

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
FAMILY PLANNING ASSOCIATION OF MAINE INC

Doing business as
MAINE FAMILY PLANNING

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 587

City or town, state or province, country, and ZIP or foreign postal code
AUGUSTA, ME 043320587

D Employer identification number
01-0317679

E Telephone number
(207) 622-7524

G Gross receipts \$ 12,541,439

F Name and address of principal officer:
GEORGE HILL
PO BOX 587
AUGUSTA, ME 04332

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.MAINEFAMILYPLANNING.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1971

M State of legal domicile: ME

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO ENSURE THAT ALL MAINE PEOPLE HAVE ACCESS TO HIGH-QUALITY, AFFORDABLE REPRODUCTIVE HEALTH CARE, COMPREHENSIVE SEXUAL HEALTH EDUCATION, AND THE RIGHT TO CONTROL THEIR REPRODUCTIVE LIVES.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	19
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	96
6 Total number of volunteers (estimate if necessary)	6	32
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	6,455,091	6,418,538
9 Program service revenue (Part VIII, line 2g)	2,046,622	1,940,909
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	490,076	213,237
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,300	13,375
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,002,089	8,586,059
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,605,379	1,666,912
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,525,253	4,674,648
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 94,496		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,547,904	2,461,114
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	8,678,536	8,802,674
19 Revenue less expenses. Subtract line 18 from line 12	323,553	-216,615
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	6,022,729	6,328,543
21 Total liabilities (Part X, line 26)	556,314	1,218,259
22 Net assets or fund balances. Subtract line 21 from line 20	5,466,415	5,110,284

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: ***** Date: 2021-03-05
GEORGE HILL CHIEF EXEC OFFICER
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2021-03-05
Check if self-employed PTIN: P00959193
Firm's name: ▶ NICHOLSON MICHAUD & NADEAU CPAS Firm's EIN: ▶ 01-0511973
Firm's address: ▶ 76 SILVER ST WATERVILLE, ME 049016528 Phone no. (207) 872-7077

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III **1** Briefly describe the organization's mission:

TO ENSURE THAT ALL MAINE PEOPLE HAVE ACCESS TO HIGH-QUALITY, AFFORDABLE REPRODUCTIVE HEALTH CARE, COMPREHENSIVE SEXUAL HEALTH EDUCATION, AND THE RIGHT TO CONTROL THEIR REPRODUCTIVE LIVES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 6,979,292 including grants of \$ 1,557,747) (Revenue \$ 1,932,321)
See Additional Data

4b (Code:) (Expenses \$ 419,771 including grants of \$ 109,165) (Revenue \$ 8,588)
See Additional Data

4c (Code:) (Expenses \$ 316,158 including grants of \$) (Revenue \$)
See Additional Data

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 7,715,221

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
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		No
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	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		No
11c	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		No
11d	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		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		No
11f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
12b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
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		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part 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 []

Table with 3 main columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

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

Table with 5 main columns: Question/Section, Sub-section, Answer box, Yes/No, and other. Rows include questions 2a through 16, covering topics like employee reporting, federal employment tax returns, foreign accounts, prohibited tax shelter transactions, deductible contributions, and sponsoring organizations.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (19), 1b (19), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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:

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARCIA DEGEER PRESIDENT	8.00	X		X			0	0	0	
(2) STRANDY QUESADA 2ND VICE PRE	5.00	X		X			0	0	0	
(3) RANDALL PHELPS TREASURER	5.00	X		X			0	0	0	
(4) CONNIE ADLER SECRETARY	5.00	X		X			0	0	0	
(5) MARY AMORY DIRECTOR	3.00	X					0	0	0	
(6) TARA AUMAND DIRECTOR	3.00	X					0	0	0	
(7) JODI BOLDUC DIRECTOR	3.00	X					0	0	0	
(8) KATHRYN BRANDT DIRECTOR	3.00	X					0	0	0	
(9) RICHARD FARNSWORTH DIRECTOR	3.00	X					0	0	0	
(10) TERRY FLANAGAN MD DIRECTOR	3.00	X					0	0	0	
(11) KATHLEEN FLORY DIRECTOR	3.00	X					0	0	0	
(12) SUSAN GUERETTE DIRECTOR	3.00	X					0	0	0	
(13) ELIZABETH HAYS DIRECTOR	3.00	X					0	0	0	
(14) MARY JUDE DIRECTOR	3.00	X					0	0	0	
(15) ROZ KUTZEN DIRECTOR	3.00	X					0	0	0	
(16) BARBARA SCHNEIDER DIRECTOR	3.00	X					0	0	0	
(17) BARBARA SHAW DIRECTOR	3.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KATHERYN VEZINA DIRECTOR	3.00	X						0	0	0
(19) JOHN WILLIAMS DIRECTOR	3.00	X						0	0	0
(20) GEORGE HILL CHIEF EXEC O	40.00			X				152,334	0	33,940
(21) AMY BLACK VP OF FINANC	30.00			X				78,295	0	12,987
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								230,629		46,927

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)		230,629	46,927

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
FIRSTLIGHT CUSTOMER SERVICE 41 STATE STREET ALBANY, NY 12207	COMMUNICATIONS	123,372

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **1**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 126,252			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e 3,438,082			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,854,204			
	g Noncash contributions included in lines 1a - 1f:\$	1g 2,005,475			
	h Total. Add lines 1a-1f		6,418,538		

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a PROGRAM/ACTIVITY FEES			1,940,909	1,940,909		
b						
c						
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			1,940,909			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			86,881		86,881	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	6a 13,375				
			b Less: rental expenses	6b			
		(ii) Personal	c Rental income or (loss)	6c 13,375			
			d Net rental income or (loss)		13,375		13,375
	7a Gross amount from sales of assets other than inventory	(i) Securities	7a 4,081,736				
			b Less: cost or other basis and sales expenses	7b 3,955,380			
		(ii) Other	c Gain or (loss)	7c 126,356			
			d Net gain or (loss)		126,356		126,356
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
		b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
		b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold		10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			8,586,059	1,940,909	226,612		

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	858,600	858,600		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	808,312	808,312		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	314,687	31,509	283,178	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,447,170	3,083,031	324,498	39,641
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	90,253	76,794	12,285	1,174
9 Other employee benefits	535,586	459,748	68,197	7,641
10 Payroll taxes	286,952	240,130	43,761	3,061
11 Fees for services (non-employees):				
a Management				
b Legal	18,419	7,935	3,082	7,402
c Accounting	18,500	16,246	2,027	227
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	23,387		23,387	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	344,026	300,007	36,191	7,828
12 Advertising and promotion	54,077	54,077		
13 Office expenses	315,211	258,889	37,612	18,710
14 Information technology	63,064	30,726	29,942	2,396
15 Royalties				
16 Occupancy	616,288	591,587	22,510	2,191
17 Travel	95,725	88,473	7,232	20
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	22,809	22,455	354	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	132,658	82,012	50,642	4
23 Insurance	65,606	29,924	35,682	
24 Other expenses. Itemize expenses not covered 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 CLINICAL SUPPLIES & LAB	378,390	378,390		
b EPM/EHR SERVICE FEES	162,869	162,869		
c OTHER MISCELLANEOUS EXP	88,585	78,793	5,907	3,885
d STAFF DEVELOPMENT	47,970	41,855	5,865	250
e All other expenses	13,530	12,859	605	66
25 Total functional expenses. Add lines 1 through 24e	8,802,674	7,715,221	992,957	94,496
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,210	1	2,260
	2 Savings and temporary cash investments	579,796	2	995,315
	3 Pledges and grants receivable, net	234,063	3	101,197
	4 Accounts receivable, net	115,359	4	89,214
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	104,658	8	117,596
	9 Prepaid expenses and deferred charges	36,745	9	66,225
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,128,689		
	b Less: accumulated depreciation	1,471,262		
	11 Investments—publicly traded securities	4,311,349	11	4,267,249
	12 Investments—other securities. See Part IV, line 11	32,060	12	32,060
	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)	6,022,729	16	6,328,543	
Liabilities	17 Accounts payable and accrued expenses	516,573	17	616,117
	18 Grants payable		18	
	19 Deferred revenue	39,741	19	362,122
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	240,020
	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 Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	556,314	26	1,218,259
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,772,324	27	2,614,895
	28 Net assets with donor restrictions	2,694,091	28	2,495,389
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	5,466,415	32	5,110,284	
33 Total liabilities and net assets/fund balances	6,022,729	33	6,328,543	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,586,059
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,802,674
3	Revenue less expenses. Subtract line 2 from line 1	3	-216,615
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,466,415
5	Net unrealized gains (losses) on investments	5	-139,516
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,110,284

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 01-0317679

Name: FAMILY PLANNING ASSOCIATION OF
MAINE INC

Form 990 (2019)

Form 990, Part III, Line 4a:

COMMUNITY-BASED SERVICES: MAINE FAMILY PLANNING (MFP) PROVIDES FUNDING, TECHNICAL SUPPORT, AND QUALITY ASSURANCE TO 38 CLINICS STATEWIDE, IN ADDITION TO OFFERING DIRECT SERVICES AT 18 CLINICS IN AUGUSTA, BANGOR, BELFAST, CALAIS, DAMARISCOTTA, DEXTER, ELLSWORTH, FARMINGTON, FORT KENT, HOULTON, LEWISTON, MACHIAS, NORWAY, PRESQUE ISLE, ROCKLAND, RUMFORD, SKOWHEGAN, AND WATERVILLE. USING A SLIDING-FEE SCALE, MFP SERVES 23,583 LOW-INCOME MAINERS ANNUALLY WITH EXPERT AND CONFIDENTIAL SERVICES THAT INCLUDE: - COMPREHENSIVE AND MEDICALLY ACCURATE REPRODUCTIVE HEALTH CARE INFORMATION TO HELP CLIENTS MAKE INFORMED DECISIONS ABOUT THEIR REPRODUCTIVE HEALTH AND LIVES; - GYNECOLOGICAL EXAMS; - PREGNANCY TESTING AND OPTIONS COUNSELING; - FAMILY PLANNING, INCLUDING FIRST-TRIMESTER MEDICATION AND ASPIRATION ABORTION CARE SERVICES; - EMERGENCY CONTRACEPTION; - STD AND HIV TESTING AND TREATMENT; - SCREENINGS FOR REPRODUCTIVE CANCERS; - COLPOSCOPY FOR EVALUATION OF ABNORMAL PAP TESTS; AND - TRANSGENDER SERVICES. MFP ADMINISTERS A WIC PROGRAM IN WASHINGTON AND HANCOCK COUNTY. THE WIC PROGRAM PROVIDES NUTRITIOUS FOODS, NUTRITION EDUCATION (INCLUDING BREASTFEEDING PROMOTION AND SUPPORT), AND REFERRALS TO HEALTH AND OTHER SOCIAL SERVICES TO PARTICIPANTS AT NO CHARGE. WIC SERVES LOW-INCOME PREGNANT, POSTPARTUM AND BREASTFEEDING WOMEN, AND INFANTS AND CHILDREN UP TO AGE 5 WHO ARE AT NUTRITION RISK. MFP HAS A MAINE FAMILIES HOME VISITOR PROGRAM IN HANCOCK COUNTY. THE MAINE FAMILIES PROGRAM UNDERSTANDS THAT ALL PARENTS WANT THE BEST FOR THE BABIES. CARING AND PROFESSIONAL HOME VISITORS PARTNER WITH PARENTS AND PARENTS-TO- BE TO ACCESS THE INFORMATION AND RESOURCES THAT CAN SUPPORT THE PHYSICAL AND EMOTIONAL HEALTH OF THEIR BABY AND ENTIRE FAMILY. SERVICES ARE TAILORED TO MEET THE INDIVIDUAL FAMILY NEEDS.

Form 990, Part III, Line 4b:

EDUCATION AND RESEARCH PROJECTS: MAINE FAMILY PLANNING PROVIDES THREE CURRICULUM RESOURCES ONLINE FOR FREE DOWNLOAD ON THE AGENCY'S WEBSITE FOR EDUCATORS PAGE. DURING FY2020, 126 INDIVIDUALS ACCESSED THESE CURRICULA ONLINE. THE 2020 EDITION OF THE BEST PRACTICES CURRICULUM WAS FINALIZED, PRINTED AND UPDATED ON THE WEBSITE AND HARD COPIES OF THE CURRICULUM ARE ALSO AVAILABLE FOR FREE TO EDUCATORS UPON REQUEST. A MONTHLY E-NEWSLETTER, THE BEEHIVE, PROVIDES EDUCATIONAL INFORMATION AND UPDATES TO A SUBSCRIBER LIST OF NEARLY 850 INDIVIDUALS. MFP'S PREVENTION EDUCATION PROGRAM PROVIDED TECHNICAL ASSISTANCE AND SUPPORT TO EDUCATORS IN 68 SCHOOLS AND COMMUNITY-BASED ORGANIZATIONS STATEWIDE TO DELIVER EVIDENCE-BASED, COMPREHENSIVE SEXUALITY EDUCATION TO PREVENT HIV/STDS AND UNINTENDED PREGNANCY. JUST OVER 1,000 YOUTH COMPLETED ASSESSMENTS OF THEIR SEXUAL HEALTH EDUCATION DURING THE 2019-20 SCHOOL YEAR, WITH SIGNIFICANT GAINS IN KNOWLEDGE AND POSITIVE INTENDED BEHAVIORS AS A RESULT OF RECEIVING THIS EDUCATION. TO SUSTAIN AND IMPROVE THE QUALITY OF SEXUALITY EDUCATION DELIVERED IN MAINE, THE PREVENTION PROGRAM PROVIDED TRAINING AND PROFESSIONAL DEVELOPMENT TO 88 EDUCATORS THROUGH IN-PERSON TRAININGS AND WORKSHOPS. AS EDUCATION SHIFTED ONLINE IN MARCH 2020 DUE TO THE PANDEMIC, THE EDUCATION TEAM CREATED A VIRTUAL BEST PRACTICES CLASSROOM SO THAT EDUCATORS COULD INTEGRATE COMPONENTS OF THEIR SEXUAL HEALTH UNIT TO A VIRTUAL OR HYBRID LEARNING FORMAT. OUTREACH EDUCATION SERVICES WERE PROVIDED TO 18 AGENCIES THROUGH COMMUNITY EVENTS, REACHING 403 YOUTH, ADULTS, AND AGENCY STAFF. THIS INCLUDED TABLING AT PROFESSIONAL ORGANIZATIONS, INVOLVEMENT IN COMMUNITY COALITIONS, COLLABORATING WITH OTHER PREVENTION AGENCIES, AND SUPPORTING AND/OR PRESENTING AT YOUTH SERVING ORGANIZATIONS AND CONFERENCES. MFP'S PREVENTION PROGRAM ALSO CONTINUED ITS WORK THROUGH THE FEDERALLY FUNDED PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP), PARTNERING WITH NEW BEGINNINGS TO DELIVER EVIDENCE BASED PROGRAMMING USING THE FEDERALLY- APPROVED BE PROUD BE RESPONSIBLE CURRICULUM. DURING FY2020, 18 FACILITATORS WERE TRAINED TO DELIVER THE CURRICULUM TO 74 YOUTH IN A VARIETY OF SETTINGS. THIS INCLUDED YOUTH EXPERIENCING HOMELESSNESS, PREGNANT AND PARENTING YOUTH, LGBTQ YOUTH, AND YOUTH IN COMMUNITY-BASED AND ALTERNATIVE EDUCATIONAL PROGRAMS. THROUGH PREP, MFP ALSO PARTNERED WITH THE STATE FOSTER CARE SYSTEM TO PROVIDE TRAINING TO 24 YOUTH IN CARE AND 19 ADULTS WHO SUPPORT YOUTH INVOLVED IN THE FOSTER CARE SYSTEM. A RESOURCE GUIDE WAS CREATED TO SUPPORT ADULTS (CASEWORKERS, TRANSITION SPECIALISTS, ETC.) IN SUPPORTING THE SEXUAL HEALTH EDUCATION NEEDS OF YOUTH IN CARE. SIMILAR TO OUR COMMUNITY-BASED SERVICES, FUNDING FOR MFP'S EDUCATION AND RESEARCH PROJECTS IS PROVIDED BY STATE AND FEDERAL AGENCIES (THAT ALSO MONITOR PROGRAM OPERATIONS AND OUTCOMES), FOUNDATION GRANTS, AND OTHER RESTRICTED REVENUES.

Form 990, Part III, Line 4c:

AGENCY AND MISSION RELATED PROJECTS: SINCE 1971, MFP'S PUBLIC AFFAIRS STAFF HAS WORKED TO PROTECT THE REPRODUCTIVE RIGHTS OF ALL MAINE CITIZENS. MFP IS FOUNDED ON THE PREMISE THAT MAINERS MUST HAVE ACCESS TO COMPREHENSIVE REPRODUCTIVE HEALTH CARE AND INFORMATION IN ORDER TO CONTROL THEIR REPRODUCTIVE LIVES. MFP'S PUBLIC AFFAIRS EFFORTS ARE DESIGNED TO PROMOTE AND PROTECT PROGRAMS AND SERVICES STATEWIDE TO ENSURE AFFORDABLE ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES. EACH NEW LEGISLATIVE SESSION BRINGS NEW LEGISLATORS THAT REQUIRE EDUCATION TO DISPEL MYTHS ABOUT REPRODUCTIVE HEALTH CARE AND RIGHTS, AND TO HELP THEM RECOGNIZE REPRODUCTIVE HEALTH CARE AS BASIC HEALTH CARE, RATHER THAN SIMPLY A POLITICAL ISSUE. WE CONTINUE TO RELY ON A STRONG NETWORK OF PRO-CHOICE, PRO-FAMILY PLANNING GRASSROOTS ACTIVISTS WHO COMMUNICATE VERY POWERFULLY WITH THEIR ELECTED REPRESENTATIVES, AND WILL CONTINUE TO BE VIGILANT IN PROTECTING AND EXPANDING ACCESS TO THE FULL RANGE OF REPRODUCTIVE HEALTH CARE FOR ALL WOMEN, MEN AND TEENS IN MAINE. PRIVATE CONTRIBUTIONS AND AGENCY-ENDOWED RESOURCES FUND THESE PROJECTS. NO PUBLIC FUNDS ARE USED.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
FAMILY PLANNING ASSOCIATION OF MAINE INC

Employer identification number
01-0317679

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.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 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).**
- 4 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:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **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:
- 10 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.)
- 11 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.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e 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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	6,203,435	5,735,743	6,134,401	6,455,091	6,418,538	30,947,208
2 Tax revenues levied for the organization'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	6,203,435	5,735,743	6,134,401	6,455,091	6,418,538	30,947,208
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6 Public support. Subtract line 5 from line 4.						30,947,208

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	6,203,435	5,735,743	6,134,401	6,455,091	6,418,538	30,947,208
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	391,988	80,384	77,918	90,126	100,256	740,672
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .	23,281	40,836	53,226			117,343
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						31,805,223
12 Gross receipts from related activities, etc. (see instructions)					12	8,081,570

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	97.300 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	96.650 %

- 16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 performed, 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 business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	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.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
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 assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	4b		
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)? <i>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.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	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? <i>If "Yes," provide detail in Part VI.</i>		
	6		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
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))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
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? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
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? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section 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):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
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	
Section C - Distributable Amount			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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
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 the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 01-0317679

Name: FAMILY PLANNING ASSOCIATION OF
MAINE INC

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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 and 2; Part IV, Section C, 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 B, line 1e; 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 additional information. (See instructions).

Facts And Circumstances Test

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

OMB No. 1545-0047

2019
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) organizations: Complete Part III.

Name of the organization FAMILY PLANNING ASSOCIATION OF MAINE INC	Employer identification number 01-0317679
--	--

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

73,692	
73,692	
7,641,526	
7,715,218	
535,761	

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

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

133,940	

Yes No

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	514,779	518,187	534,546	535,761	2,103,273
b Lobbying ceiling amount (150% of line 2a, column(e))					3,154,910
c Total lobbying expenditures	29,277	59,836	121,950	73,692	284,755
d Grassroots nontaxable amount	128,695	129,547	133,637	133,940	525,819
e Grassroots ceiling amount (150% of line 2d, column (e))					788,729
f Grassroots lobbying expenditures			104,877	73,692	178,569

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
FAMILY PLANNING ASSOCIATION OF MAINE INC

Employer identification number
01-0317679

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 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? Yes No

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 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 an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 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)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under 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 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,375,566	4,420,516	4,320,892	4,112,108	4,639,561
b Contributions	2,054,119	217,716	9,898	31,587	541,364
c Net investment earnings, gains, and losses	50,339	431,127	401,418	548,537	38,893
d Grants or scholarships					
e Other expenditures for facilities and programs	2,011,213	693,793	311,692	371,340	1,107,710
f Administrative expenses					
g End of year balance	4,468,811	4,375,566	4,420,516	4,320,892	4,112,108

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 46.650 %
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶ 53.350 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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		85,603		85,603
b Buildings		611,511	362,406	249,105
c Leasehold improvements		829,302	664,445	164,857
d Equipment		602,273	444,411	157,862
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				657,427

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	8,423,156
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-139,516	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	-139,516
3	Subtract line 2e from line 1		3	8,562,672
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	23,387	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	23,387
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	8,586,059

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	8,779,287
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	8,779,287
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	23,387	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	23,387
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	8,802,674

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 01-0317679

Name: FAMILY PLANNING ASSOCIATION OF
MAINE INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	THE INCOME FROM THE ASSETS CAN BE USED TO SUPPORT THE ASSOCIATION'S GENERAL ACTIVITIES.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization FAMILY PLANNING ASSOCIATION OF MAINE INC

Employer identification number

01-0317679

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) WIC FOOD VOUCHERS	2046	808,312			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	ALL GRANTEES MUST MEET COMPLIANCE CRITERIA LISTED IN INDIVIDUAL CONTRACT AGREEMENTS AND INCLUDE APPLICABLE CFDA COMPLIANCE REQUIREMENTS DEPENDING ON THE SOURCE OF FUNDS. ALL GRANTEES ALSO MUST COMPLY WITH THE FAMILY PLANNING ASSOCIATION'S STANDARDS AND GUIDELINES POLICY MANUAL, PROGRAM GUIDELINES FOR PROJECT GRANTS FOR FAMILY PLANNING SERVICES(US DHHS/OPA JANUARY, 2001), OMB CIRCULAR A-122 FOR ALLOWABLE COSTS, OMB CIRCULAR A-133 FOR AUDIT RESPONSIBILITY AND VARIOUS OTHER REQUIREMENTS. AS PART OF THE ASSOCIATION'S GRANT MANAGEMENT FUNCTION, EACH GRANTEE IS VISITED AT LEAST ONCE A YEAR FOR AN ONSITE REVIEW. INTERIM WORK PLAN PROGRESS AND BUDGET REPORTS ARE REQUIRED, GENERALLY ON A QUARTERLY BASIS DEPENDING ON THE SCOPE OF THE FUNDED PROJECT. IN ADDITION GRANTEES ARE REQUIRED TO SUBMIT ANNUAL FINANCIAL STATEMENTS AND, WHERE APPROPRIATE, MAINE MAAP REPORTS AND/OR OMB UNIFORM GUIDANCE AUDIT REPORTS.

Additional Data

Software ID:
Software Version:
EIN: 01-0317679
Name: FAMILY PLANNING ASSOCIATION OF
MAINE INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD OF NORTHERN NE 784 HERCULES DRIVE SUITE 110 COLCHESTER, VT 05446	03-0222941	501C3	397,185				FPA CLINICAL GRANT
DFD RUSSELL MEDICAL CENTER 180 CHURCH HILL ROAD SUITE 1 LEEDS, ME 042633348	23-7423047	501C3	65,000				FPA CLINICAL GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHREACH COMMUNITY HEALTH CENTER 10 WATER STREET SUITE 305 WATERVILLE, ME 04903	01-6023664	501C3	65,000				FPA CLINICAL GRANT
GREATER PORTLAND HEALTH 180 PARK AVENUE PORTLAND, ME 04102	45-4960453	501C3	60,000				FPA CLINICAL GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENOBSCOT COMMUNITY HEALTH CARE 103 MAINE AVENUE PO BOX 1358 BANGOR, ME 04401	01-0514750	501C3	85,250				FPA CLINICAL GRANT
NEW BEGINNINGS 134 COLLEGE STREET LEWISTON, ME 04240	01-0360077	501C3	109,165				PREP PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHREACH COMMUNITY HEALTH CENTER 10 WATER STREET SUITE 305 WATERVILLE, ME 04903	01-6023664	501C3	34,000				INTEGRATION GRANT
GREATER PORTLAND HEALTH 180 PARK AVENUE PORTLAND, ME 04102	45-4960453	501C3	34,000				INTEGRATION GRANT

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization FAMILY PLANNING ASSOCIATION OF MAINE INC	Employer identification number 01-0317679
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 GEORGE HILL CHIEF EXEC OFFICER	(i)	152,334			23,694	10,246	186,274	
	(ii)	-----	-----	-----	-----	-----	-----	-----

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
FAMILY PLANNING ASSOCIATION OF
MAINE INC

Employer identification number
01-0317679

Part I 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				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	1	2,005,475	
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 organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE M, PAGE 1, PART I, LINE 32B	THE ORGANIZATION USES THE SERVICES OF AN INDEPENDENT FINANCIAL MANAGEMENT FIRM TO MAINTAIN AN ACCOUNT WHEREIN CONTRIBUTIONS OF PUBLICLY-TRADED SECURITIES ARE RECEIVED AND THEN LIQUIDATED WITH THE PROCEEDS TRANSFERRED TO THE APPROPRIATE OPERATING ACCOUNTS IN ACCORDANCE WITH THE DONOR'S INSTRUCTIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
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.
 ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

FAMILY PLANNING ASSOCIATION OF MAINE INC

Employer identification number

01-0317679

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	COMMUNITY-BASED SERVICES: MAINE FAMILY PLANNING (MFP) PROVIDES FUNDING, TECHNICAL SUPPORT, AND QUALITY ASSURANCE TO 38 CLINICS STATEWIDE, IN ADDITION TO OFFERING DIRECT SERVICES AT 18 CLINICS IN AUGUSTA, BANGOR, BELFAST, CALAIS, DAMARISCOTTA, DEXTER, ELLSWORTH, FARMINGT ON, FORT KENT, HOULTON, LEWISTON, MACHIAS, NORWAY, PRESQUE ISLE, ROCKLAND, RUMFORD, SKOWHE GAN, AND WATERVILLE. USING A SLIDING-FEE SCALE, MFP SERVES 23,583 LOW-INCOME MAINERS ANNUA LLY WITH EXPERT AND CONFIDENTIAL SERVICES THAT INCLUDE: - COMPREHENSIVE AND MEDICALLY ACCU RATE REPRODUCTIVE HEALTH CARE INFORMATION TO HELP CLIENTS MAKE INFORMED DECISIONS ABOUT TH EIR REPRODUCTIVE HEALTH AND LIVES; - GYNECOLOGICAL EXAMS; - PREGNANCY TESTING AND OPTIONS COUNSELING; - FAMILY PLANNING, INCLUDING FIRST-TRIMESTER MEDICATION AND ASPIRATION ABORTIO N CARE SERVICES; - EMERGENCY CONTRACEPTION; - STD AND HIV TESTING AND TREATMENT; - SCREENI NGS FOR REPRODUCTIVE CANCERS; - COLPOSCOPY FOR EVALUATION OF ABNORMAL PAP TESTS; AND - TRA NSGENDER SERVICES. MFP ADMINISTERS A WIC PROGRAM IN WASHINGTON AND HANCOCK COUNTY. THE WIC PROGRAM PROVIDES NUTRITIOUS FOODS, NUTRITION EDUCATION (INCLUDING BREASTFEEDING PROMOTION AND SUPPORT), AND REFERRALS TO HEALTH AND OTHER SOCIAL SERVICES TO PARTICIPANTS AT NO CHA RGE. WIC SERVES LOW-INCOME PREGNANT, POSTPARTUM AND BREASTFEEDING WOMEN, AND INFANTS AND C HILDREN UP TO AGE 5 WHO ARE AT NUTRITION RISK. MFP HAS A MAINE FAMILIES HOME VISITOR PROGR AM IN HANCOCK COUNTY. THE MAINE FAMILIES PROGRAM UNDERSTANDS THAT ALL PARENTS WANT THE BES T FOR THE BABIES. CARING AND PROFESSIONAL HOME VISITORS PARTNER WITH PARENTS AND PARENTS-T O- BE TO ACCESS THE INFORMATION AND RESOURCES THAT CAN SUPPORT THE PHYSICAL AND EMOTIONAL HEALTH OF THEIR BABY AND ENTIRE FAMILY. SERVICES ARE TAILORED TO MEET THE INDIVIDUAL FAMIL Y NEEDS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	<p>EDUCATION AND RESEARCH PROJECTS: MAINE FAMILY PLANNING PROVIDES THREE CURRICULUM RESOURCES ONLINE FOR FREE DOWNLOAD ON THE AGENCY'S WEBSITE FOR EDUCATORS PAGE. DURING FY2020, 126 INDIVIDUALS ACCESSED THESE CURRICULA ONLINE. THE 2020 EDITION OF THE BEST PRACTICES CURRICULUM WAS FINALIZED, PRINTED AND UPDATED ON THE WEBSITE AND HARD COPIES OF THE CURRICULUM ARE ALSO AVAILABLE FOR FREE TO EDUCATORS UPON REQUEST. A MONTHLY E-NEWSLETTER, THE BEEHIVE, PROVIDES EDUCATIONAL INFORMATION AND UPDATES TO A SUBSCRIBER LIST OF NEARLY 850 INDIVIDUALS. MFP'S PREVENTION EDUCATION PROGRAM PROVIDED TECHNICAL ASSISTANCE AND SUPPORT TO EDUCATORS IN 68 SCHOOLS AND COMMUNITY-BASED ORGANIZATIONS STATEWIDE TO DELIVER EVIDENCE-BASED, COMPREHENSIVE SEXUALITY EDUCATION TO PREVENT HIV/STDs AND UNINTENDED PREGNANCY. JUST OVER 1,000 YOUTH COMPLETED ASSESSMENTS OF THEIR SEXUAL HEALTH EDUCATION DURING THE 2019-20 SCHOOL YEAR, WITH SIGNIFICANT GAINS IN KNOWLEDGE AND POSITIVE INTENDED BEHAVIORS AS A RESULT OF RECEIVING THIS EDUCATION. TO SUSTAIN AND IMPROVE THE QUALITY OF SEXUALITY EDUCATION DELIVERED IN MAINE, THE PREVENTION PROGRAM PROVIDED TRAINING AND PROFESSIONAL DEVELOPMENT TO 88 EDUCATORS THROUGH IN-PERSON TRAININGS AND WORKSHOPS. AS EDUCATION SHIFTED ONLINE IN MARCH 2020 DUE TO THE PANDEMIC, THE EDUCATION TEAM CREATED A VIRTUAL BEST PRACTICES CLASSROOM SO THAT EDUCATORS COULD INTEGRATE COMPONENTS OF THEIR SEXUAL HEALTH UNIT TO A VIRTUAL OR HYBRID LEARNING FORMAT. OUTREACH EDUCATION SERVICES WERE PROVIDED TO 18 AGENCIES THROUGH COMMUNITY EVENTS, REACHING 403 YOUTH, ADULTS, AND AGENCY STAFF. THIS INCLUDED TABLING AT PROFESSIONAL ORGANIZATIONS, INVOLVEMENT IN COMMUNITY COALITIONS, COLLABORATING WITH OTHER PREVENTION AGENCIES, AND SUPPORTING AND/OR PRESENTING AT YOUTH SERVING ORGANIZATIONS AND CONFERENCES. MFP'S PREVENTION PROGRAM ALSO CONTINUED ITS WORK THROUGH THE FEDERALLY FUNDED PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP), PARTNERING WITH NEW BEGINNINGS TO DELIVER EVIDENCE BASED PROGRAMMING USING THE FEDERALLY- APPROVED BE PROUD BE RESPONSIBLE CURRICULUM. DURING FY2020, 18 FACILITATORS WERE TRAINED TO DELIVER THE CURRICULUM TO 74 YOUTH IN A VARIETY OF SETTINGS. THIS INCLUDED YOUTH EXPERIENCING HOMELESSNESS, PREGNANT AND PARENTING YOUTH, LGBTQ YOUTH, AND YOUTH IN COMMUNITY-BASED AND ALTERNATIVE EDUCATIONAL PROGRAMS. THROUGH PREP, MFP ALSO PARTNERED WITH THE STATE FOSTER CARE SYSTEM TO PROVIDE TRAINING TO 24 YOUTH IN CARE AND 19 ADULTS WHO SUPPORT YOUTH INVOLVED IN THE FOSTER CARE SYSTEM. A RESOURCE GUIDE WAS CREATED TO SUPPORT ADULTS (CASEWORKERS, TRANSITION SPECIALISTS, ETC.) IN SUPPORTING THE SEXUAL HEALTH EDUCATION NEEDS OF YOUTH IN CARE. SIMILAR TO OUR COMMUNITY-BASED SERVICES, FUNDING FOR MFP'S EDUCATION AND RESEARCH PROJECTS IS PROVIDED BY STATE AND FEDERAL AGENCIES (THAT ALSO MONITOR PROGRAM OPERATIONS AND OUTCOMES), FOUNDATION GRANTS, AND OTHER RESTRICTED REVENUES.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	AGENCY AND MISSION RELATED PROJECTS: SINCE 1971, MFP'S PUBLIC AFFAIRS STAFF HAS WORKED TO PROTECT THE REPRODUCTIVE RIGHTS OF ALL MAINE CITIZENS. MFP IS FOUNDED ON THE PREMISE THAT MAINERS MUST HAVE ACCESS TO COMPREHENSIVE REPRODUCTIVE HEALTH CARE AND INFORMATION IN ORDER TO CONTROL THEIR REPRODUCTIVE LIVES. MFP'S PUBLIC AFFAIRS EFFORTS ARE DESIGNED TO PROMOTE AND PROTECT PROGRAMS AND SERVICES STATEWIDE TO ENSURE AFFORDABLE ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES. EACH NEW LEGISLATIVE SESSION BRINGS NEW LEGISLATORS THAT REQUIRE EDUCATION TO DISPEL MYTHS ABOUT REPRODUCTIVE HEALTH CARE AND RIGHTS, AND TO HELP THEM RECOGNIZE REPRODUCTIVE HEALTH CARE AS BASIC HEALTH CARE, RATHER THAN SIMPLY A POLITICAL ISSUE. WE CONTINUE TO RELY ON A STRONG NETWORK OF PRO-CHOICE, PRO-FAMILY PLANNING GRASSROOTS ACTIVISTS WHO COMMUNICATE VERY POWERFULLY WITH THEIR ELECTED REPRESENTATIVES, AND WILL CONTINUE TO BE VIGILANT IN PROTECTING AND EXPANDING ACCESS TO THE FULL RANGE OF REPRODUCTIVE HEALTH CARE FOR ALL WOMEN, MEN AND TEENS IN MAINE. PRIVATE CONTRIBUTIONS AND AGENCY-ENDOWED RESOURCES FUND THESE PROJECTS. NO PUBLIC FUNDS ARE USED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	COPIES OF THE REPORT ARE DISTRIBUTED TO ALL BOARD MEMBERS AND A MEETING OF THE JOINT FINANCE/AUDIT COMMITTEE HELD TO CONSIDER ANY QUESTIONS REGARDING REPORT CONTENT. A TELEPHONE CONFERENCE IS ARRANGED WHEREBY INTERESTED BOARD MEMBERS UNABLE TO PHYSICALLY ATTEND THE MEETING MAY PARTICIPATE BY TELEPHONE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	THE ORGANIZATION HAS A FORMAL POLICY AND HAS DEVELOPED A COMPREHENSIVE STATEMENT THAT EACH MEMBER OF THE BOARD OF DIRECTORS RECEIVES ANNUALLY. THEY ARE EACH REQUIRED TO SIGN THE STATEMENT AT THE ANNUAL MEETING FOR RETENTION AS PART OF THE CORPORATE RECORDS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	PROCESS FOR DETERMINING THE CEO'S COMPENSATION IS SEVERAL FOLD. COMPARABILITY DATA FOR SALARIES OF EXECUTIVE DIRECTORS OF SIMILARLY SIZED NON-PROFIT ORGANIZATIONS IN MAINE IS SOUGHT FROM THE MAINE ASSOCIATION OF NON-PROFITS. ORGANIZATIONAL OPERATING BUDGET SIZE IS THE STANDARD USED TO COMPARE. IN ADDITION, CEO'S COMPENSATION IS COMPARED TO COMPENSATION OF CEOs OF THE ORGANIZATIONS THE FPA DIRECTLY FUNDS, AS WELL AS SALARIES OF FAMILY PLANNING PROGRAM DIRECTORS MANAGING PROGRAMS FUNDED BY THE FPA.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	THE BASIS FOR CALCULATING SALARIES OF OTHER KEY EMPLOYEES IS HISTORIC AND BASED ON PERIODIC MARKET SURVEYS AS WELL AS USE OF THE LATEST AVAILABLE ANNUAL WAGE SURVEY FROM THE MAINE ASSOCIATION OF NON-PROFITS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE FPA'S IRS FORM 990 IS AVAILABLE THROUGH A LINK ON THE FPA'S WEBPAGE, BY WRITTEN REQUEST, AS WELL AS BY ON-SITE EXAMINATION AND REPRODUCTION. INTERESTED MEMBERS OF THE PUBLIC MAY REQUEST AND RECEIVE SELECTED ORGANIZATIONAL DOCUMENTS BY WRITTEN REQUEST.