** PUBLIC DISCLOSURE COPY **

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

201	6
Open to Pi Inspecti	on

<u>A</u>	For the	\simeq 2016 calendar year, or tax year beginning $$ OCT $$ 1 , $$ $$ $$ $$ 20 $$ 16 $$ $$ and $$ e	ending S	EP 30, 2017	
В	Check if applicabl	C Name of organization		D Employer identifi	cation number
	Addre chang	MAINE JUSTICE FOUNDATION			
	Name chang	Doing business as	•	22-2	559133
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	er
	Final return/	40 WATER STREET, 1ST FLOOR			622-3477
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,745,467.
L	Ameno return	HALLOWELL, ME 04347		H(a) Is this a group re	
L	Applic tion pendir				s? Yes X No
_	•	SAME AS C ABOVE	,	H(b) Are all subordinates in	ncluded? Yes No
		empt status: X 501(c)(3)	r 527	If "No," attach a	list. (see instructions)
		e: WWW.JUSTICEMAINE.ORG		H(c) Group exemptio	
		organization: X Corporation	L Year o	of formation: 1983 N	A State of legal domicile: ME
Н	art I	Summary	TOOTO	N OF BUTE NO.	THE THOMTON
e	1	Briefly describe the organization's mission or most significant activities: THE MFOUNDATION IS TO FACILITATE THE DUE ADMIN			
Governance					
Ver	3	Check this box Light if the organization discontinued its operations or dispose		1 _ 1	ssets.
ၓ	4	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		3	26
ళ		Total number of individuals employed in calendar year 2016 (Part V, line 1a)			5
Activities		Total number of volunteers (estimate if necessary)			75
듕	7a	Total unrelated business revenue from Part VIII, column (C), line 12	*******	7a	0.
⋖		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)	,	3,007,887.	1,765,872.
aun		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		103,106.	213,229.
14.	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,359.	11,073.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,120,352.	1,990,174.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,046,427.	1,493,727.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) \dots		346,995.	337,232.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		0.	0.
꿃	_ b			184,217.	164,757.
_	'' '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,577,639.	1,995,716.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,542,713.	-5,542.
Fee	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	
		Fotal assets (Part X, line 16)	Def	5,571,508.	End of Year 5,919,168.
Net Assets Fund Balar	21	lotal assets (Part X, line 16) Fotal liabilities (Part X, line 26)		4,314.	4,316.
∌≅	22	Net assets or fund balances. Subtract line 21 from line 20		5,567,194.	5,914,852.
P	art II	Signature Block			-,,+
Und	ler penal	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of m	y knowledge and belief, it is
true	, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer l	has any knowledge.	
Sig	n	Signature of officer		Date	
Hei	re	DIANA C. SCULLY, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	- 1	ate Check	PTIN
Pai -	F	KIRK PURVIS KIRK PURVIS		1/16/18 if self-employe	
		Firm's name DAWSON, SMITH, PURVIS & BASSETT,	P.A.	Firm's EIN	01-0459941
Use	Only	Firm's address 5 15 CASCO STREET			7 074 0255
		PORTLAND, ME 04101-2902		Phone no. 2 U	7-874-0355
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)		·	X Yes No

Form 990 (2016) MAINE JUSTIC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	<u> </u>		
-	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	Ť		
-	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	Ė	i	
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			-
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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	15 W. 370 3 S. 346	***	242.33
	as applicable.			9 3627 318
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			37 11 31 30
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	3			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			7.7
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	ا ., ا		х
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	4-		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		21
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	46		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		-22
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	.	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_ 1/		-17
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
	complete Schedule G, Part III	19		Х
		_13	000	

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Pa	rt IV Checklist of Required Schedules (continued)		T	T
204	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	000	Yes	No 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	. 200	+	┼─
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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		X
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
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	•	<u> </u>	
	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?		 	
	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	Ì	X
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			1
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			\Box
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	. 26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these 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 Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):		2 - 6 2 - 6 3 1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	_ 28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			۱
	contributions? If "Yes," complete Schedule M	. 30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	. 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	. 32	igsquare	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33	 	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			.,
	Part V, line 1	34		X
35a	* * * * * * * * * * * * * * * * * * * *	. 35a	igwdow	X
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	igwdapsilon	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			7.7
	If "Yes," complete Schedule R, Part V, line 2	. 36	 	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			٧,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		1	1

Form **990** (2016)

Note. All Form 990 filers are required to complete Schedule O ...

Form	990 (2016) MAINE JUSTICE FOUNDATION	22-2	559133	P	age 5
Pa	tt V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	_{1a}	10		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and r				1343
·	(gambling) winnings to prize winners?		1c	X	Linkbach
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	T T		 	100 N/A 3
2.0		20	5		
h	filed for the calendar year ending with or within the year covered by this return	2a		X	star10
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			25	erivini mos
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		_	C. Inc.	X
			-		Δ.
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		Зь		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	-			Į
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a	(58/5/82/707)	X
a	If "Yes," enter the name of the foreign country:		0.3		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		2013	czni	
5a	——————————————————————————————————————				X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?			Х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				<u> </u>
6a		he organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	tions or gifts			
	were not tax deductible?	•••••	6b		L,
7	Organizations that may receive deductible contributions under section 170(c).				0.000
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices provided to the pa	уог? 7а		<u>X</u>
þ	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 w	as required			
	to file Form 8282?	· · · · · · · · · · · · · · · · · · ·	7c		X
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7d	6.0		6.6.6.5,5,60
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ract?	7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required	? 7 g	·	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation 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	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				
10	Section 501(c)(7) organizations. Enter:		17.30	8.004	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a		aŭ oligi	S COLAR
	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a	SHERESCHOOL	22320000
		12b	119615.11091		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	125			
	Is the organization licensed to issue qualified health plans in more than one state?		13a	*(**)*(**)*(**)	pura mengga teksiblik
	Note. See the instructions for additional information the organization must report on Schedule O.		104	166 GAN	
	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			
		13c			
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?		44-	#8344	X
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule		14a		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X								
Sec	tion A. Governing Body and Management											
			Yes	No								
1a	Enter the number of voting members of the governing body at the end of the tax year		341	Jines								
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a. above, who are independent 1b 26											
b												
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	den son		v								
	officer, director, trustee, or key employee?	2		Х								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v								
	of officers, directors, or trustees, or key employees to a management company or other person?	3 4		<u> </u>								
4												
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6		X								
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-6-										
7a		70		Х								
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		- 25								
		7b		Х								
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	70										
а	The governing body?	8a	Х	\$19799120								
b		8b	X									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD										
J	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)											
	tion of the state		Yes	No								
10a	Did the organization have local chapters, branches, or affiliates?	10a	,,,,	X								
	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	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х									
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Color Sector	\$ 0 B 110									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	g.1g03050111111								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe											
	in Schedule O how this was done	12c	Х									
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 in Schedule O (see instructions).											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	28	2012/06/2016									
	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	0.00		1830.50								
	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										
<u>Sec</u>	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed ► NONE											
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	vailab	le									
	for public inspection. Indicate how you made these available. Check all that apply.											
	X Own website X Another's website X Upon request Other (explain in Schedule O)											
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	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 books and records:											
	DIANA C. SCULLY - 207-622-3477											
	40 WATER STREET, 1ST FLOOR, HALLOWELL, ME 04347		000	00.45								

MAINEBA1

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(do box	not c	Pos heck	C) ition more		one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) H. LOWELL BROWN DIRECTOR	1.00	х						0.	0.	0.
(2) SUSAN B. DRISCOLL	1.00	 ^		\vdash		┢				
EX-OFFICIO	1.00	$ _{\mathbf{x}} $		ĺ				l o.	ο.	0.
(3) ARIEL PARDEE	1.00	-			 	\vdash				
DIRECTOR		$ \mathbf{x} $						0.	0.	0.
(4) BARBARA A. CARDONE	1.00	╫			<u> </u>	-	_		-	
DIRECTOR		x						l o.	0.	0.
(5) DIANE DUSINI	1.00					Ħ				
DIRECTOR		$ \mathbf{x} $						0.	0.	0.
(6) SALLY N. MILLS	1.00									
DIRECTOR		X						0.	0.	0.
(7) JOHN W. GEISMAR	1.00									
TREASURER		X		Х				0.	0.	0.
(8) DAVID C. PIERSON	1.00									
DIRECTOR		Х						0.	0.	0.
(9) WILLIAM D. ROBITZEK	1.00									
PRESIDENT		X		X				0.	0.	0.
(10) MARY KATHRYN BRENNAN	1.00									
DIRECTOR		X				<u>. </u>		0.	0.	0.
(11) JANIS COHEN	1.00									
DIRECTOR		Х						0.	0.	0.
(12) HON. HOWARD H. DANA, JR.	1.00]								
DIRECTOR		X						0.	0.	0.
(13) AARON P. KOUHOUPT	1.00									
DIRECTOR		Х						. 0.	0.	0.
(14) RONALD L. PHILLIPS	1.00]								
DIRECTOR		X						0.	0.	0.
(15) MICHAEL J. LEVEY	1.00								_	_
DIRECTOR	1	Х	Щ		<u> </u>	_		0.	0.	0.
(16) JUDITH A. FLETCHER WOODBURY	1.00	<u> </u>								^
DIRECTOR	1 00	Х	_		ļ			0.	0.	0.
(17) AMBER ATTALLA	1.00	,,							ا ۾ ن	^
DIRECTOR	<u> </u>	Х						0.	0.	0.

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Form 990 (2016)

Form 990 (2016) MAINE JU	STICE F	נטס	ND	AT.	[0]	N			22-25	<u>591</u>	33 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)		
(A) Name and title	(B) Average hours per week	age Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation from							(E) Reportable compensation from related		(F) Estimated amount of other
	(list any hours for related organizations	Individual trustee or director	Institutional trustee		loyee	Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS0	C)	from the organization and related
	below line)	dividu	stitulic	Officer	Key employee	ghest	J. Willer		,	'	organizations
(18) VIRGINIA E. DAVIS	1.00	<u>=</u>	트	0	32	王吉	<u> </u>			-	
DIRECTOR		x						0.		0.	0.
(19) STEPHEN D. NELSON	1.00	ı				T					
EX-OFFICIO		X						0.		0.	0.
(20) KATHERINE TIERNEY	1.00										
DIRECTOR		X						0.		0.	0.
(21) ALBERT G. AYRE	1.00	П									
EX-OFFICIO		X						0.		0.	0.
(22) BENJAMIN S. FOWLER	1.00										_
DIRECTOR		X		Ш		<u> </u>		0.		0.	0.
(23) WILLIAM S. HARWOOD	1.00	ļ				ĺ	İ				
DIRECTOR	1 00	X						0.		0.	0.
(24) HAROLD C. PACHIOS	1.00									_	•
DIRECTOR	1 00	X						0.		0.	0.
(25) ROBIN RUSSEL	1.00	.						0.		0.	0
DIRECTOR (26) ARI B. SOLOTOFF	1.00	X		Н		-	L	0.		<u></u>	0.
DIRECTOR	1.00	X						0.		0.	0.
	<u> </u>					<u> </u>		0.		0.	0.
1b Sub-total c Total from continuation sheets to Part V								89,222.		0.	8,049.
d Total (add lines 1b and 1c)								89,222.		0.1	8,049.
Total number of individuals (including but n							no re	<u> </u>	.000 of reportable		
compensation from the organization											0
											Yes No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s				-		-		•		60-60 - 12	3 X
4 For any individual listed on line 1a, is the su								her compensation from		(N) (N)	
and related organizations greater than \$15										sia:	4 X
5 Did any person listed on line 1a receive or a											
rendered to the organization? If "Yes," com							0.44	ou organization or many	GGG 107 007 71000	100000	5 X
Section B. Independent Contractors	,			,							
Complete this table for your five highest co	mpensated in	depe	ende	ent co	ontr	racto	ors t	hat received more than	\$100,000 of comp	ensati	on from
the organization. Report compensation for											
(A)								(B)			(C)
Name and business	address	.NC	INC	3				Description of s	ervices	Con	npensation
							_				
							_				
							+				
							\dashv		+		
2 Total number of independent contractors (i	ncludina but n	ot li	mite	d to	tho	se lie	L Nets	l above) who received m	ore than		
\$100,000 of compensation from the organic	-	. J. III		0	() "					
SEE PART VII, SECTION		rii	TUZ	ΙΤΑ	10.	v 8	HI	EETS		Fo	rm 990 (2016)
											\·•/

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Form 990 MAINE JU	STICE FO	OU	ND	AT.	101	<u> </u>			22-255	9133
Part VII Section A. Officers, Directors, Tr	ustees, Key E	mpl	oyee	es, a	nd l	High	est	Compensated Employ	ees (continued)	_
(A) Name and title	(B) Average hours per	(с	hecl	Pos	C) ition that		oly)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organization
27) DIANA C. SCULLY	40.00	-		.	!			00 222	. 0.	0 04
XECUTIVE DIRECTOR		⊢	-	Х				89,222.	0.	8,049
							H			
		<u> </u>								
		\vdash	\vdash	<u> </u>						<u> </u>
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			$oxed{oxed}$							
						_	_			
				!	1		—			
otal to Part VII, Section A, line 1c								89,222.		8,049

MAINE JUSTICE FOUNDATION 22-2559133 Page 9 Form 990 (2016) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections
512 - 514 (A) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b 734,698. c Fundraising events 1¢ d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1,031,174 100,634. g Noncash contributions included in lines 1a-1f: \$ 1,765,872 h Total. Add lines 1a-1f Business Code Program Service Revenue 2 a All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 104,092, 104,092. Income from investment of tax-exempt bond proceeds 4 5 Royalties (i) Real (ii) Personal 8,000 6 a Gross rents b Less: rental expenses 8,000. c Rental income or (loss) 8,000 8,000. d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 1,864,430, assets other than inventory b Less: cost or other basis 1,755,293 and sales expenses 109,137, c Gain or (loss) 109,137 109 137 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 734,698. of including \$ contributions reported on line 1c). See Part IV, line 18 0. b Less: direct expenses c Net income or (loss) from fundraising events 0 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold _____ Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER INCOME 3,073 900001 3,073 b d All other revenue

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221,229,

Total. Add lines 11a-11d

Total revenue. See instructions.

3,073

3,073

1,990,174.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses Do not include amounts reported on lines 6b, Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. **expenses** expenses Grants and other assistance to domestic organizations 1,446,227. 1,446,227 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 47,500. 47,500. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 97,518 97,518. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 177,631. 95,955. 81,676. Pension plan accruals and contributions (include 13,003. 12,593. 410. section 401(k) and 403(b) employer contributions) 27,571. 21,509. 4,721. Other employee benefits 22,850. 9 17,637. 3,872. 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal 12,953. 12,953. c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees 25,556. 25,556. g Other. (If line 11g amount exceeds 10% of line 25, 23,416. 3,459 19,957. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 6,126. 1,207. 4,919. 13 Office expenses Information technology 14 Royalties 15 11,815. 11,815. 16 Occupancy 9,195. 7,663. 1,532. Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 15,605. 3,062. 12,543. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 4,508. 4,508. Depreciation, depletion, and amortization 22 3,576. 3,352. 224. Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a JAG PROGRAM 11,378. 11,378 ь CREDIT CARD FEES 10,213. 10,213. c EQUIPMENT RENTAL AND MA 7,240. 7.240 4,969. 4,969. d PRINTING & PUBLICATIONS 18,207. 6,530. 11,677. e All other expenses 162,133. 1,995,716. 1,505,105. 328,478. Total functional expenses. Add lines 1 through 24e 25 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)

га		Datance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X	, 		T
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	37,644.	1	91,992.
	2	Savings and temporary cash investments	411,477.	2	396,627.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		3 25 d Z	
		trustees, key employees, and highest compensated employees. Complete		and the same	
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under	A CONTROL OF THE CONT		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		64 (-30) 67 (86)	
		employers and sponsoring organizations of section 501(c)(9) voluntary			
şţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 197, 430 Less: accumulated depreciation 10b 87, 236	_	XXXXX	
	ь				110,194.
	11	Investments · publicly traded securities	5,017,395.	11	5,320,355.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,571,508.	16	5,919,168.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	4 21 4	20	4 316
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	4,314.	21	4,316.
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
ΞĘ		key employees, highest compensated employees, and disqualified persons.		101300	
E.		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	-	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of			
				05	
	26	Schedule D Total liabilities. Add lines 17 through 25	4,314.	25 26	4,316.
	20	Organizations that follow SFAS 117 (ASC 958), check here ► X and	1,011.	20	1,010.
Ø		complete lines 27 through 29, and lines 33 and 34.			
Çe	27	Unrestricted net assets	348,175.	27	429,168.
alaı	28	Temporarily restricted net assets	2,508,596.	28	2,624,716.
Ä	29	Permanently restricted net assets	2,710,423.	29	2,860,968.
Ĕ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶	1,000,000,000,000,000,000,000,000,000	**********	
Y.		and complete lines 30 through 34.	178 (7. day) (1. day)		
ţ	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	-
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	,
Š	33	Total net assets or fund balances	5,567,194.	33	5,914,852.
	34	Total liabilities and net assets/fund balances	5,571,508.	34	5,919,168.
					Form 990 (2016)

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 in Schedule O and describe any steps taken to undergo such audits

Form 990 (2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number MAINE JUSTICE FOUNDATION 22-2559133 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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 l A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organization listed in your governing document? (iii) Type of organization (vi) Amount of other (i) Name of supported (ii) EIN (v) Amount of monetary (described on lines 1-10 organization support (see instructions) support (see instructions) Yes Nο above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

Total

Schedule A (Form 990 or 990-EZ) 2016 MAINE JUSTICE FOUNDATION 22-25591 Part II 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not					ļ	
	include any "unusual grants.")	1458700.	1367026.	1615655.	3007887.	1765872.	9215140.
2	Tax revenues levied for the organ-				1	ļ	
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1458700.	1367026.	1615655.	3007887.	1765872.	9215140.
5	The portion of total contributions						
	by each person (other than a		(2018) (0.0010)	a ka ka na aran in Sa		X 11/9/15 31 13 15	
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the	76-17-17-17-17-17-17-1	er Kenter Politic Constitu	SAN CONTRACTOR IS			
	amount shown on line 11,		listerio de la				4560565
	column (f)	2.00 (0.00)					1562767.
	Public support. Subtract line 5 from line 4.						7652373.
	ction B. Total Support	I					
	ndar year (or fiscal year beginning in)	(a) 2012 1458700.	(b) 2013 1367026.	(c) 2014 1615655.	(d) 2015 3007887.	(e) 2016 1765872.	(f) Total 9215140.
	Amounts from line 4	1436700.	130/020.	1013033.	3007007.	1/030/4.	3213140.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	93,224.	82,716.	75,196.	76,156.	104,092.	431,384.
0	and income from similar sources Net income from unrelated business	33,224.	02,710.	73,130.	70,130.	104,052.	401,004.
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	164.428.	248,598.	154.655.	26,950.	109,137.	703,768.
11	Total support. Add lines 7 through 10	unase trattere de compresentation	g etc. (27.2) (et. 19.48)		a de desago de centra		10350292.
12		etc. (see instruction	ons)	<u> </u>		12	
	First five years. If the Form 990 is for	•	,				
							▶□
Sec	organization, check this box and stop ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2016 (14	73.93 %
	Public support percentage from 2015					15	74.22 %
	33 1/3% support test - 2016. If the o					nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ 🗓
b	33 1/3% support test - 2015. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation		*****	▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Par	t VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	jualifies as a public	cly supported orga	inization	▶□
18	Private foundation. If the organization	n_did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instruction:	s ▶□
					Sche	dule A (Form 990	or 990-EZ) 2016

632022 09-21-16

Schedule A (Form 990 or 990-EZ) 2016 MAINE JUSTICE FOUNDATION 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.)

Se	ction A. Public Support			***			
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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				 		
	furnished by a governmental unit to					i	
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		•				
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)			interes	was in the	60,000,000	
	ction B. Total Support				The state of the s		
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	(-, -+ :-	(0) = 0 10	(0) 20	(4) 23 13	(0, 20.0	(1) 1010.
	Gross income from interest,						
	dividends, payments received on	1					
	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						
11	Net income from unrelated business						
	activities not included in 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				i		
12	Total support. (Add lines 9, 10c, 11, and 12.)						······································
	First five years. If the Form 990 is for	the examination's	first seemed this	d facults as fifth to	l	n F01(a)(0) avaanin	nation
"		·-			•		
Sec	check this box and stop here	c Support Per	rcentage	••••••	***************************************	***************************************	P
	Public support percentage for 2016 (li		<u>-</u>	olumn (fl)		15	
						16	
	Public support percentage from 2015 ction D. Computation of Investigation					10	%
	-			o 12 column (A)		47	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in not
เรล	33 1/3% support tests - 2016. If the	-					
L	more than 33 1/3%, check this box ar						
D	33 1/3% support tests - 2015. If the	•			•	•	
ഹ	line 18 is not more than 33 1/3%, che						T
<u> </u>	Private foundation. If the organization	raid not check a t	DOX OF HITE 14, 198	a, or 190, check th	iis box and see ins	tructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 (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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 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 disqualified person (as defined in 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 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.)

1		Yes	No
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3h

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.

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust (on Nov. 20, 1970 (explain in I	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must c	omplete	Sections A through E.	
Sec	tion 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		<u> </u>
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	, and the second	
Sect	tion 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		
þ	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	10		
d	Total (add lines 1a, 1b, and 1c)	1d		· · ·
е	Discount claimed for blockage or other	Fig. 53.0		a general and a second as a contract of the
	factors (explain in detail in Part VI):	28.000	Andrew Charles and Charles	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		. 5
Sect	ion C - Distributable Amount		ngangaranganggangganaga at ters	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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		
7	Check here if the current year is the organization's first as a non-functional	lly integr	ated Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

	Type III Non-Functionally Integrated 509 ion D - Distributions		(OO) TET TOO (Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity	. ,		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets	<u> </u>		-
5	Qualified set-aside amounts (prior IRS approval required)		•	
6	Other distributions (describe in Part VI). See instructions			·
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t	he organization is responsive	e	
	(provide details in Part VI). See instructions	,		
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Secti	ion E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:	18/73 (10% (18/19 P-17)) (18/19 P-17)		
а				
b				
С	From 2013		er sagar para se nagagan ay a ay ay ay ay	and the second of the control of the second
	From 2014			
	From 2015 ·			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)		1.000	
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,		an grand Caracana a	
	line 7: \$			100000000000000000000000000000000000000
а	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h	100 (5 15 15 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16		
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions	100 g	200 - 100 -	
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c		retire mergeral and mercel	0.0000000000000000000000000000000000000
8	Breakdown of line 7:			
a				
	Excess from 2013	area escribismos area decompos respectos mando		
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	ENGGGO HOM EG TO			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-EZ) 2016 MAINE JUSTICE FOUNDATION	22-2559133 Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	17b; Part III, line 12; and 2; Part IV, Section C, , Section B, line 1e; Part V, al information.
	(eee mendedone)	***
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	-	_

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

Employer identification number

M	MAINE JUSTICE FOUNDATION	22-2559133
Organization type (check	cone):	
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	ion
	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	
•	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a S	Special Rule. See instructions.
General Rule		
-	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution ny one contributor. Complete Parts I and II. See instructions for determining a co	
Special Rules		
sections 509(a)(1 any one contribu	ion described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 1/3% and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990 EZ), Part II, line ator, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the EZ, line 1. Complete Parts I and II.	e 13, 16a, or 16b, and that received from
year, total contril	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receir butions of more than \$1,000 exclusively for religious, charitable, scientific, literary f cruelty to children or animals. Complete Parts I, II, and III.	• • • •
year, contribution is checked, ente purpose. Don't c	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receins exclusively for religious, charitable, etc., purposes, but no such contributions in the reference the total contributions that were received during the year for an exclusively complete any of the parts unless the General Rule applies to this organization be ble, etc., contributions totaling \$5,000 or more during the year	totaled more than \$1,000. If this box y religious, charitable, etc., ecause it received <i>nonexclusively</i>
but it must answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Sche on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ o t the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

	3 (Form 990, 990-EZ, or 990-PF) (2016)		Page
Name of org	panization		Employer identification number
MAINE	JUSTICE FOUNDATION		22-2559133
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) Type of contribution
1		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
2		s\$	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
		\$	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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
623452 10-18-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) (Form 990, 990-EZ, or 990-PF) (2016

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Name of organization Employer identification number MAINE JUSTICE FOUNDATION 22-2559133

Part II	Noncash Property (See instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	1,650 SHARES OF MICROSOFT (MSFT) STOCK	,	·
		\$100,634.	10/25/16
(a) No. from Part I	(b) Description of πoncash 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
623453 10-18		\$ Schadule B (Form	990, 990-EZ, or 990-PF) (2016)

Name of org	anization		Employe	r identification number
MAINE Part III	the year from any one contributor. Complete co	olumns (a) through (e) and the follo	in section 501(c)(7), (8), or (10) that it	- 2559133 total more than \$1,000 for
	completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additiona	, charitable, etc., contributions of \$1,000 o	less for the year. (Enter this info. once.) 🕨 🕏	
(a) No. from		· · · · · · · · · · · · · · · · · · ·		
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of	f how gift is held
		(e) Transfer of gif	t	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to	o transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of	f how gift is held
	Tunnafausala noma addusas an	(e) Transfer of gif		·
	Transferee's name, address, and	0 ZIP + 4	Relationship of transferor to	o transieree
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of	f how gift is held
		(e) Transfer of gif		
	Transferee's name, address, and	V.	Relationship of transferor to	o transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of	how gift is held
—				
	Transferee's name, address, and	(e) Transfer of gif	Relationship of transferor to	n transferee
	manores o name, audi ess, alic	4 6-11 T.T	ricianorianip or transfel of tr	, <u>u</u> anoreree

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

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

•	Section 501	(c)(4), (5), or (6) organiza	tions: Complete Part III.					
Nan	ne of organiz	zation	<u> </u>			Emplo	yer identifica	tion number
			USTICE FOUNDATION				22-255	
Pé	art I-A (Complete if the org	janization is exempt un	der section 501(c)	or is a section 5	27 or	ganization	•
1	Provide a c	description of the organiz	zation's direct and indirect politi	cal campaign activities	in Part IV.			
2	Political ca	mpaign activity expendit	ures			▶\$		
			gn activities					
Pε	art I-B	Complete if the org	ganization is exempt un	der section 501(c)	(3).			
			incurred by the organization un			▶\$		
			incurred by organization manag					
			n 4955 tax, did it file Form 4720					U No
								☐ No
b	ı lf "Yes," de	scribe in Part IV.						
Рε	int I-C (Complete if the org	janization is exempt und	der section 501(c)	, except section	501(c)(3).	
1	Enter the a	mount directly expended	by the filing organization for se	ection 527 exempt fund	tion activities	▶\$_		
2			ization's funds contributed to o	•				
			***************************************			▶\$_		
3		•	. Add lines 1 and 2. Enter here		•			
	line 17b			• • • • • • • • • • • • • • • • • • • •		. ▶ \$ _		
4			1120-POL for this year?					L∐ No
5			nployer identification number (E					
			tion listed, enter the amount pa					
		•	omptly and directly delivered to additional space is needed, pro	, , -	,	eparate	e segregated t	fund or a
	-i	<u></u>						
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fr		(e) Amount	
					filing organization funds. If none, ente		contributions promptly a	
					Torica. Il Horie, erite	31 -0	delivered to	a separate
							political org	
							If none, e	enter -U
								- -
						İ		
			 -					

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

Schedule C (Form 990 or 990-EZ) 2016

LHA

632041 11-10-16

Schedule C (Form 990 or 990-EZ) 2016	MAINE	JUSTI	CE FOUNDATI	ON	22-2	559133 Page 2
Part II-A Complete if the or section 501(h)).	ganizati	on is exe	mpt under sectio	n 501(c)(3) and fi	led Form 5768 (el	lection under
expenses, and sha	are of exce	ss lobbying		n Part IV each affiliated	l group member's nam	ne, address, EIN,
Lim	its on Lob	bying Expe	·		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to inf	luence pub	olic opinion (grass roots lobbying)			
b Total lobbying expenditures to int	iuence a le	gislative boo	dy (direct lobbying)			
c Total lobbying expenditures (add			•			
d Other exempt purpose expenditu					1,995,716.	
e Total exempt purpose expenditur	1,995,716.					
f Lobbying nontaxable amount. En					249,786.	
If the amount on line 1e, column (a)	ог (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,00	00,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,	500,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	7,000,000	\$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.			
g Grassroots nontaxable amount (e	nter 25% c	of line 1f)			62,447.	
h Subtract line 1g from line 1a. If ze	to or less, e	enter -0			0.	
i Subtract line 1f from line 1c. If zer	o or less, e	nter -0	*************************		0.	
j If there is an amount other than z	ero on eithe	er line 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this	year?	*************				Yes No
(Some organizations		a section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all	of the five columns b	elow.
	Lobi	bying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a)	2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount		•	240,206.	228,882.	249,786.	718,874.
b Lobbying ceiling amount (150% of line 2a, column(e))						1,078,311.
c Total lobbying expenditures			3,270.			3,270.
d Grassroots nontaxable amount			60,052.	57,221.	62,447.	179,720.
e Grassroots ceiling amount	140 100 040	arang daga		10 mg (8) 20 of 18 20 0		
(150% of line 2d, column (e))	17.3.400	Merchanic			Solo de Propulsión S	269,580.
f Grassroots lobbying expenditures			818.			818.

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016 MAINE JUSTICE FOUNDATION 22-2559133 Page 3 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)).

Fore	For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)	
	e lobbying activity.	Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?	<u> </u>			
	Mailings to members, legislators, or the public?]	 -
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?			<u> </u>	
	Direct contact with legislators, their staffs, government officials, or a legislative body?		ļ	<u> </u>	
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?		alia ga aga laba a		
	Total. Add lines 1c through 1i			8-48-88-2019-2-4-2-012-2	
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		hard water so to	2 kg () ()	
	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		Shericartings, 1251, 12	Directed Control of Control	concentrate de l'actuações Servições
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	. 504()	(E)		
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5), or se	ection	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
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			<u></u>	
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), sect				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	i "No," U	K (b) Par	τ III-A, III	ne 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ical			
	expenses for which the section 527(f) tax was paid).				
а	· · · · · · · · · · · · · · · · · · ·				
þ	, , , , , , , , , , , , , , , , , , , ,				
С	Total				
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 ex-	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political	2		
	expenditure next year?		4		<u> </u>
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou	p list); Part I	l·A, lines 1	and 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	,	,	`	
	,				
		Schedu	le C (Form	990 or 990	0-EZ) 2016

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public

Employer identification number

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

Inspection

OMB No. 1545-0047

MAINE JUSTICE FOUNDATION 22-2559133 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year 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 (e.g., 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 Held at the End of the Tax Year day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, 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 tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, 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 7 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. 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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included 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, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016

632051 OB-29-16

4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1a Land		10,000.		10,000.	
b Buildings		162,705.	62,511.	100,194.	
c Leasehold improvements					
d Equipment		24,725.	24,725.	0.	
e Other					
otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)					

Schedule D (Form 990) 2016

(1) Federal income taxes
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)

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

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

Schedule D (Form 990) 2016

	edule D (Form 990) 2016 MAINE JUSTICE FOUNDATION			2559133 Page
Pa	TXI Reconciliation of Revenue per Audited Financial Statements With I	Revenue per	Return	ı .
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			0 242 274
1	Total revenue, gains, and other support per audited financial statements		. 1	2,343,374
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	252 200		
а	Net unrealized gains (losses) on investments	353,200	•	
b	Donated services and use of facilities		_	
С	Recoveries of prior year grants			
d	/			252 222
	Add lines 2a through 2d			353,200
3	Subtract line 2e from line 1		. 3	1,990,174
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 7b4a			
b	Other (Describe in Part XIII.)			
C	Add lines 4a and 4b	••••	. 4c	U
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		. 5	1,990,174
Pa	TXII Reconciliation of Expenses per Audited Financial Statements With	Expenses pe	er Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			4 005 546
1	Total expenses and losses per audited financial statements		. 1	1,995,716
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			
C	Other losses 2c			
	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			0
3	Subtract line 2e from line 1		3	1,995,716
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b		2.63.03	
þ	Other (Describe in Part XIII.)			_
С	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		. 5	1,995,716
Pai	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b ar 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		e 4; Part I	X, line 2; Part XI,
PAF	RT IV, LINE 1B:			
THE	MAINE JUSTICE FOUNDATION SERVES AS FISCAL AGENT	FOR THE	MOCE	TRIAL
PRO	GRAM WHICH SUPPORTS HIGH SCHOOL STUDENT TEAMS IN	A COMPE	TITIC	ON
IN	OLVING COURT ROOM TRIALS AND ADVOCACY.	· <u> </u>		
PAF	RT V, LINE 4:		•••	
THE	ORGANIZATION'S ENDOWMENT FUNDS CONSIST OF EIGHT	DONOR R	ESTRI	CTED
FUN	IDS. THE USE OF THE FUNDS IS SUBJECT TO THE DONO	R'S REST	RICTI	CONS AND

ARE THEREFORE TO BE USED WHEN THE DONOR IMPOSED RESTRICTIONS CAN BE

FULFILLED BY THE ACTIONS OF THE ORGANIZATION AND/OR THE PASSAGE OF TIME.

Schedule D (Form 990) 2016 MAINE JUSTICE FOUNDATION	22-2559133 Page 5
Schedule D (Form 990) 2016 MAINE JUSTICE FOUNDATION Part XIII Supplemental Information (continued)	
	
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Schedule D (Form 990) 2016

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Department of the Treasury

► Attach to Form 990 or Form 990-EZ.

Open to Public

Internal Revenue Service	Information a	about Schedule G (Form 990 or 990-EZ	and it	s instr	uctions is at WWW.irs.	gov/fo	rm990.	Inspection
Name of the organization							Employer id	dentification number
		USTICE FOUNDATION					22-255	
Part I Fundraising required to co	g Activities mplete this par	 Complete if the organization answert. 	ered "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990-	EZ filers are not
1 Indicate whether the o	rganization rais	sed funds through any of the followi	ng acti	ivities.	Check all that apply			
a Mail solicitation	_				overnment grants			
b internet and em				_	nment grants			
c Phone solicitati		g L Special	fundra	aising	events			
•		or oral agreement with any individua	Linclu	dina o	fficere directore tru	etooe	or	
		Part VII) or entity in connection with p		-				es 🗆 No
		viduals or entities (fundraisers) pursi			=		ndraiser is to	be
compensated at least	t \$5,000 by the	e organization.						
			riii)	Did		(v)	Amount paid	1,35, 1,31
(i) Name and address o		(ii) Activity	have c	Did raiser ustody	(iv) Gross receipts	to (o	r retained by undraiser	(vi) Amount paid to (or retained by)
or entity (fundrai	ser)		or con contrib	ntrol of utions?	from activity		ed in col. (i)	organization
	<u>.</u>		Yes	No		 		
						<u> </u>		
							٠	
				<u> </u>				_
		, ,,					<u> </u>	_
				<u> </u>				
Total								
		on is registered or licensed to solicit		outions	s or has been notified	d it is	exempt from	registration
	u							
-								<u> </u>
		•						
LHA For Paperwork Redu	ıction Act Not	ice, see the Instructions for Form	990 or	990-1	EZ, S	Sched	ule G (Form	990 or 990-EZ) 2016

Schedule G (Form 990 or 990-EZ) 2016 MAINE JUSTICE FOUNDATION 22-2559133 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events CAMPAIGN FOR NONE (add col. (a) through JUSTICE col. (c)) (total number) (event type) (event type) Revenue 734,698. 734,698 1 Gross receipts 734,698 734,698. 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes J Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2016

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016 MAINE JUSTICE FOUNDATION	22-2559133 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	
Name ▶	
Address ►	Yes No
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes L No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount	ount
of gaming revenue retained by the third party ▶\$	
c If "Yes," enter name and address of the third party:	
Name	
Address >	
16 Gaming manager information:	
Name	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	П., П.,
retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the
organization's own exempt activities during the tax year ▶ \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	Part III, lines 9, 9b, 10b, 15b,
	

Schedule G (Form 990 or 990-EZ)	MAINE JUSTICE FOUNDATION	22-2559133 _{Page 4}
Schedule G (Form 990 or 990-EZ) Part IV Supplemental Inf	formation (continued)	
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SCHEDULE I (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

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

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

Open to Public OMB No. 1545-0047 2016

Inspection

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

Name of the organization MAINE JUSTICE FOUNDATION	TICE FOUN	DATION					Employer identification number 22-2559133
Part I General Information on Grants and Assistance	and Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	sistance, and the selec	tion
criteria used to award the grants or assistance?	stance?						X Yes No
O	ocedures for moni	toring the use of grant	funds in the United	d States.			
Part Grants and Other Assistance to Domestic Organizations and Domestic Governments. Com	Domestic Organi	izations and Domesti the dunicated if addit	c Governments. C	complete if the orga	nization answered "\	and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any linated if additional space is peeded	: IV, line 21, for any
1 (a) Name and address of organization or government	(a)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							SUPPORT LEGAL SERVICES
CUMBERLAND LEGAL AID CLINIC							PROVIDED TO LOW-INCOME
59 EXETER STREET							RESIDENTS OF MAINE BY 2ND
PORTLAND, ME 04102	01-0544448	501(C)(3)	46,350.	.0			AND 3RD YEAR LAW STUDENTS
							SUPPORT CIVIL LEGAL
IMMIGRANT LEGAL ADVOCACY PROJECT							SERVICES AND ADVOCACY FOR
P.O. BOX 17917							LOW-INCOME IMMIGRANTS IN
PORTLAND, ME 04112	22-3260883	501(C)(3)	119,294.	.0			MAINE TO IMPROVE THEIR
							SUPPORT LEGAL
LEGAL SERVICES FOR THE ELDERLY							REPRESENTATION, ADVOCACY
5 WABON STREET							AND TRAINING FOR MAINE
AUGUSTA, ME 04330	01-0359131	501(C)(3)	278,537.	0.			RESIDENTS AGE 60 AND
							SUPPORT LEGAL
MAINE EQUAL JUSTICE PARTNERS							REPRESENTATION, ADVOCACY,
126 SEWALL STREET							AND TRAINING TO HELP
AUGUSTA, ME 04330	04-3346273	501(C)(3)	205,727.	0.			IMPROVE THE LIVES OF
							SUPPORT CIVIL LEGAL AID
PINE TREE LEGAL ASSISTANCE							PROVIDED TO LOW-INCOME
P.O. BOX 547							RESIDENTS OF MAINE WHO
PORTLAND, ME 04112	01-0279387	501(C)(3)	489,340.	0			ARE EXPERIENCING SERIOUS
							SUPPORT PROMOTION AND
VOLUNTEER LAWYERS PROJECT							COORDINATION OF PRO BONO
P.O. BOX 547							EFFORTS BY PRIVATE MAINE
PORTLAND, ME 04112	01-0279387	501(C)(3)	287,494.	0.			ATTORNEYS FOR LOW-INCOME
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	ganizations listed in th					A
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table	- :				

2. Enter total number of other organizations for Form 990.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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Schedule I (Form 990) (2016)

632101 11-01-16

UNDATION	
JUSTICE FO	
MAINE	

22-2559133 Page 1		(h) Purpose of grant or assistance	SUPPORT LEGAL SERVICES PROVIDED TO LOW-INCOME RESIDENTS OF MAINE BY 2ND AND 3RD YEAR LAW STUDENTS					Schedule I (Form 990)
į	r II.)	(g) Description of non-cash assistance					·	
	edule I (Form 990), Pa	(f) Method of valuation (book, FMV, appraisal, other)				:	·	
	nited States (Sch	(e) Amount of non-cash assistance	.0					
	nizations in the U	(d) Amount of cash grant	12,000.					
DATION	vernments and Orga	(c) IRC section if applicable	\$01(C)(3)					
TICE FOUN	Assistance to Go	(p) EIN	01-0544448					
Schedule (Form 990) MAINE JUSTICE FOUNDATION	Part III Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990), Part II.)	(a) Name and address of organization or government	UNIVERSITY OF MAINE SCHOOL OF LAW FOUNDATION - 246 DEERING AVENUE - PORTLAND, ME 04102					

04-01-16

Page 2

22-2559133

Schedule I (Form 990) (2016) MAINE JUSTICE FOUNDATION

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
LOAN REPAYMENT ASSISTANCE PROGRAM	61	47 500	c		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	quired in Part I, lin	ie 2; Part III, column	(b); and any other ac	lditional information.	
PART I, LINE 2:	ì	į			
THE MAINE JUSTICE FOUNDATION PROVIDES	IDES GRANTS	TS TO CORE	PROVIDERS	OF CIVIL	,
LEGAL AID BASED ON A DISTRIBUTION	FORMULA AND	OTHER	PROCESSES,	WHICH ARE	
REVIEWED AND UPDATED PERIODICALLY TO	TO ASSURE		ALIGNMENT WITH THE	FOUNDATION'S	
MISSION AND REQUIREMENTS OF VARIOUS	JS FUNDING	G SOURCES.	THE FOUNDATION	ATION	
MONITORS THE USE OF GRANT FUNDS BY	FACH OF	THE CORE	PROVIDERS	BY REQUIRING	
SEMI-ANNUAL REPORTS; CONDUCTING AN	ANNUAL SITE	VISITS;	MEETING AP	APPROXIMATELY	
MONTHLY WITH THE PROVIDERS; AND HE	AND HEARING FR	FROM PROVIDERS	RS AT MEETINGS	INGS OF THE	
BOARD OF DIRECTORS.					
632102 11-01-16		40			Schedule I (Form 990) (2016)

Part IV Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CUMBERLAND LEGAL AID CLINIC

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

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

CLOSE SUPERVISION OF FACULTY MEMBERS WHO ARE EXPERIENCED PRACTITIONERS

AND MEMBERS OF THE MAINE BAR.

NAME OF ORGANIZATION OR GOVERNMENT: IMMIGRANT LEGAL ADVOCACY PROJECT

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

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

STATUS.

NAME OF ORGANIZATION OR GOVERNMENT: LEGAL SERVICES FOR THE ELDERLY

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

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

LOW-INCOME OR ARE VULNERABLE.

NAME OF ORGANIZATION OR GOVERNMENT: MAINE EQUAL JUSTICE PARTNERS

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

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

RESIDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: PINE TREE LEGAL ASSISTANCE

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

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

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

GOVERNMENT MISTAKES.

Schedule I (Form 990)

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990.

MAINE JUSTICE FOUNDATION

Open To Public Inspection

Name of the organization

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

Employer identification number 22-2559133

Pa	Types of Property				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				· · ·
2	Art - Historical treasures				
3	Art - Fractional interests			•	
4	Books and publications				-
5	Clothing and household goods		8 2 2 2 B 3 S 4		
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	1	100,634.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or				
	trust interests				
12	Securities - Miscellaneous			** :	
13	Qualified conservation contribution -				
	Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				·
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				
29	Number of Forms 8283 received by the organiz	zation during	the tax year for c	ontributions	
	for which the organization completed Form 828	33, Part IV, [Donee Acknowledg	gement 29	
					Yes No
30a	During the year, did the organization receive by				1.00 (2.1 min in 1.2 min 1.2 min in 1.2 min
	must hold for at least three years from the date		·	•	200.00.200.200.200.200.200.200.200.200.
	exempt purposes for the entire holding period?	?		***************************************	30a X
þ	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard contribu	tions? 31 X
32a	Does the organization hire or use third parties contributions?		-	cit, process, or sell noncash	32a X
b	If "Yes," describe in Part II.			***************************************	
	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	v for which column (a) is che	cked.
	describe in Part II.			,	,
НΔ	For Paperwork Reduction Act Notice see	the Instruct	tions for Form 99	n	Schedule M (Form 990) (2016)

Schedule M (Form 990) (2016) MAINE JUSTICE FOUNDATION	22-2559133 Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 3 is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution to this part for any additional information.	33, and whether the organization mbination of both. Also complete
SCHEDULE M, PART I, COLUMN (B):	
RECEIVED ONE CONTRIBUTION OF 1,650 SHARES OF MICROSOFT (MSFT) STOCK.
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Schedule M (Form 990) (2016)

SCHEDULE 0

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

MAINE JUSTICE FOUNDATION

Employer identification number 22-2559133

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROMOTING THE PROVISION OF LEGAL SERVICES TO THE POOR, SUPPORTING LEGAL
AND LAW-RELATED EDUCATION, AND ENGAGING IN ACTIVITIES TO ENHANCE THE
LEGAL PROFESSION'S ABILTY TO SERVE THE PUBLIC THROUGHOUT THE STATE OF
MAINE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PUBLIC THROUGHOUT THE STATE OF MAINE.
TODALO TIMOGRAPITA OF MILITA.
FORM 990, PART VI, SECTION B, LINE 11B:
THE ORGANIZATION'S GOVERNING BODY REVIEWS THE FORM 990 FOR COMPLETENESS AND
ACCURACY, AND APPROVES THE FORM BEFORE IT IS FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD MEMBERS CERTIFY THE CONFLICT OF INTEREST POLICY ON AN ANNUAL
BASIS.
FORM 990, PART VI, SECTION B, LINE 15:
THE PERSONNEL COMMITTEE UTILIZES THE MANP SALARY ANALYSIS FOR NON-PROFITS
IN NEW ENGLAND TOGETHER WITH THE NATIONAL ASSOCIATION OF IOLTA PROGRAMS
(NAIP) ANNUAL SALARIES ANALYSIS. IT THEN REPORTS TO THE BOARD WHICH VOTES
ON THE PROPOSED COMPENSATION.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST
POLICY AVAILABLE UPON REQUEST. ANNUAL FINANCIAL STATEMENTS ARE AVAILABLE
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

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Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization MAINE JUSTICE FOUNDATION	Employer identification number 22-2559133
ON ITS WEBSITE AND UPON REQUEST.	
· -	
FORM 990, PART XII, LINE 2C:	
THERE WERE NO CHANGES TO THE OVERSIGHT OR SELECTION PROCE	SS DURING THE
YEAR.	
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