591322.
Ž		Total net assets or fund balances			5528593.	32 33	4775624.
	33	Total liabilities and net assets/fund balances			JJ20JJJ.	აა	4//3024.

Form 990 (2023)

Form 990 (2023)
Part X Balance Sheet

_

_

Form	1990 (2023) Maine Equal Justice Partners	04-3346	273	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		40	
2	Total expenses (must equal Part IX, column (A), line 25)	2		1570	
3	Revenue less expenses. Subtract line 2 from line 1	3	-103		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		3869 3425	
5	Net unrealized gains (losses) on investments 5				
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)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	459	9132	22.
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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
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:				
	X 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	e 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	e 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 on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2023)

332012 12-21-23

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization	
--------------------------	--

Nam	e of t	he organization						Employer	identification number	
				stice Partner					4-3346273	
Par	tl	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.		
The c	organi	zation is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)				
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).			
2		A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)					
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).			
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	Х	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in								
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or	
		university:								
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	is, membersh	ip fees, and	d gross receipts from	
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment	
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50)9(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functior	ns of, or to ca	rry out the	purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	5 09(a)(2) .	See section \$	509(a)(3). 🤇	Check the box on	
		lines 12a through 12d that	describes the type of	f supporting organizatior	and com	olete lines	12e, 12f, and	12g.		
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving	
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority c	f the direc	tors or truste	es of the su	ipporting	
		organization. You must c	complete Part IV, Se	ections A and B.						
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	d organizatio	n(s), by hav	ring	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported	
		organization(s). You mus								
с		Type III functionally inte						ly integrate	d with,	
	_	its supported organization		-						
d		Type III non-functionally	• •					° °		
		that is not functionally int			•			an attentiv	reness	
	_	requirement (see instructi		•						
е		Check this box if the orga					Type I, Type	II, Type III		
	Fata	functionally integrated, or the number of supported c		hally integrated supporting	ng organiz	ation.				
f		r the number of supported c	• • • • • • • • • • • • • • • • • • • •	d organization(s)						
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	in your governi Yes	ng document? No	support (see ir	structions)	support (see instructions)	
				above (see instructions))	103	110				
Total										

Part II

(Form 990) 2023 Maine Equal Justice Partners 04-3346 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1195672.	1839653.	1776109.	2172083.	2580804.	9564321.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge	1105650	1000650	1000100	01 20000	050004	0564004	
	Total. Add lines 1 through 3	1195672.	1839653.	1776109.	2172083.	2580804.	9564321.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the amount shown on line 11,							
	column (f)						583206.	
~							8981115.	
	Public support. Subtract line 5 from line 4.						0901119.	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Amounts from line 4	1195672.	1839653.	1776109.	2172083.	2580804.	9564321.	
	Gross income from interest,	11990720	1000000	1770105.	<u></u>	23000040	5504521.	
0	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	35288.	23183.	21593.	58249.	129414.	267727.	
9	Net income from unrelated business							
Ŭ	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)					3858.	3858.	
11	Total support. Add lines 7 through 10						9835906.	
12	Gross receipts from related activities,	etc. (see instructio	ins)			12		
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)		
	organization, check this box and stop	o here						
Sec	ction C. Computation of Publi	ic Support Per	centage					
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	91.31 %	
	Public support percentage from 2022					15	94.00 %	
1 6a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box		
	stop here. The organization qualifies	as a publicly supp	orted organization				X	
b	33 1/3% support test - 2022. If the o	-						
	and stop here. The organization qual	lifies as a publicly s	upported organiza	ation				
17a	10% -facts-and-circumstances test	-						
	and if the organization meets the fact			-		VI how the organiz	ation	
	meets the facts-and-circumstances te	•	•		•			
b	10% -facts-and-circumstances test	-					10% or	
	more, and if the organization meets the							
	organization meets the facts-and-circu		-					
18	Private foundation. If the organization	on did not check a	oox on line 13, 16	a, 16b, 17a, or 17b	o, check this box a			
	Schedule A (Form 990) 2023							

Schedule A (Form 990) 2023 Maine Equal Justice Partners Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
U	furnished by a governmental unit to						
~	• • …						
	Total. Add lines 1 through 5						
7 a	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgar	nization,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)23 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and I	ine 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly	supported organiza	ation	
b	33 1/3% support tests - 2022. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3	3%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies	as a publicly suppo	orted organiza	tion
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
33202	23 12-21-23			_		Sched	lule A (Form 990) 2023

16

Schedule A (Form 990) 2023 Part IV | Supporting Organizations

> (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Maine Equal Justice Partners

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

Schedule A (Form 990) 2023

1

Yes No

17

Sche	edule A (Form 990) 2023 Maine Equal Justice Partners	04-334627	3 Pa	age 5	
Pa	rt IV Supporting Organizations (continued)				
			Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?				
а	a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and				
	11c below, the governing body of a supported organization?	11a			
b	A family member of a person described on line 11a above?	11b			
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide				
	detail in Part VI.	11c			
Soc	tion B. Type I Supporting Organizations				

Section B. T	ype I Sup	porting Or	ganizations

Yes Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	

Yes Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 1 the supported organization(s)

Section D. All Type III Supporting Organizations	

			res	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Yes No 2a 2b 3a 3b

No

No

V. N

2

Schedule A (Form 990) 2023

332025 12-21-23

18 2023.04010 MAINE EQUAL JUSTICE PARTN 10475_2

Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year
				(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	•	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2023

04-3346273 Page 6

332026 12-21-23

~ .

....

..

Schedule A (Form 990) 2023

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

4 Amounts paid to acquire exempt-use assets

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

3 Administrative expenses paid to accomplish exempt purposes of supported organizations

Section D - Distributions

6	Other distributions (describe in Part VI). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.	7			
8	Distributions to attentive supported organizations to which th				
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributable Amount for 2023
_1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
с	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

Current Year

1

2

3 4

5

332027 12-21-23

Schedule A	Form 990) 2023	Maine	Equal	Justice	Partners	8	04-3346273 Pag
Part VI	line 1; Part IV, Section A, Section D, lines 5,	tion D, lines 2 and 3	10, 40, 5a, 6, 3; Part IV, Se	9a, 9b, 9c, 11a, ction E, lines 1c	, 2a, 2b, 3a, and	art IV, Section B, line	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, rt V, Section B, line 1e; Part V, tional information.
	(See instructions.)						
2028 12-21-2	3						Schedule A (Form 990) 2
-320 12-21-2	-			21			

323171 04-01-23

Identification of Excess Contributions Included on Part II, Line 5

04-3346273

2023

** Do Not File **
*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions	
Prior year excess contributors	417512.	220794	
CareQuest Institute for Oral Health	225291.	28573	
Economic Security Project	220000.	23282	
Families and Workers Fund	220000.	23282	
Maine AFL-CIO	483993.	287275	
otal Excess Contributions to Schedule A, Part II, Line 5		583206	

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Employer identification number

04-334627	3
-----------	---

1	Maine Equal Justice Partners					
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of the parts u

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Schedule B	(Form	990)	(2023)
------------	-------	------	--------

Name of organization

Page **2**

Employer identification number

04-3346273

Maine Equal Justice Partners

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Maine Justice Foundation X Person Payroll 124 State Street 157259. Noncash (Complete Part II for Augusta, ME 04330 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 Campaign for Justice X Person Payroll P.O. Box 547 65383. Noncash (Complete Part II for Portland, ME 04112 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 CareQuest Inst for Oral Health X Person Payroll 465 Medford Street 109712. Noncash \$ (Complete Part II for Boston, MA 02129 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Center for Budget Policy and 4 Priorities Person X Payroll 1275 First Street NE, Suite 1200 85000. \$ Noncash (Complete Part II for Washington, DC 20002 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 Economic Security Project X Person Payroll 51 East 12th Street, 2nd Floor 105000. Noncash (Complete Part II for New York, NY 10003 noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Families and Workers Fund 6 X Person c/o Amalgamated Foundation 1825 K St Payroll 110000. Noncash NW \$ (Complete Part II for Washington, DC 20006 noncash contributions.)

323452 12-26-23

Schedule B (Form 990) (2023)

15570812 152130 10475

24

Schedule B	(Form	990)	(2023
------------	-------	------	-------

Name of organization

Employer identification number

Maine Equal Justice Partners

ſaine	Equal Justice Partners		04-3346273
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
7	Maine AFL-CIO 21 Gabriel Drive Augusta, ME 04330	\$48399	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
8	Maine Health Access Foundation 150 Capitol St., Suite 4 Augusta, ME 04330	\$10500) 0 . Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
9	Share our Strength 1030 15th St, NW Suite 1100 Washington, DC 20005	\$550() 0 . Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
10	Maine Civil Legal Services Fund 254 Commerical Street Portland, ME 04101	\$46692	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

25

323452 12-26-23

Schedule B (Form 990) (2023)

2023.04010 MAINE EQUAL JUSTICE PARTN 10475_2

Schedule	В	(Form	990)	(2023)
----------	---	-------	------	--------

Name of organization

Page 3

Employer identification number

04-3346273

Maine Equal Justice Partners

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

26

15570812 152130 10475

Schedule I	B (Form 990) (2023)			Page 4									
Name of o	rganization			Employer identification number									
Maine	Equal Justice Partners			04-3346273									
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)			t total more than \$1,000 for the year									
	completing Part III, enter the total of exclusively religious, c	charitable, etc., contributions of \$1,000 or	ess for the year. (Enter this info. on	ce.) \$									
(a) No.	Use duplicate copies of Part III if additional s	space is needed.											
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held									
·		(e) Transfer of gift											
	Transferee's name, address, a	nd $7IP \pm 4$	Relationship of tran	sferor to transferee									
-		Nelationship of tran											
(a) No. from	(h) Dumpers of sift			intion of how sift is hold									
Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held									
-	(e) Transfer of gift												
	Transferee's name, address, a	nd ZIP + 4	Relationship of tran	sferor to transferee									
			1										
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held									
Part I													
		e) Transfer of gif	t										
			_										
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tran	sferor to transferee									
		[
(a) No. from													
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held									
		(e) Transfer of gif	t										
	Transferee's name, address, a	nd 7IP + 4	Relationship of tran	sferor to transferee									
I		1											

Schedule B (Form 990) (2023)

15570812 152130 10475

27 2023.04010 MAINE EQUAL JUSTICE PARTN 10475_2

Complete if the organization is exempt under section 501(c), except section
Enter the amount directly expended by the filing organization for section 527 exempt function activities
Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities
Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b
Did the filing organization file Form 1120-POL for this year?
Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also a contributions received that were promptly and directly delivered to a separate political organization, such as a political organization committee (DAC). If additional appear is paided provide information in Part IV.

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

Pá	art I-B	Complete if the org	anization is exempt unde	er section 501(c)(3	3).	
1	Enter the	e amount of any excise tax	ncurred by the organization unde	er section 4955	\$	
2			ncurred by organization manage			
3			n 4955 tax, did it file Form 4720 f			
4	a Was a co	prrection made?				Yes 🗌 No
		describe in Part IV				
Pa	art I-C	Complete if the org	anization is exempt unde	er section 501(c), o	except section 501(c))(3).
1	Enter the	e amount directly expended	by the filing organization for sec	tion 527 exempt functi	on activities\$	
2	Enter the	e amount of the filing organ	zation's funds contributed to oth	er organizations for se	ction 527	
	exempt f	unction activities			\$	
3	Total exe	empt function expenditures	Add lines 1 and 2. Enter here ar	nd on Form 1120-POL,		
	line 17b				\$	
4	Did the f	iling organization file Form	1120-POL for this year?			Yes No
	made pa contribut	yments. For each organizations received that were pro	nployer identification number (EII ion listed, enter the amount paid omptly and directly delivered to a additional space is needed, provi	from the filing organiza separate political orga	ation's funds. Also enter the nization, such as a separate	amount of political
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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.

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:

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

 Section 501(c)(4), 	(5) or (6)	organizations.	Complete Part II	r
• Section 501(c)(4), ((5), 01 (0)	organizations.	Complete Part II	١.

Volunteer hours for political campaign activities

• Se	ctior	n 501(c)(3) or	ganizati	ons: C	omplete Parts	; I-A	and	B. Do n	ot	con	nple	ete	Par	t I-C					
								-								_		_	

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) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

Maine Equal Justice Partners

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures

Section 527 organizations: Complete Part I-A only.

SCHEDULE C

Department of the Treasury

Name of organization

Part I-A

3

Internal Revenue Service

(Form 990)

- 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.

 Section 501(c)(4), 	(5) or (6) organizations: Com	nlete Part III
\bullet Section 501(c)(4),	(0), 01 (0)) organizations. Con	ipiele Fait III.

Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number 04-3346273

\$

123 **Open to Public** Inspection

LHA 332041 11-06-23

Schedule C (Form 990) 2023

Sch	edule C (Form 990) 2023 Maine	Equal Justice Partners		346273 Page 2
Pa	· · ·	n is exempt under section 501(c)(3) and file	d Form 5768 (ele	ction under
	section 501(h)).			
Α	Check if the filing organization belong	gs to an affiliated group (and list in Part IV each affiliated	group member's name	, address, EIN,
	expenses, and share of exces	s lobbying expenditures).		
В	Check if the filing organization check	ed box A and "limited control" provisions apply.		
		oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence publ	ic opinion (grassroots lobbying)		
k	Total lobbying expenditures to influence a leg	jislative body (direct lobbying)	21723.	
c	Total lobbying expenditures (add lines 1a and	l 1b)	21723.	
c	Other exempt purpose expenditures		3702262.	
e	• Total exempt purpose expenditures (add lines	s 1c and 1d)	3723985.	
f	Lobbying nontaxable amount. Enter the amou		336199.	
	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.		
ç	Grassroots nontaxable amount (enter 25% of	line 1f)	84050.	
ŀ	Subtract line 1g from line 1a. If zero or less, e	nter -0-	0.	
i	Subtract line 1f from line 1c. If zero or less, er	nter -0-	0.	
j	If there is an amount other than zero on eithe	r line 1h or line 1i, did the organization file Form 4720		
	reporting section 4911 tax for this year?		<u></u>	Yes No
		4-Year Averaging Period Under Section 501(h)		

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

Lobbying Expenditures During 4-Year Averaging Period											
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total						
2a Lobbying nontaxable amount	221881.	234853.	283740.	336199.	1076673.						
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					1615010.						
c Total lobbying expenditures	2807.	43124.	14732.	21723.	82386.						
d Grassroots nontaxable amount	55470.	58713.	70935.	84050.	269168.						
e Grassroots ceiling amount (150% of line 2d, column (e))					403752.						
f Grassroots lobbying expenditures		13878.	4829.		18707.						

Schedule C (Form 990) 2023

332042 11-06-23

Schedule C (Form 990) 2023 Maine Equal Justice Partners 04-33462 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount	
1 a	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)? Media advertisements?					
d	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
-	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?					
	Total. Add lines 1c through 1i					
	If "Yes," enter the amount of any tax incurred under section 4912					
	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?					
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5).	or sec	tion		
	501(c)(6).					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3			
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '	'No" OR (b)	Part I	II-A, line	3, is	
	answered "Yes."					
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al				
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
	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 exce					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po					
	expenditures next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions		5			
	t IV Supplemental Information					
Provi	de 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, I	lines 1 a	nd 2 (see		

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2023

332043 11-06-23

SCHEDULE D

Supplemental Financial Statements

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. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Name of the organization Maine Equal Justice Partners	Employer identification number $04 - 3346273$
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acc	
organization answered "Yes" on Form 990, Part IV, line 6.	
(a) Donor advised funds (b)	b) Funds and other accounts
1 Total number at end of year	
Aggregate value of contributions to (during year)	
Aggregate value of contributions to (during year) Aggregate value of grants from (during year)	
4 Aggregate value at end of year	
 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 	6
are the organization's property, subject to the organization's exclusive legal control?	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used on	
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferrir	
impermissible private benefit?	·
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, I	
 Purpose(s) of conservation easements held by the organization (check all that apply). 	
	rically important land area
Protection of natural habitat	• •
Preservation of open space	
 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a con 	servation easement on the last
day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not	
on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organiz	ation during the tax
year	
Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
violations, and enforcement of the conservation easements it holds?	Yes No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ements during the year
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)	
and section 170(h)(4)(B)(ii)?	
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense stateme	ent and
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	t describes the
organization's accounting for conservation easements.	miler Acceto
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Si	milar 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 balar	
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherand	ce of public
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	ala a di una vitra la f
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	
provide the following amounts relating to these items.	¢
(i) Revenue included on Form 990, Part VIII, line 1	
(ii) Assets included in Form 990, Part X	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pit the following amounts required to be reported under EASE ASC 958 relating to these items:	TOVICE
the following amounts required to be reported under FASB ASC 958 relating to these items: Provenue included on Form 990, Part VIII, line 1	\$
a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X	•
b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	9 Schedule D (Form 990) 2023

lha F	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
332051 0	19-28-23

3	1				
-		-	-	-	

Sche		qual Justic				0	4-33	4627	3 ра	_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical 1	reasures, or	Other S	Similar	Assets	(contii	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of th	ne following that	make sigr	nificant us	se of its			
	collection items (check all that apply).									
а	Public exhibition	d	Loan or e	exchange progra	m					
b	Scholarly research	e	e 🗌 Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they furthe	r the organizatior	n's exemp	t purpose	e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical tr	easures, or other	r similar as	ssets				
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrange		te if the organizat	tion answered "Y	′es" on Fo	orm 990, I	Part IV, li	ne 9, or		
	reported an amount on Form 990, Par	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	an, or other intermed	diary for contribut	ions or other ass	ets not in	cluded		_		_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:							
								Amoun	t	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		_		
	Did the organization include an amount on Fe				-	?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	rt V Endowment Funds Complete if					N TI		() [h a ala
		(a) Current year	(b) Prior year	(c) Two years	s dack (c	i) Three ye	ars dack	(e) Fou	years	раск
1 a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
_	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	,		i (a)) held as:						
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С		%								
•	The percentages on lines 2a, 2b, and 2c show	•								
за	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	and administere	ed for the			1	Yes	No
	organization by:							0-(1)	165	NU
	(i) Unrelated organizations?							3a(i)		
h	(ii) Related organizations?	tiono liotod oo koowik						3a(ii) ⊃⊾		
0				٦ <i>٢</i>				_3b		L
Par	Describe in Part XIII the intended uses of the to the total tended uses of tended uses of the total tended uses of the total tended uses of tended		whient lunds.							
	Complete if the organization answere) Part IV line 11a	See Form 990	Part X lir	ne 10				
	Description of property	(a) Cost or o		ost or other		umulated	4	(d) Boo	kvolu	
	Description of property	basis (investr		sis (other)		eciation		(a) 600	k valu	9
10	Land			61262.	acpr				612	62.
-	Land			270329.		15290	1.		174	
b	Buildings Leasehold improvements			<u></u>	-		<u></u>		- / - /	
-				35105.		3510	5.			0.
d	Equipment			551050		3310	<u></u>			<u> </u>
	Other		<u> </u>					1	786	90
rota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part	<u>x, line IUC, colur</u>	<u>пп (В))</u>					<u>, 00</u> .	

Schedule D (Form 990) 2023

Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes" of	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	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	1
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	. <i>(B)</i>)		
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities			
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization answered "Yes" of the organization and			
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities			(b) Book value
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the organization answereed "Yes" of the organization" and the organization" of the			
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the organization of liability 1. (a) Description of liability			I
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the organization of liability 1. (a) Description of liability (1) Federal income taxes			I
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the organization of liability 1. (a) Description of liability (1) Federal income taxes (2)			
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3)			I
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the organization of liability 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)			
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			I
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the organization of liability 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			

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

15570812 152130 10475

Schedule D (Form 990) 2023	Maine Equ	ual Justice	Partners	04-3346273	Page 3
Part VII Investments -	 Other Securities 	6			

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		
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

Sche	dule D (Form 990) 2023 Maine Equal Justice Partr		04-3346273 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stater	ments With Reven	ue per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements With Exper	nses per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.	
1	Total expenses and losses per audited financial statements		
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.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		
Pa	t 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.

332054 09-28-23

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.										
Department of the Treasury		•	C C	Attach to Form				Open to	Public		
Internal Revenue Service			Go to www.irs	.gov/Form990 for	the latest information	ation.		Inspe	ction		
Name of the organization	Maine Equ	al Justice	e Partners					Employer identification $04-334$			
Part I General Inform	nation on Grants a							01 00	10275		
1 Does the organizatio	n maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	on			
criteria used to awar		_			e e f	0	, 	77	🗌 No		
2 Describe in Part IV th	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.										
1 (a) Name and addres or govern	•	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of g or assistance			
Maine People's Resou 565 Congress St, Sui Portland, ME 04101		22-2586108	501 (C) 3	33333.	0.			Subgrant from Eco Security Project for income solution	Grant		
Maine Center for Eco One Weston Court, Su Augusta, ME 04330	-	22-3317572	501 (C) 3	40000.	0.			Subgrant from Eco Security Project for income solutio	Grant		
Maine AFL - CIO 21 Gabriel Dr Augusta, ME 04330		01-0113840	501 (C) 5	12697.	0.			Subgrant from Fam and Workers Fund for PeerWorkforce Navigators	grant		

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 ...

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

Schedule I (Form 990) 2023

04-3346273

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. 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 non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Build HOPE project	323	882391.	0.		
Next Step Project	17	35687.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

MEJP monitors the use of grant funds through periodic meetings with its

grantees and review of required deliverables, spelled out in the Memoranda

of Understanding signed by both parties; and by reporting back to the

original grantor at the end of the grant period.

LHA 332131 11-06-23

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

m000 for instructions and the latest info .. OMB No. 1545-0047

ZU **Open to Public**

Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.							
Name of the organization	n			Employer	identifica	ation n	umber	
	Maine Equal Justice Partners 04-3346							
Part I Excess I	Benefit Trans	sactions (section 501(c)(3), section 50	1(c)(4), and section 501(c)(29) organ	izations only	y)			
Complete i	f the organizatio	n answered "Yes" on Form 990, Part IV, I	ine 25a or 25b; or Form 990-EZ, Pa	rt V, line 40b).			
1 (a) Nama of diamond	ifi a al va a va a va	(b) Relationship between disqualified			4	(d) Corrected?		
(a) Name of disquai	(a) Name of disqualified person person and organization (c) Description (on of transaction			No	
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
2 Enter the amount o	of tax incurred by	the organization managers or disqualifie	d persons during the year under					
section 4958				\$_				
3 Enter the amount o	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$\$							

Part II Loans to and/or From Interested Persons

SCHEDULE L

Department of the Treasury

(Form 990)

> Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990 Part X line 5. 6 or 22

reported an amo	ount on Form 990									-	
(a) Name of interested person	(b) Relationship with organization	fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) defa	In ult?	(h) Ap by bo comm	proved ard or <u>nittee?</u>	(i) W agreer	ritten ment?
		То	From			Yes	No	Yes	No	Yes	No
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
Total		 		\$							

Part III Grants or Assistance Benefiting Interested Persons

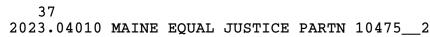
Complete if the organization answered "Yes" on Form 990 Part IV line 27

Complete if the organization a	answered "Yes" on Form 990, Pa	art IV, line 27.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) Jennifer Richardso	Board Member	2141.	Cash	Support
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

See Part V for Continuations



Schedule L (Form 990) 2023

Maine Equal Justice Partners

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (d) Description of (b) Relationship between interested (a) Name of interested person (c) Amount of organization's person and the organization transaction transaction revenues? Yes No (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

Sch L, Part III, Grants or Assistance Benefitting Interested Persons:

(a) Name of Person: Jennifer Richardson

Part III Line (1)

Director Jennifer Richardson recevied the grant as a beneficiary of the

Next Step project, which supports Maine residents who are civically

engaged and financially eligible.

Schedule L (Form 990) 2023

332132 11-30-23

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Maine Equal Justice Partners

Form 990, Part I, Line 1, Description of Organization Mission:

working to increase economic security, opportunity, and equity for

people in Maine.

Form 990, Part III, Line 4d, Other Program Services:

Accomplishments in 2023 include policy changes: to increase TANF

monthly benefit by 20% and to increase the asset limit for

participants; to create a rent relief pilot program funded by \$18

million in state funds; to eliminate application fees for rental

housing and to provide other protections for renters; and to prohibit

debt collectors from suing low-income consumers for medical debt.

Expenses \$ 1184979. including grants of \$ 22697. Revenue \$ 3858.

Form 990, Part VI, Section B, line 11b:

The entire board does not receive a copy of the form 990 before its 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, Section B, Line 12c: The conflict of interest policy is in the By-Laws on an annual basis. Each board member and the executive director fill out a conflict of interest and disclosure form.

Form 990, Part VI, Section B, Line 15: For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2		
Name of the organization Maine Equal Justice Partners	Employer identification number 04-3346273		
The board approves the executive director salary after con	sulting the Maine		
Association of nonprofit annual salary survey and other fa	ctors. There are		

no other paid officers and key employees per the IRS definition.

Form 990, Part VI, Section C, Line 19:

Upon request. Form 990 and the organization's financial statements are

available on the Organization's website.

Schedule O (Form 990) 2023

332212 11-14-23

SCHEDULE	R
(= 000)	

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

04-3346273

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

Name of the organization

Maine Equal Justice Partners

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
Maine Equal Justice Project - 01-0503454							
126 Sewall Street							
Augusta, ME 04330	Advocacy	Maine	501(c)(4)				х
	-						
	-						
	-						

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

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 Maine Equal Justice Partners

04-3346273 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		,		1							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	0
											_

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	contr	i) tion o)(13) rolled ity?
		country)						Yes	No

Schedule R (Form 990) 2023 Maine Equal Justice Partners

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

uring the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? eceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity ift, grant, or capital contribution to related organization(s)	1a		
	1a		
			Х
	1b		Х
ift, grant, or capital contribution from related organization(s)	1c		Х
pans or loan guarantees to or for related organization(s)	1d		Х
pans or loan guarantees by related organization(s)	1e		Х
ividends from related organization(s)	1f		Х
ale of assets to related organization(s)	1g		Х
urchase of assets from related organization(s)	1h		Х
	1i		Х
ease of facilities, equipment, or other assets to related organization(s)	1j		Х
ease of facilities, equipment, or other assets from related organization(s)	1k		Х
	11		Х
	1m		Х
	1n		Х
naring of paid employees with related organization(s)	10		Х
eimbursement paid to related organization(s) for expenses	1p		Х
eimbursement paid by related organization(s) for expenses	1q		Х
ther transfer of cash or property to related organization(s)	1r		Х
ther transfer of cash or property from related organization(s)	1s		Х
ivaukeeen hee tit	vidends from related organization(s)	vidends from related organization(s)	vidends from related organization(s)

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
<u>(3)</u>			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2023 Maine Equal Justice Partners

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)	(b)	(c)	(d)	(6	2)	(f)	(g)	(۲	n)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(i org	all rs sec	Share of			• , opor-	Code V-UBI	Genera	al or P	ercentage
of entity	, second s	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(ora	c)(3) s.?	total	end-of-year	Dispr tior allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	ing er? C	ownership
		country)	sections 512-514)	Yes		income		Yes	No	(Form 1065)	Yes	NO	

Schedule R (Form 990) 2023

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2023

332165 09-28-23