# ME.IP 10/15/2023 3:49 PM

**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.

OMB No. 1545-0047 2022 Open to Public

Department of the Treasury Internal Revenue Service Inspection For the 2022 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if applicable: Address change MAINE EQUAL JUSTICE PARTNERS Doing business as 04-3346273 Name change Number and street (or P.O. box if mail is not delivered to street address) 207-626-7058 126 SEWALL STREET Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated AUGUSTA ME 04330-6822 2,555,443 G Gross receipts \$ Amended return Name and address of principal officer: X No **H(a)** Is this a group return for subordinates? Yes Application pending Lauren Wille C/O 126 Sewall Street H(b) Are all subordinates included? Augusta  $\mathbf{ME}$ 04330 If "No," attach a list. See instructions **X** 501(c)(3) 501(c) ( 527 ) (insert no.) 4947(a)(1) or Tax-exempt status: www.maineequaljustice.org Website: H(c) Group exemption number Association Year of formation: 1996 X Corporation Trust ME Form of organization: M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: Maine Equal Justice is a nonprofit legal aid and economic justice Activities & Governance organization working to increase economic security, opportunity, and equity for people in Maine. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 12 4 Number of independent voting members of the governing body (Part VI, line 1b) 12 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 26 5 6 Total number of volunteers (estimate if necessary) ...... 140 6 7a 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 ..... **Current Year** 5,276,109 2,172,083 8 Contributions and grants (Part VIII, line 1h) Revenue 9 Program service revenue (Part VIII, line 2g) 1,200 450 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 76,248 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 5,353,557 2,248,083 **12** Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 253,510 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) **14** Benefits paid to or for members (Part IX, column (A), line 4) 1,167,565 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 275,993 912,664 2,674,808 1,697,068 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 3,656,489 -426,725 19 Revenue less expenses. Subtract line 18 from line 12 Assets or Balances Beginning of Current Year End of Year 6,223,338 5,390,665 20 Total assets (Part X, line 16) 433,091 472,476 21 Total liabilities (Part X, line 26) 4,918,18922 Net assets or fund balances. Subtract line 21 from line 20 790,247 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. Sian Signature of officer Here Ben Grant Treasurer Type or print name and title Print/Type preparer's name Preparer's signature X if Check Paid Al Aucella Al Aucella 10/15/23 self-employed P00076293 **Preparer** Aucella d/b/a The Bottom Line 01-0462899 Firm's name Firm's EIN **Use Only** 69 Field Rd 207-781-3853 Falmouth, ME 04105-1101

May the IRS discuss this return with the preparer shown above? See instructions

X Yes

form 990 (2022) MAINE EQUAL	JUSTICE PARTNERS	04-3346273	Page 2
	n Service Accomplishments		v
	-	y line in this Part III	X
	is a nonprofit legal to increase econom:	l aid and economic jusic security, opportuni	
Did the organization undertake any sig	nificant program services during the year	which were not listed on the	
			Yes X No
3 Did the organization cease conducting services?	, or make significant changes in how it co	nducts, any program	Yes X No
If "Yes," describe these changes on So			
	c)(4) organizations are required to report	ree largest program services, as measured be the amount of grants and allocations to other	
Litigation & Other A of the federal pover legislature and state meet basic needs, in protect and advance cases in 2022, as we over 345,000 people, Individual and systemelated), food assis	ty level) before admite & federal courts particularly food, housing their rights as consult as 34 systemic cand our 37 training mic cases focused out and income supports.	of \$ (Revenues clients (individual ministrative agencies, primarily to ensure the grandled of the sumers. MEJ handled of the seas affecting program as reached over 700 per health care (primaric prorts, employment is the seas and education or in the seasons.	Is below 200%, the state nat they can care, and to 7 individual as that serve cople.  Ily Medicaid sues, housing
Hope Program: Maine Opportunity for Path legislature in 2018. possible for low-incomport that can enaucceed. MEJ's Build student needs by profor childcare, books	ways to Employment The HOPE program material materials with characters with characters with characters with characters and the control of the	ned and advanced the Head (HOPE) program, enacted akes higher education all the HOPE provides at the second to the	Higher  ed by the Maine  and training  critical  ool and  n gaps in  E participants  rvice or other
Increasing Opportuni representation noted analysis, and developmentation families (TANF) and to low-income familiprocesses, increasing payments of direct seems.	ty/Income Support: in 4a, performs leges strategies to importe anti-poverty press. Activities included access to economic apport to qualifying Fund. MEJ is also	of \$ 57,081 ) (Revenue In conjunction with the gal research and public prove Temporary Assist rograms that provide in index improving administ a support programs and a households through a partner in the Peer	ne ic policy cance for Needy income support crative I making our Build HOPE
•			
4d Other program services (Describe on S		) (D	,
(Expenses \$ 1,104,13  4e Total program service expenses		) (Revenue \$	)
	_,		

**4e** Total program service expenses

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in 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
)	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		Х
	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	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part V. line 462 If "Vas." complete Schodula D. Part VIII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
•	of its total accepts reported in Part V. line 162 If "Vos." complete Schodule D. Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
<b>u</b>	reported in Part V. Jino 162 If "Vos." complete Schodule D. Part IV	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		Х
a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete			
·u	·	12a		х
b	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a		
J	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
a la	Did the association projection on efficiency and the second project of the United Otetano	44-		X
b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			- 22
D	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
:	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			21
•		15		Х
				Λ
•	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		v
,	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
•	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4.7		v
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
3	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
)	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III			Х
a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form 990 (2022) MAINE EQUAL JUSTICE PARTNERS

Part IV Checklist of Required Schedules (continued)

	onesmot of required consumed (continued)					V	L
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals	on				Yes	No
	Part IV column (A) line 22 If "Vos." complete Schodule I. Parts I and III				22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the						
	organization's current and former officers, directors, trustees, key employees, and highest compensated						
	employees? If "Yes," complete Schedule J				23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than						
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	24b					
	through 24d and complete Schedule K. If "No," go to line 25a				24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?				24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	ear					
	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	it				
					25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a						
	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 cu	ırrent					
	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					v	
	persons? If "Yes," complete Schedule L, Part III				27	X	
28	Was the organization a party to a business transaction with one of the following parties (see the Schedul	еL,					
_	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):	ı£					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? "Yes," complete Schedule L, Part IV				28a		x
b	A family mamber of any individual described in line 2002 If fives " complete School Id.   Dort IV				28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				200		
·	"Voe " complete Cabadyla I Dout IV				28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule I				29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	**					
	conservation contributions? If "Yes," complete Schedule M				30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule	N. Pan	τ 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 Regular						
	204 7704 0 and 204 7704 20 K W/s 2 2 annulate Oaks dule D. Dart I				33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,						
	or IV, and Part V, line 1				34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?				35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a						
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2				35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable						
	related organization? If "Yes," complete Schedule R, Part V, line 2				36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	ation					
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Par	t VI			37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b	and					
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.				38	X	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>					
_			l	20		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	_	20			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				_		
	reportable gaming (gambling) winnings to prize winners?				1c		

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ied)			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	26			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O $_{\cdot}$			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authors.	-				
	a financial account in a foreign country (such as a bank account, securities account, or other financial account, securities account, or other financial account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account in a bank account in a foreign country (such as a bank account in a bank	count)	i? <sub></sub>	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acce	ounts	(FBAR).			
5a						X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	1?				Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					3.5
	organization solicit any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or				
_				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 goo	ds		_		
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit controlled the organization during the year pay premiums directly as indirectly, as a payonal benefit controlled.			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form			7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by		FUIII 1090-C!	/11		
0				8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the arranging against in making making making distributions and a continu 40000			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?					
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:	.00				
	Over the control of t	11a				
b	Gross income from members or snareholders  Gross income from other sources. (Do not net amounts due or paid to other sources					
-	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 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.		Į.			
а	le the experimentian licensed to incur qualified health plane in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any normants for indeer tenning convince during the toy year?			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule C					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration					
	excess parachute payment(s) during the year?			15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			• • •		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment inc	ome?		16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activitie	s				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes." complete Form 6069.					

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

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	12			
	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	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct					
					<b></b>	Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?					X
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					v
	one or more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					v
	stockholders, or persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the f	ollowing:	90	X	
a	The governing body?  Each committee with authority to act on behalf of the governing body?			8a 8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			00		
9	the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter					
	tion bit onoice (This Goodon B requests information about pointion not required by the inter-	nan n	ovonao	0000.)	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	+	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a						
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			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe on Schedule O how this was done			120	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17 40	List the states with which a copy of this Form 990 is required to be filed <b>None</b>		· · · · · · · · · · · · · · · · · · ·			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization for applicable), 990, and 990-T (section 6104 requires an organization for applicable), 990, and 990-T (section 6104 requires an organization for applicable), 990, and 990-T (section 6104 requires an organization for applicable), 990, and 990-T (section 6104 requires an organization for applicable), 990, and 990-T (section 6104 requires and 990-T (section	on 501	(C)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
10	X Own website Another's website X Upon request Other (explain on Schedule O)	nell-				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interes and financial statements available to the public during the tax year.	Policy	,			
20	State the name, address, and telephone number of the person who possesses the organization's books and records					
	etate the hame, address, and telephone humber of the person who pessesses the organization's books and records					

(D)

0

0

0

(E)

## 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

(B)

0.50

0.50

0.50 0.00 X

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

Position

(do not check more than one

Name and title	Average hours per week	box, unless person is both an officer and a director/trustee)						Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1)Lauren Wille	1.00									
President	0.00	X		Х				0	0	0
(2)Lisa Black	1.00									
Vice President	0.00	X		Х				0	0	0
(3)Ben Grant	1.00									
Treasurer	0.00	X		х				0	0	0
(4) Charles Dingman	1.00									
Secretary	0.00	X		х				0	0	0
(5) Robyn Merrill	40.00									
Executive Director	0.00			х				95,823	0	17,924
(6) Judith Chamberla									-	,
Member	0.00	X						0	0	0
(7) Shanna Cox	0.50									<u>_</u>
Member	0.00	x						0	0	0
(8) Bruce King	0.50									
Member	0.00	X						0	0	0
(9) Jennifer Richard										

0

0

0

Member

Member

Member

(10) Brendan Rielly

(11) Erica Schair-Cardona

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	bo	x, unle	Pos check ess pe	rson i	than o s both r/truste	an ee)	(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(12) Michael Tarpi	nian 0.50 0.00	x						0	0	0
(13) Rachel Werthe										
Member	0.00	х						0	0	0
(14) Lucky Holland	er 0.50									
Member(Left in 2022)	0.00	х						0	0	0
								05 022		17.024
1b Subtotal								95,823		17,924
d Total (add lines 1b and 1c)  Total number of individuals (increportable compensation from	•	nited	to th	ose	liste	d abo	ove)	95,823 who received more than \$1	00,000 of	17,924
<ul> <li>3 Did the organization list any for employee on line 1a? If "Yes,"</li> <li>4 For any individual listed on line organization and related organ individual</li> <li>5 Did any person listed on line 1a for services rendered to the organ</li> </ul>	complete Schedu 1a, is the sum o izations greater t a receive or accru	le J f rep han S 	for s ortab \$150 ompe	uch i le co ,000 nsat	indivompe ompe ? If "  ion f	idual ensat Yes, rom	tion in the state of the state	and other compensation from mplete Schedule J for such unrelated organization or inc	m the dividual	3 X 4 X 5 X
Section B. Independent Contracto  1 Complete this table for your five			ما اما		رم ما م			atoro that received mare the	n \$100 000 of	
compensation from the organiz								ir year ending with or within t		(C) Compensation
Total number of independent creceived more than \$100,000 creceived.							nose	listed above) who	0	
DAA	•									Form <b>990</b> (2022)

## Part VIII Statement of Revenue

		Check if	Sche	edule O conta	ains a	a respon	se or note	to any line in this	s Part VIII		
								<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
its	1a	Federated camp	aigns		1a		9,567				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership due	_		1b						
, G	С	Fundraising ever			1c						
iifts ar A	d	Related organiza	tions		1d						
s, G mila	е	Government grants (co			1e						
ion Si	f	All other contributions,		nts,			1.00 -1.0				
but		and similar amounts no			1f	2,	162,516				
iti Q	y	Noncash contributions lines 1a-1f			1g	\$	15,526				
Col	h	Total. Add lines						2,172,083			
							Business Code				
(I)	2a	Educational	l Ser	vices			611430	450	450		
Program Service Revenue	b	*									
Ser	С										
am	d										
ogi R	е										
Ы	f	All other program									
		Total. Add lines						450			
	3	Investment incor									
		other similar amo						58,249			58,249
	4	Income from inve									
	5	Royalties		•							
		rtoyanioo		(i) Real			Personal				
	6a	Gross rents	6a	()		( )					
	h	Less: rental expenses	6b								
	c	Rental inc. or (loss)	6c								
				nee)							
		Gross amount from	0 01 (10	(i) Securities			) Other				
		sales of assets	7a	324,	661		,				
ø.	b	other than inventory Less: cost or other	74	321,							
Other Revenue		basis and sales exps.	7b	307,	360	,					
еле		Gain or (loss)	7c		301						
F.		Net gain or (loss)				-		17,301	17,301		
the		Gross income from		1		1		27,002	2.7502		
0	ou	(not including \$									
		of contributions rep									
		1c). See Part IV, lir			8a						
	h	Less: direct expe	nege		8b						
		Net income or (lo									
		Gross income from		_	CIIIO	Ī					
	Ja	activities. See Pa			9a						
	h	Less: direct expe		iiie 19	9b						
		Net income or (lo									
						<u> </u>					
	iva	Gross sales of in returns and allow			100						
	<b>L</b>				10a 10b						
		Less: cost of good Net income or (lo				<u> </u>					
		iver income of (it	) II (ce	nn sales Of INVER	погу.		Business Code				
Sno	110						Dusiness Code				
nec	11a										
Miscellaneous Revenue	b										
Sce	C										
Σ		All other revenue									
		Total. Add lines						2,248,083	17,751	^	58,249
	14	Total revenue.	see ins	SUUCUONS				4,440,003	T/,/3T	0	JO,249

#### Part IX Statement of Functional Expenses

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

00011	Check if Schedule O contains a respo	· · · · · · · · · · · · · · · · · · ·		icio column (A).	
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21	68,745	68,745		
2	Grants and other assistance to domestic	00// 13	00//15		
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	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,				
3	trustees and key employees	115,847	52,131	40,546	23,170
6	Compensation not included above to disqualified	113/017	32/131	10,510	23/270
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,277,857	1,083,770	155,947	38,140
8	Pension plan accruals and contributions (include			200,017	30,210
3	section 401(k) and 403(b) employer contributions)	20,384	17,326	2,457	601
9	Other employee benefits	166,014	141,112	20,005	601 4,897 5,019
10	Payroll taxes	113,297	91,680	16,598	5,019
11	Fees for services (nonemployees):	===,==,	2=,000		-,
	Management				
	Legal				
	Accounting	13,881		13,881	
	Lobbying	1,517	1,517	, , , , , , , , , , , , , , , , , , , ,	
	Professional fundraising services. See Part IV, line 17	, -			
	Investment management fees	15,347		15,347	
g		•		•	
	(A) amount, list line 11g expenses on Schedule O.)	87 <b>,</b> 689	84,124	2,806	759
12	Advertising and promotion	12,613	10,206		559
13	Office expenses	42,198	34,147	6,182	
14	Information technology	84,955	68,745	12,446	
15	Royalties	_		-	
16	Occupancy	33,261	26,915	4,873	1,473
17	Travel	6,824	5,523	999	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	54 <b>,</b> 677	44,245	8,010	2,422
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,842	12,819	2,321	702
23	Insurance	13,179	10,664	1,931	584
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Beneficiaries-Educ'l Supp	500,788	500,788		
b	Dues, Library, Subscripts	17,655	17,655		
С	Continuing Education	10,265	10,265		
d	Bar & Lobby Fees	1,973	1,973		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,674,808	2,284,350	306,197	84,261
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)				

#### Part X Balance Sheet

Pä	art )	Balance Sheet Check if Schedule O contains a response or no	te to any line in	this Part X			X
			,		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				1	70,713
	2	Savings and temporary cash investments			2,236,850	2	1,312,482
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			525	4	169,485
	5	Loans and other receivables from any current or form					
		trustee, key employee, creator or founder, substantial	contributor, or 3	35%			
		controlled entity or family member of any of these pers	sons			5	
	6	Loans and other receivables from other disqualified pe	ersons (as defin	ed			
ts		under section 4958(f)(1)), and persons described in se	ection 4958(c)(3	B)(B)		6	
Assets	7	Notes and loans receivable, net		L		7	
ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges	,		7,712	9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	366,695			
	b	Less: accumulated depreciation	10b	223,527	151,354	10c	143,168
	11	Investments—publicly traded securities			3,824,421	11	3,692,334
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			2,476	15	2,483
	16	Total assets. Add lines 1 through 15 (must equal line	33)		6,223,338	16	5,390,665
	17	Accounts payable and accrued expenses		21,461	17	110,610	
	18	Grants payable			18		
	19	Deferred revenue			411,630	19	361,866
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV	of Schedule D			21	
es	22	Loans and other payables to any current or former off	icer, director,				
Liabilities		trustee, key employee, creator or founder, substantial	35%				
iab		controlled entity or family member of any of these pers				22	
_	23	Secured mortgages and notes payable to unrelated the	ird parties			23	
	24	Unsecured notes and loans payable to unrelated third	parties			24	
	25	Other liabilities (including federal income tax, payables	s to related third	I			
		parties, and other liabilities not included on lines 17-24	4). Complete Pa	ırt X			
		of Schedule D			100.001	25	1=0 1=1
	26	Total liabilities. Add lines 17 through 25			433,091	26	472,476
		Organizations that follow FASB ASC 958, check h	ere X				
Balances		and complete lines 27, 28, 32, and 33.					
lan	27				1,899,263		735,867
Ва	28	Net assets with donor restrictions		· · · · · · · · · · · · · · · · · · ·	3,890,984	28	4,182,322
pur		Organizations that do not follow FASB ASC 958, o	heck here				
Net Assets or Fund		and complete lines 29 through 33.					
0 8	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equipme				30	
t As	31	Retained earnings, endowment, accumulated income	, or other funds		E 700 045	31	4 010 100
Ne	32				5,790,247	32	4,918,189
$oldsymbol{ol}}}}}}}}}}}}}}}$	33	Total liabilities and net assets/fund balances			6,223,338	33	5,390,665

Form **990** (2022)

Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,2		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,6		
3	Revenue less expenses. Subtract line 2 from line 1	3			725
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5 <b>,</b> 79		
5	Net unrealized gains (losses) on investments	5	-4	45,	333
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	4,9	18,	189
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	· · · · · · · · · · · · · · · · · · ·	<u></u>	Ш
				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 O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	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				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u> </u>	3b		

Form **990** (2022)

#### SCHEDULE A (Form 990)

Department of the Treasury

**Public Charity Status and Public Support** 

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

2022

Open to Public Inspection

Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

MAINE EQUAL JUSTICE PARTNERS

Employer identification number 04-3346273

P	art l	Reas	on for Public Charity	Status. (All organizations	must co	mplete	this part.) See instruction	ns.			
Γhe	orga	nization is not	a private foundation because	it is: (For lines 1 through 12, che	eck only o	ne box.)					
1		A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(	A)(i).				
2		A school des	cribed in section 170(b)(1)(A	(Attach Schedule E (Form	990).)						
3	П	A hospital or	a cooperative hospital service	e organization described in section	on 170(b)	(1)(A)(iii)	) <u>.</u>				
4	П	A medical res	search organization operated	in conjunction with a hospital de-	scribed in	section 1	170(b)(1)(A)(iii). Enter the hosp	ital's name,			
		city, and state	a.								
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
	section 170(b)(1)(A)(iv). (Complete Part II.)										
6				•	tion 170(	b)(1)(A)(\	<i>(</i> ).				
7	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v)</b> .  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi)</b> . (Complete Part II.)										
8	П			<b>70(b)(1)(A)(vi).</b> (Complete Part II	)						
9	H	•		ribed in section 170(b)(1)(A)(ix)	•	in conjur	oction with a land-grant college				
J		-	or a non-land-grant college of	agriculture (see instructions). Er	nter the na	ame, city,					
10		•	, , ,	more than 33 1/3% of its support							
		•		ot functions, subject to certain ex							
		• •	•	d unrelated business taxable inco , 1975. See <b>section 509(a)(2).</b> (	•		11 tax) from businesses				
11			•	xclusively to test for public safety	•	,	a)/4)				
12	H	ŭ	•			•	,, ,	of			
12		•	•	xclusively for the benefit of, to pe ons described in <b>section 509(a)(</b> *							
			,	cribes the type of supporting orga	•	•	,,,	HOOK			
	а		· ·	rated, supervised, or controlled b		•					
	-			er to regularly appoint or elect a		-					
		• • • • • • • • • • • • • • • • • • • •	• , ,	mplete Part IV, Sections A and							
	b	Type II. A	A supporting organization sup	ervised or controlled in connection	on with its	supporte	d organization(s), by having				
		control or	r management of the supporti	ng organization vested in the sar	me persor	ns that co	ntrol or manage the supported				
		organizat	tion(s). You must complete I	Part IV, Sections A and C.							
	С			upporting organization operated iructions). <b>You must complete P</b>							
	d	Type III r	non-functionally integrated.	. A supporting organization opera	ated in cor	nnection v	vith its supported organization(s	)			
			• •	organization generally must satis	-						
			,	ust complete Part IV, Sections							
	е			ived a written determination from from from from from from from from			Type I, Type II, Type III				
	f	Enter the nun	nber of supported organizatio	ns							
	g	Provide the fo	ollowing information about the	supported organization(s).	T						
(		e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o		(v) Amount of monetary	(vi) Amount of			
	org	ganization		(described on lines 1–10 above (see instructions))	-	ir governing ment?	support (see instructions)	other support (see instructions)			
				.,,	Yes	No	,	,			
(A)											
()											
(B)											
` '											
(C)											
(-,											
(D)											
(-)											
(E)											
\ <del>-</del> /											
Γota	1										
. 016	-				1	I					

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1,219,619 1,195,672 2,172,083 8,203,136 1,839,653 1,776,109 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 1,219,619 1,195,672 1,839,653 1,776,109 2,172,083 8,203,136 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) 325,168 Public support. Subtract line 5 from line 4 7,877,968 Section B. Total Support Calendar year (or fiscal year beginning in) **(b)** 2019 (a) 2018 (c) 2020 (d) 2021 (e) 2022 (f) Total Amounts from line 4 1,219,619 1,195,672 1,839,653 1,776,109 2,172,083 8,203,136 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from 39,328 35,288 23,183 21,593 58,249 177,641 similar sources Net income from unrelated business activities, whether or not the business is regularly carried on ..... Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ..... 11 Total support. Add lines 7 through 10 8,380,777 Gross receipts from related activities, etc. (see instructions) 12 12 3,952 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 14 14 94.00% 15 Public support percentage from 2021 Schedule A, Part II, line 14 15 94.20% 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

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

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## SCHEDULE C (Form 990)

#### **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 <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

2022 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

• 5	Section 501(c)(4), (5), or (6) organizations: Complete Part III.				
Nam	e of organization			Employer ident	ification number
	MAINE EQUAL JUSTICE			04-33462	
Pa	rt I-A Complete if the organization is exem	pt under section 501(c)	or is a sectio	n 527 organizatio	n.
1	Provide a description of the organization's direct and indirect	political campaign activities in l	Part IV. See instru	ctions for	
	definition of "political campaign activities."				
2	Political campaign activity expenditures. See instructions $\dots$			\$	
3	Volunteer hours for political campaign activities. See instruct	ions			
Pa	t I-B Complete if the organization is exem		• • • • • • • • • • • • • • • • • • • •		
1	Enter the amount of any excise tax incurred by the organizat	ion under section 4955			
2	Enter the amount of any excise tax incurred by organization	managers under section 4955		\$	
3	If the organization incurred a section 4955 tax, did it file Form	n 4720 for this year?			Yes No
	Was a correction made?				Yes No
	If "Yes," describe in Part IV.			504( )(0)	
	rt I-C Complete if the organization is exem	· · · · · ·		on 501(c)(3).	
1	Enter the amount directly expended by the filing organization	·			
_	activities			\$	
2	Enter the amount of the filing organization's funds contributed	o .			
_	527 exempt function activities			\$	
3	Total exempt function expenditures. Add lines 1 and 2. Enter	•		•	
	line 17b			\$	
4	Did the filing organization file <b>Form 1120-POL</b> for this year?				Yes No
5	Enter the names, addresses and employer identification num	` ,	ŭ	ŭ	
	organization made payments. For each organization listed, e the amount of political contributions received that were prom	•	0 0		
	as a separate segregated fund or a political action committee			•	
	, , ,				(a) Amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization.
					If none, enter -0
(1)					
(-,					
(2)					
` ,					
(3)					
` ,					
(4)					
(5)					
(6)					

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

Schedule C (Form 990) 2022

Schedule C (Form 990) 2022

P	art II-A	Complete if the organizate section 501(h)).	ation is exempt under section 501(c)(3) ar	nd filed Form 5768 (elect	ion under
Α	Check		elongs to an affiliated group (and list in Part IV e	ach affiliated group member's	s name,
		address, EIN, expenses,	and share of excess lobbying expenditures).		
В	Check	if the filing organization of	hecked box A and "limited control" provisions app	oly.	
			oying Expenditures leans amounts paid or incurred.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1	a Total lobby	•	c opinion (grassroots lobbying)	4,829	
			islative body (direct lobbying)	9,903	
		ring expenditures (add lines 1a and	14,732		
			2 660 076		
	e Total exem	npt purpose expenditures (add line	s 1c and 1d)	2 674 909	
	<b>f</b> Lobbying r	ontaxable amount. Enter the amou	unt from the following table in both		
	columns.			283,740	
	If the amou	nt on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$5	00,000	20% of the amount on line 1e.		
	Over \$500,0	000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000	0,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500	0,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,00	00,000	\$1,000,000.		
	<b>g</b> Grassroots	s nontaxable amount (enter 25% of	f line 1f)	70,935	
	h Subtract lir	ne 1g from line 1a. If zero or less, e	enter -0-	0	
	i Subtract lir	ne 1f from line 1c. If zero or less, e	nter -0-	0	
	j If there is a	an amount other than zero on eithe	r line 1h or line 1i, did the organization file Form 4720		
	reporting s	ection 4911 tax for this year?			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)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	(e) Total					
2a Lobbying nontaxable amount	205,652	221,881	234,853	283,740	946,126					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					1,419,189					
c Total lobbying expenditures	51,659	2,807	43,124	14,732	112,322					
d Grassroots nontaxable amount	51,413	55,470	58,713	70,935	236,531					
e Grassroots ceiling amount (150% of line 2d, column (e))					354,797					
f Grassroots lobbying expenditures	1,273		13,878	4,829	19,980					

Schedule C (Form 990) 2022

Schedule	e C (Form 990) 2022 MAINE EQUAL JUSTICE PARTNERS 04-	334	627	3		ı	Page 3
Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).						
For ea	ch "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(;	a)		(b)		
	otion of the lobbying activity.	Yes	No		Amou	ınt	
le re a V b P c M d M e P	uring the year, did the filing organization attempt to influence foreign, national, state, or local egislation, including any attempt to influence public opinion on a legislative matter or efferendum, through the use of: olunteers? aid staff or management (include compensation in expenses reported on lines 1c through 1i)? ledia advertisements? lailings to members, legislators, or the public? ublications, or published or broadcast statements? irants to other organizations for lobbying purposes?						
g D h R i C j T 2a D b If c If	irect contact with legislators, their staffs, government officials, or a legislative body?  allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  ther activities?  otal. Add lines 1c through 1i  id the activities in line 1 cause the organization to be not described in section 501(c)(3)?  "Yes," enter the amount of any tax incurred under section 4912  "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d If Part	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	\(\tau\)		-4!			
1 W	501(c)(6).  /ere substantially all (90% or more) dues received nondeductible by members?  id the organization make only in-house lobbying expenditures of \$2,000 or less?  id the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	)(5), (	or se	ction	1 2 3	Yes	No
1 D	ues, assessments and similar amounts from members		1				
2 S p a C b C	ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of olitical expenses for which the section 527(f) tax was paid).  urrent year  arryover from last year  otal		2a 2b 2c				
<b>4</b> If e a	ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the xcess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying nd political expenditures next year?  axable amount of lobbying and political expenditures. See instructions		3 4 5				
Part				<u>I</u>			
	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 instructions); and Part II-B, line 1. Also, complete this part for any additional information.						

Schedule C (Form 990) 2022 DAA

#### SCHEDULE D (Form 990)

Internal Revenue Service

### 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.

Open to Public

Inspection Name of the organization Employer identification number MAINE EQUAL JUSTICE PARTNERS 04-3346273 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 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 in (a) 2c d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ..... 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X.

Sche				PARTNERS		04-33462				age <b>2</b>
Pa	rt III Organizations Maintainii	ng Co	llections of /	Art, Historical Tr	easures, e	or Other Simil	ar Asse	ts (continu	ıed)	
3	Using the organization's acquisition, access collection items (check all that apply):	ion, and	d other records, o	check any of the follow	ving that mak	e significant use o	f its			
а	Public exhibition		d 🗌 L	_oan or exchange pro	gram					
b	Scholarly research			Other	-					
С	Preservation for future generations									
4	Provide a description of the organization's of	ollection	ns and explain he	ow they further the ord	ganization's e	xempt purpose in	Part			
	XIII.				<b>9</b>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	During the year, did the organization solicit	or receiv	ve donations of a	art, historical treasures	s, or other sin	nilar				
	assets to be sold to raise funds rather than							□ Y	es 🗆	No
Pa	rt IV Escrow and Custodial A			<u> </u>						
	Complete if the organization			on Form 990, Pa	rt IV, line 9	or reported a	ın amou	nt on Form	1	
	990, Part X, line 21.			,	,	, ,				
1a	Is the organization an agent, trustee, custoo	dian or c	ther intermediar	y for contributions or o	other assets r	not				
								Y	es	No
b	If "Yes," explain the arrangement in Part XII									_
				· ·				Amour	it	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on I	orm 99	00, Part X, line 21	1, for escrow or custoo	dial account li	ability?		Y	es	No
	If "Yes," explain the arrangement in Part XII									1
Pa	rt V Endowment Funds.			•						
	Complete if the organization	on ans	wered "Yes"	on Form 990, Pa	rt IV, line 1	0.				
		(a)	) Current year	(b) Prior year	(c) Two ye	ars back (d) TI	hree years ba	ck (e) For	ır years	back
1a	Beginning of year balance									
	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
	End of year balance									
	Provide the estimated percentage of the cu		ar end balance (	line 1g, column (a)) he	eld as:	•		•		
	Board designated or quasi-endowment	•	,	0 , ,						
	Permanent endowment %									
С	Term endowment %									
	The percentages on lines 2a, 2b, and 2c sh	ould eq	ual 100%.							
3a	Are there endowment funds not in the posse	ession c	of the organizatio	on that are held and ac	dministered fo	or the				
	organization by:		· ·						Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Deleted energiactions							0 - /::\		
b	If "Yes" on line 3a(ii), are the related organiz									
4	Describe in Part XIII the intended uses of th								•	
Pa	rt VI Land, Buildings, and Eq	uipme	nt.							
	Complete if the organization	on ans	wered "Yes"	on Form 990, Pa	rt IV, line 1	1a. See Form	990, Pa	rt X, line 1	0.	
	Description of property		(a) Cost or other ba	asis (b) Cost or	other basis	(c) Accumulate	ed	(d) Book	value	
			(investment)	(oth	ner)	depreciation				
1a	Land	L								
b	Buildings			3	31,590	199	,213	1	32,	377
С	Leasehold improvements	L								
	Equipment				29,428		,730			698
е	Other				5,677		,584			093
Total	. Add lines 1a through 1e. (Column (d) must	equal F	orm 990, Part $\overline{X}$ ,	, column (B), line 10c.	)			1	43,	168

#### Schedule D (Form 990) 2022 MAINE EQUAL JUSTICE PARTNERS 04-3346273 Page 3 Investments – Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (B) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4)(6)(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4)(5) (6)(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (a) Description of liability Federal income taxes (2)(3)(4) (5)(6) (7) (8)

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

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

Pa	rt XI Reconciliation of Revenue per Audited Financial Sta		ue per Return.	
	Complete if the organization answered "Yes" on Form 99			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
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.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
			4c	
5	Add lines <b>4a</b> and <b>4b</b> Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )		5	
	rt XII Reconciliation of Expenses per Audited Financial St			
ı u	Complete if the organization answered "Yes" on Form 99	-	nises per iteturn.	
1			1	
	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:		·····	
	· · · · · · · · · · · · · · · · · · ·	ا مم ا		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
	Other losses			
	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>		4c	
	Add lines 4a and 4b		4c 5	
с 5	Add lines 4a and 4b		4c 5	
с 5 <b>Р</b> а	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> )		5	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	t IV, lines 1b and 2b; Part \	/, line 4; Part X, line	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Int XIII Supplemental Information.	t IV, lines 1b and 2b; Part \	/, line 4; Part X, line	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	t IV, lines 1b and 2b; Part \	/, line 4; Part X, line	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	t IV, lines 1b and 2b; Part \	/, line 4; Part X, line	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	t IV, lines 1b and 2b; Part \	/, line 4; Part X, line	
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5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	t IV, lines 1b and 2b; Part \	/, line 4; Part X, line	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	t IV, lines 1b and 2b; Part \	/, line 4; Part X, line	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	t IV, lines 1b and 2b; Part \	/, line 4; Part X, line	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	t IV, lines 1b and 2b; Part \	/, line 4; Part X, line	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	t IV, lines 1b and 2b; Part \	/, line 4; Part X, line	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	t IV, lines 1b and 2b; Part \	/, line 4; Part X, line	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	t IV, lines 1b and 2b; Part \	/, line 4; Part X, line	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	t IV, lines 1b and 2b; Part \	/, line 4; Part X, line	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	t IV, lines 1b and 2b; Part \	/, line 4; Part X, line	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	t IV, lines 1b and 2b; Part \	/, line 4; Part X, line	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	t IV, lines 1b and 2b; Part \	/, line 4; Part X, line	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	t IV, lines 1b and 2b; Part \	/, line 4; Part X, line	
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5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	t IV, lines 1b and 2b; Part \	/, line 4; Part X, line	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	t IV, lines 1b and 2b; Part \	/, line 4; Part X, line	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	t IV, lines 1b and 2b; Part \	/, line 4; Part X, line	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	t IV, lines 1b and 2b; Part \	/, line 4; Part X, line	

**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. Attach to Form 990.

OMB No. 1545-0047

**Open to Public** Inspection

Employer identification number

04-3346273

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. Name of the organization MATNE ECHAL THISTICE PARTNERS

THIEND DOOR CONTINUE	, <u> </u>	<i>2</i>				•	1 33102/3	
Part I General Information on Grants and	Assistance							
<ul> <li>Does the organization maintain records to substantiate the the selection criteria used to award the grants or assistant</li> <li>Describe in Part IV the organization's procedures for monit</li> </ul>	ce? itoring the use of gra	ant funds in	the United States.					,
Part II Grants and Other Assistance to Do Part IV, line 21, for any recipient that	mestic Organize received more to	zations a han \$5,0	and Domestic Gov 00. Part II can be o	vernments. Comp duplicated if additi	olete if the orga onal space is n	nization answe eeded.	ered "Yes" on Form 990,	
(a) Name and address of organization     or government	(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 grant or assistance	
(1) Gateway Community Services 501 Forest Ave							Tax Assistance site	
Portland ME 04101	81-3604505	501c3	34,000					_
(2) Maine AFL-CIO 21 Gabriel Drive Augusta ME 04330	01-0113840	501.05	11,557				Workplace Navigator	
(3)	01 0113010	30103	11,557					-
(4)								
(5)								
(6)								
(7)								
								_
(8)								
(9)								
								_
2 Enter total number of section 501(c)(3) and government of	rganizations listed in	n the line 1	table				u <b>1</b>	
3 Enter total number of other organizations listed in the line	1 table	<u></u>	<u></u>		<u></u>	<u></u>	u <b>1</b>	

Part III Grants and Other Assistance Part III can be duplicated if add		<b>Is.</b> Complete if the o	organization answered	d "Yes" on Form 990, Part I'	V, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7 Part IV Supplemental Information. Pr	ovide the information re	quired in Part I, line	2; Part III, column (b)	and any other additional ir	nformation.
Part I, Line 2 - Procedure	s for Monitori	ng the Use o	f Grant Funds		
MEJP monitors the use of g	rant funds thro	ough periodi	c meetings wit	th its	
grantees and review of req	uired deliveral	bles, as spe	lled out in th	ne	
Memoranda of Understanding	signed by both	h parties.			

### SCHEDULE L PM (Form 990)

Department of the Treasury

**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.

OMB No. 1545-0047

Open To Public

Internal Revenue Service Name of the organization Go to  $\underline{\textit{www.irs.gov/Form990}}$  for instructions and the latest information.

Name of the organiz	zation							Em	ployer id	entificat	ion nur	nber			
	MAINE EQUAL JUSTICE								1-3346						
Part I	Excess Benefit Transaction														
	Complete if the organization answer	ed "Yes"						990-EZ, Part V, I	ine 40b	<u>.                                    </u>					
1	(a) Name of disqualified person		(b) Relation	nship between disqu		perso	on and	(c) Description o	f transacti	on			Correct		
(4)				organization								Yes	i   I	No	
(1)												+-	_		
(2)												+	-		
(3)												+-	<del></del>		
(4)												+-	+		
(5) (6)												+	_		
	e amount of tax incurred by the organize	zation m	anagere	or disqualified r	orec	ne d	luring the year								
	ection 4958									\$					
3 Enter the	e amount of tax, if any, on line 2, above	e, reimbı	ursed by	the organization	า					\$					
Part II	Loans to and/or From Inter	rested	Perso	ns.											
	Complete if the organization answer	ed "Yes'	" on Form	n 990-EZ, Part \	√, lin	e 38	a or Form 990	Part IV, line 26;	or if the						
	organization reported an amount on	Form 99	90, Part )	K, line 5, 6, or 2	2.										
	(a) Name of interested person		elationship organization	(c) Purpose of loan		_oan from	(e) Original principal amount	(f) Balance du	e <b>(g)</b> l	n default		pproved oard or		/ritten	
			nganization	ioan		org.?	principal amount					mittee?		greement?	
					То	From			Yes	No.	Yes	No	Yes	No	
(1)										—	_		<u> </u>		
(2)										+	+	₩	₩	<u> </u>	
(2)															
(3)										+	+	+	┼	┼	
(4)															
(4)										+	+	+	+	$\vdash$	
(5)															
(0)										+	+	+	+	1	
(6)															
(7)															
(8)					<u> </u>						$\bot$	₩		<u> </u>	
(2)															
(9)		-								+	+-	+-	<del>                                     </del>	<del> </del>	
(10)															
(10) Total		<u> </u>			<u> </u>	<u> </u>	§				+		+		
Part III	Grants or Assistance Bene	fiting	Interes	sted Person	<u></u>			•					<u> </u>		
	Complete if the organization answer					7.									
	(a) Name of interested person			ship between interes			(c) Amount of	(d) Type of assista	nce	(e	) Purpos	se of ass	sistance		
	(-,			and the organization			assistance	()		(-,	,				
(1) Jennife	er Richardson	Вс	oard Me	mber			2,141	Cash	1	ow i	ncome	-see	note	9	
(2)															
(3)															
(4)						<u> </u>									
(5)															
(6)															
(7)															

(8) (9)

Part IV	<b>Business Transactions Involvin</b>			01 33101/3	10	ige 🚣
Complete if the organization answered "Yes" (a) Name of interested person						naring org. nues?
(1)		organization			Yes	No
(1)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8) (9)						
(10)						
Part V	Supplemental Information.  Provide additional information for response	es to questions on Schedule L (see	e instructions).			
Sched	ule L, Part V - Additi	onal Information				
Part	III - Long time client	and current boa	rd member 1	isted, was in ne	ed c	£
util	ity assistance, paid f	or by funding vi	a the Next	Step Fund.		

#### 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.

OMB No. 1545-0047
2022

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.

Open to Public Inspection

Name of the organization

CONSUMER PROTECTION

MAINE EQUAL JUSTICE PARTNERS

Employer identification number 04-3346273

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

PEER WORKFORCE Program Service Expense: \$265,350, incl \$11,557 Grants

HEALTH CARE Program Service Expense: \$210,922, incl \$0 Grants

ORGANIZING Program Service Expense: \$205,778, incl \$0 Grants

HOUSING Program Service Expense: \$183,485 incl \$ 0 Grants

NEXT STEP Beneficiary Expense: \$104,849, incl \$0 Grants

FOOD/HUNGER Program Service Expense: \$72,022, incl \$0 Grants

Program Service Expense: \$61,733, incl \$ 0 Grants

Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents Various committee and administrative adjustments were noted, including that terms of new Board members may be staggered so that approx. 1/3 of members complete a 3 year term each year; that the Executive Committee nominates the slate of officers for Board consideration; and that the ED shall be a non-voting member of the Board. A Conflict of Interest policy was added.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
The management and entire Board will receive a draft copy of this form.
Questions will be answered and updates made before filing.

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

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

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

of Interest and Disclosure form.