

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
2020
Open to Public Inspection

A For the **2020** calendar year, or tax year beginning **07-01-2020**, and ending **06-30-2021**

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

F Name and address of principal officer:
GEORGE HILL
PO BOX 587
AUGUSTA, ME 043320587

G Gross receipts \$ 13,064,631

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

Activities & Governance	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 <input type="checkbox"/> 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	18		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18		
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	99		
	6 Total number of volunteers (estimate if necessary)	6	44		
	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				
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	6,418,538	Current Year	6,804,713
	9 Program service revenue (Part VIII, line 2g)		1,940,909		2,044,204
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		213,237		746,513
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,375		19,575
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,586,059		9,615,005
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		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)			4,674,648		4,868,202
16a Professional fundraising fees (Part IX, column (A), line 11e)					0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 142,337					
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)			2,461,114		2,407,625
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		8,802,674		9,092,729	
19 Revenue less expenses. Subtract line 18 from line 12		-216,615		522,276	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	6,328,543	End of Year	7,184,502
	21 Total liabilities (Part X, line 26)		1,218,259		1,050,285
	22 Net assets or fund balances. Subtract line 21 from line 20		5,110,284		6,134,217

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: 2022-03-23

GEORGE HILL CHIEF EXEC OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: 2022-03-23

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 \$ 6,928,299 including grants of \$ 1,731,902) (Revenue \$ 2,040,204)
See Additional Data

4b (Code:) (Expenses \$ 389,520 including grants of \$ 85,000) (Revenue \$ 4,000)
See Additional Data

4c (Code:) (Expenses \$ 571,031 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 ▶ 7,888,850

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, covering various organizational requirements and reporting obligations.

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)

Main form area containing questions 2a through 16, including sub-questions like 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, and 16. Each question is followed by a grid for 'Yes/No' and a column for numerical answers.

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 (18), 1b (18), 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) KATHRYN VEZINA PRESIDENT	8.00	X		X			0	0	0	
(2) MARCIA DEGEER 1ST VICE PRE	5.00	X		X			0	0	0	
(3) STRANDY QUESADA 2ND VICE PRE	5.00	X		X			0	0	0	
(4) RANDALL PHELPS TREASURER	5.00	X		X			0	0	0	
(5) CONNIE ADLER SECRETARY	5.00	X		X			0	0	0	
(6) MARY AMORY DIRECTOR	3.00	X					0	0	0	
(7) TARA AUMAND DIRECTOR	3.00	X					0	0	0	
(8) JODI BOLDUC DIRECTOR	3.00	X					0	0	0	
(9) KATHRYN BRANDT DIRECTOR	3.00	X					0	0	0	
(10) RICHARD FARNSWORTH DIRECTOR	3.00	X					0	0	0	
(11) TERRY FLANAGAN MD DIRECTOR	3.00	X					0	0	0	
(12) KATHLEEN FLORY DIRECTOR	3.00	X					0	0	0	
(13) SUSAN GUERETTE 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 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	134,374				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,816,989				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,853,350				
	g Noncash contributions included in lines 1a - 1f:\$	1g	2,010,248				
	h Total. Add lines 1a-1f ▶			6,804,713			
Program Service Revenue	2a PROGRAM/ACTIVITY FEES	Business Code					
				2,044,204	2,044,204		
	b						
	c						
	d						
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f. ▶			2,044,204				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			71,271		71,271	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	(ii) Personal				
		6a		19,575			
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c	19,575			
	d Net rental income or (loss) ▶				19,575		19,575
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a		4,124,868			
		b Less: cost or other basis and sales expenses	7b	3,449,626			
		c Gain or (loss)	7c	675,242			
	d Net gain or (loss) ▶				675,242		675,242
	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 ▶				9,615,005	2,044,204	766,088	

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	1,035,935	1,035,935		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	780,967	780,967		
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	323,637	50,108	273,529	
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	3,634,690	3,215,728	339,260	79,702
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	122,748	102,219	18,029	2,500
9 Other employee benefits	472,605	407,556	55,344	9,705
10 Payroll taxes	314,522	261,918	46,197	6,407
11 Fees for services (non-employees):				
a Management				
b Legal	64,744	52,928	5,769	6,047
c Accounting	19,500	16,715	2,266	519
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	22,462		22,462	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	296,375	230,550	59,851	5,974
12 Advertising and promotion	15,880	15,855		25
13 Office expenses	384,879	328,598	42,065	14,216
14 Information technology	103,396	34,492	66,020	2,884
15 Royalties				
16 Occupancy	630,463	603,562	22,936	3,965
17 Travel	57,235	46,465	10,770	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,737	7,002	95	640
20 Interest	3,501	3,501		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	114,714	68,307	46,218	189
23 Insurance	66,686	28,378	38,308	
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	359,010	358,733	277	
b EPM/EHR SERVICE FEES	155,727	155,727		
c OTHER MISCELLANEOUS EXP	70,026	57,477	4,485	8,064
d STAFF DEVELOPMENT	21,505	12,946	7,138	1,421
e All other expenses	13,785	13,183	523	79
25 Total functional expenses. Add lines 1 through 24e	9,092,729	7,888,850	1,061,542	142,337
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	2,260	1	2,260
	2 Savings and temporary cash investments	995,315	2	549,841
	3 Pledges and grants receivable, net	101,197	3	292,439
	4 Accounts receivable, net	89,214	4	99,542
	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	117,596	8	135,249
	9 Prepaid expenses and deferred charges	66,225	9	69,798
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,137,958		
	b Less: accumulated depreciation	10b 1,509,366	657,427	10c 628,592
	11 Investments—publicly traded securities	4,267,249	11	5,351,341
	12 Investments—other securities. See Part IV, line 11	32,060	12	55,440
	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 33)	6,328,543	16	7,184,502	
Liabilities	17 Accounts payable and accrued expenses	616,117	17	687,796
	18 Grants payable		18	
	19 Deferred revenue	362,122	19	362,489
	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	240,020	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,218,259	26	1,050,285
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	2,614,895	27	3,331,588
	28 Net assets with donor restrictions	2,495,389	28	2,802,629
	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	5,110,284	32	6,134,217	
33 Total liabilities and net assets/fund balances	6,328,543	33	7,184,502	

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	9,615,005
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,092,729
3	Revenue less expenses. Subtract line 2 from line 1	3	522,276
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,110,284
5	Net unrealized gains (losses) on investments	5	501,657
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 32, column (B))	10	6,134,217

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 (2020)

Form 990, Part III, Line 4a:

COMMUNITY-BASED SERVICES: MAINE FAMILY PLANNING (MFP) PROVIDES FUNDING, TECHNICAL SUPPORT, AND QUALITY ASSURANCE TO 42 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, RUMFORD, SKOWHEGAN, THOMASTON, AND WATERVILLE. USING A SLIDING-FEE SCALE, MFP SERVES 27,946 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 - GENDER AFFIRMING CARE. 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. WIC SERVED 1,967 RECIPIENTS IN FY 2021. MFP HAS A MAINE FAMILIES HOME VISITOR PROGRAM IN HANCOCK COUNTY. THE MAINE FAMILIES PROGRAM UNDERSTANDS THAT ALL PARENTS WANT THE BEST FOR THEIR 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 OFFERS TECHNICAL ASSISTANCE, CURRICULUM RESOURCES, AND PROFESSIONAL DEVELOPMENT TO MAINE EDUCATORS TO DELIVER COMPREHENSIVE SEXUALITY EDUCATION TO YOUTH OF ALL AGES. RESOURCES INCLUDE THREE AGE-APPROPRIATE CURRICULA (OLDER ELEMENTARY, MIDDLE SCHOOL AND HIGH SCHOOL) WHICH ARE AVAILABLE TO DOWNLOAD FOR FREE ON THE AGENCY'S WEBSITE FOR EDUCATORS PAGE. DURING FY2021, NEARLY 200 INDIVIDUALS ACCESSED THESE CURRICULA ONLINE. DURING THE 2020-21 SCHOOL YEAR, MOST SCHOOLS WERE STILL DELIVERING EDUCATION THROUGH VIRTUAL OR HYBRID LEARNING FORMATS. THE EDUCATION TEAM CONTINUED TO PROVIDE VIRTUAL TECHNICAL ASSISTANCE AND SUPPORT TO EDUCATORS IN 67 SCHOOLS AND 26 COMMUNITY-BASED ORGANIZATIONS. THE NEWLY DEVELOPED VIRTUAL BEST PRACTICES CLASSROOM SUPPORTED EDUCATORS IN INTEGRATING COMPONENTS OF THEIR SEXUAL HEALTH UNIT, USING THE 2020 EDITION OF THE BEST PRACTICES CURRICULUM, TO A VIRTUAL OR HYBRID LEARNING FORMAT. A MONTHLY SEXUALITY EDUCATION E- NEWSLETTER, THE BEEHIVE, PROVIDES EDUCATIONAL INFORMATION AND UPDATES TO A SUBSCRIBER LIST THAT GREW FROM 850 TO 950 INDIVIDUALS DURING THE PANDEMIC. IN RESPONSE TO THE PANDEMIC, THE PREVENTION PROGRAM SHIFTED ITS TRAINING AND PROFESSIONAL DEVELOPMENT TO VIRTUAL WEBINARS, OFFERING A TOTAL OF 12 75-MINUTE TOPICAL TRAININGS TO 273 PARTICIPANTS ATTENDING FROM MAINE AND BEYOND. 116 PARTICIPANTS ATTENDED OUR FIRST VIRTUAL COMPREHENSIVE SEX ED CONFERENCE. OUTREACH EDUCATION SERVICES WERE PROVIDED TO 62 AGENCIES THROUGH COMMUNITY EVENTS, REACHING 367 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 THE PANDEMIC, 38 YOUTH WERE REACHED WITH IN PERSON OR ONLINE PROGRAMMING. THIS INCLUDED YOUTH EXPERIENCING HOMELESSNESS, PREGNANT AND PARENTING YOUTH, LGBTQ YOUTH AND YOUTH IN COMMUNITY-BASED AND ALTERNATIVE EDUCATIONAL PROGRAMS. THE COVID RESTRICTIONS RESULTED IN FEWER SITES BEING ABLE TO DELIVER IN PERSON PROGRAMMING, SO 250 'HEALTH FAIR IN A BAG' RESOURCES WERE SENT OUT TO YOUTH SERVING SITES TO REACH AS MANY YOUTH AS POSSIBLE WITH EDUCATIONAL MATERIALS, CONDOMS AND OTHER SUPPLIES. SIX EDUCATORS ATTENDED A VIRTUAL TRAINING IN THE SPRING. THROUGH PREP, MFP ALSO PARTNERED WITH THE STATE FOSTER CARE SYSTEM TO PROVIDE A FIVE PART WEBINAR SERIES ON SUPPORTING LGBTQ+ YOUTH IN CARE FOR CASEWORKERS AND RESOURCE FAMILIES. MFP'S EDUCATION TEAM LED A FOCUS GROUP OF HEALTH EDUCATORS TO GET INSIGHT INTO THEIR EXPERIENCES DELIVERING SEXUAL HEALTH DURING COVID, AND TO LEARN HOW THEY CAN BEST BE SUPPORTED IN DELIVERING SEXUAL HEALTH EDUCATION. A YOUTH SURVEY GATHERED INFORMATION FROM JUST OVER 80 YOUTH ON THEIR EXPERIENCES IN RECEIVING SEX EDUCATION AND SEXUAL HEALTH SERVICES THAT WILL BE A BASIS FOR IMPROVING THE QUALITY OF THESE PROGRAMS.

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 FAMILY PLANNING. 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. AS NOTED ON FORM 990, PART I, LINE 22, MFP'S NET ASSETS INCREASED 1,023,933 OVER THE PRIOR YEAR DUE PRIMARILY TO THREE FACTORS: (1) UNREALIZED MARKET GAINS FROM INVESTMENTS; (2) REALIZED GAINS FROM INVESTMENTS SOLD THAT WERE PROVIDED BY A FUNDING SOURCE WHO GAVE APPRECIABLE STOCK, WHICH WAS THEN USED TO SUPPORT OPERATIONS IN THE ABSENCE OF FEDERAL FUNDS; AND (3) RECOGNITION OF FEDERAL PAYROLL PROTECTION PROGRAM FORGIVENESS FOR LOANS RECEIVED IN FY 20 AND FY 21. PLEASE NOTE THAT IN ACCORDANCE WITH FORM 990 REQUIREMENTS, UNREALIZED GAINS FROM INVESTMENTS ARE REPORTED ON SCHEDULE D, PART XI LINE 2A AND TOTALED 501,657 FOR FY 21. THIS AMOUNT, WHEN ADDED TO REVENUES LESS EXPENSES ON FORM 990, PART I LINE 19 OF 522,276, COMPRISE THE TOTAL CHANGE IN NET ASSETS FOR FY 21 OF 1,023,933.

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

2020

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	5,735,743	6,134,401	6,455,091	6,418,538	6,804,713	31,548,486
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	5,735,743	6,134,401	6,455,091	6,418,538	6,804,713	31,548,486
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.						31,548,486

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. . .	5,735,743	6,134,401	6,455,091	6,418,538	6,804,713	31,548,486
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	80,384	77,918	90,126	100,256	90,846	439,530
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .	40,836	53,226				94,062
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						32,082,078
12 Gross receipts from related activities, etc. (see instructions)					12	8,132,325

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	98.340 %
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	97.300 %

- 16a 33 1/3% support test—2020.** 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—2019.** 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—2020.** 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—2019.** 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2020. 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—2019. 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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>		
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>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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>		
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>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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>		
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>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		

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 lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described in 11a above?		
c	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, 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 line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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 lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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 line 2a 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 lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" 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 (<i>explain in detail in Part VI</i>):		
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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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
2020
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.

30,297	
34,000	
64,297	
7,824,553	
7,888,850	
544,443	

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?

136,111	

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	518,187	534,546	535,761	544,443	2,132,937
b Lobbying ceiling amount (150% of line 2a, column(e))					3,199,406
c Total lobbying expenditures	59,836	121,950	73,692	64,297	319,775
d Grassroots nontaxable amount	129,547	133,637	133,940	136,111	533,235
e Grassroots ceiling amount (150% of line 2d, column (e))					799,853
f Grassroots lobbying expenditures		104,877	73,692	30,297	208,866

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
2020
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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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 FASB 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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 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	4,468,811	4,375,566	4,420,516	4,320,892	4,112,108
b Contributions	2,156,871	2,054,119	217,716	9,898	31,587
c Net investment earnings, gains, and losses	1,225,708	50,339	431,127	401,418	548,537
d Grants or scholarships					
e Other expenditures for facilities and programs	2,391,397	2,011,213	693,793	311,692	371,340
f Administrative expenses					
g End of year balance	5,459,993	4,468,811	4,375,566	4,420,516	4,320,892

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 49.370 %
- b** Permanent endowment ▶
- c** Term endowment ▶ 50.630 %

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:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		No
3a(ii)		No
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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	377,855	233,656
c Leasehold improvements		918,305	715,649	202,656
d Equipment		522,539	415,862	106,677
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				628,592

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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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)		
(10)		
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)	
(10)	
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)	
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	10,094,200
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	501,657	
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	501,657
3	Subtract line 2e from line 1		3	9,592,543
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	22,462	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	22,462
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	9,615,005

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	9,070,267
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	9,070,267
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	22,462	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	22,462
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	9,092,729

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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, (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	1967	780,967			
(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), 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	85,000				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	78,500				INTEGRATION GRANT
GREATER PORTLAND HEALTH 180 PARK AVENUE PORTLAND, ME 04102	45-4960453	501C3	78,500				INTEGRATION 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 BANGOR, ME 04401	01-0514750	501C3	112,500				INTEGRATION GRANT

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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.

2020

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 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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
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? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
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? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
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 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

2020

▶ **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	2,010,248	
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	
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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?

	Yes	No
30a		No
31	Yes	
32a	Yes	

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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

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

2020

Open to Public Inspection

Name of the organization
 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 42 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, RUMFORD, SKOWHEGAN, THOMASTON, AND WATERVILLE. USING A SLIDING-FEE SCALE, MFP SERVES 27,946 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 - GENDER AFFIRMING CARE. 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. WIC SERVED 1,967 RECIPIENTS IN FY 2021. MFP HAS A MAINE FAMILIES HOME VISITOR PROGRAM IN HANCOCK COUNTY. THE MAINE FAMILIES PROGRAM UNDERSTANDS THAT ALL PARENTS WANT THE BEST FOR THEIR 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	<p>EDUCATION AND RESEARCH PROJECTS: MAINE FAMILY PLANNING OFFERS TECHNICAL ASSISTANCE, CURRICULUM RESOURCES, AND PROFESSIONAL DEVELOPMENT TO MAINE EDUCATORS TO DELIVER COMPREHENSIVE SEXUALITY EDUCATION TO YOUTH OF ALL AGES. RESOURCES INCLUDE THREE AGE-APPROPRIATE CURRICULA (OLDER ELEMENTARY, MIDDLE SCHOOL AND HIGH SCHOOL) WHICH ARE AVAILABLE TO DOWNLOAD FOR FREE ON THE AGENCY'S WEBSITE FOR EDUCATORS PAGE. DURING FY2021, NEARLY 200 INDIVIDUALS ACCESSED THESE CURRICULA ONLINE. DURING THE 2020-21 SCHOOL YEAR, MOST SCHOOLS WERE STILL DELIVERING EDUCATION THROUGH VIRTUAL OR HYBRID LEARNING FORMATS. THE EDUCATION TEAM CONTINUED TO PROVIDE VIRTUAL TECHNICAL ASSISTANCE AND SUPPORT TO EDUCATORS IN 67 SCHOOLS AND 26 COMMUNITY-BASED ORGANIZATIONS. THE NEWLY DEVELOPED VIRTUAL BEST PRACTICES CLASSROOM SUPPORTED EDUCATORS IN INTEGRATING COMPONENTS OF THEIR SEXUAL HEALTH UNIT, USING THE 2020 EDITION OF THE BEST PRACTICES CURRICULUM, TO A VIRTUAL OR HYBRID LEARNING FORMAT. A MONTHLY SEXUALITY EDUCATION E-NEWSLETTER, THE BEEHIVE, PROVIDES EDUCATIONAL INFORMATION AND UPDATES TO A SUBSCRIBER LIST THAT GREW FROM 850 TO 950 INDIVIDUALS DURING THE PANDEMIC. IN RESPONSE TO THE PANDEMIC, THE PREVENTION PROGRAM SHIFTED ITS TRAINING AND PROFESSIONAL DEVELOPMENT TO VIRTUAL WEBINARS, OFFERING A TOTAL OF 12 75-MINUTE TOPICAL TRAININGS TO 273 PARTICIPANTS ATTENDING FROM MAINE AND BEYOND. 116 PARTICIPANTS ATTENDED OUR FIRST VIRTUAL COMPREHENSIVE SEX ED CONFERENCE. OUTREACH EDUCATION SERVICES WERE PROVIDED TO 62 AGENCIES THROUGH COMMUNITY EVENTS, REACHING 367 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 THE PANDEMIC, 38 YOUTH WERE REACHED WITH IN PERSON OR ONLINE PROGRAMMING. THIS INCLUDED YOUTH EXPERIENCING HOMELESSNESS, PREGNANT AND PARENTING YOUTH, LGBTQ YOUTH AND YOUTH IN COMMUNITY-BASED AND ALTERNATIVE EDUCATIONAL PROGRAMS. THE COVID RESTRICTIONS RESULTED IN FEWER SITES BEING ABLE TO DELIVER IN PERSON PROGRAMMING, SO 250 'HEALTH FAIR IN A BAG' RESOURCES WERE SENT OUT TO YOUTH SERVING SITES TO REACH AS MANY YOUTH AS POSSIBLE WITH EDUCATIONAL MATERIALS, CONDOMS AND OTHER SUPPLIES. SIX EDUCATORS ATTENDED A VIRTUAL TRAINING IN THE SPRING. THROUGH PREP, MFP ALSO PARTNERED WITH THE STATE FOSTER CARE SYSTEM TO PROVIDE A FIVE PART WEBINAR SERIES ON SUPPORTING LGBTQ+ YOUTH IN CARE FOR CASEWORKERS AND RESOURCE FAMILIES. MFP'S EDUCATION TEAM LED A FOCUS GROUP OF HEALTH EDUCATORS TO GET INSIGHT INTO THEIR EXPERIENCES DELIVERING SEXUAL HEALTH DURING COVID, AND TO LEARN HOW THEY CAN BEST BE SUPPORTED IN DELIVERING SEXUAL H</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	HEALTH EDUCATION. A YOUTH SURVEY GATHERED INFORMATION FROM JUST OVER 80 YOUTH ON THEIR EXPERIENCES IN RECEIVING SEX EDUCATION AND SEXUAL HEALTH SERVICES THAT WILL BE A BASIS FOR IMPROVING THE QUALITY OF THESE PROGRAMS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	<p>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 FAMILY PLANNING. 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. AS NOTED ON FORM 990, PART I, LINE 22, MFP'S NET ASSETS INCREASED 1,023,933 OVER THE PRIOR YEAR DUE PRIMARILY TO THREE FACTORS: (1) UNREALIZED MARKET GAINS FROM INVESTMENTS; (2) REALIZED GAINS FROM INVESTMENTS SOLD THAT WERE PROVIDED BY A FUNDING SOURCE WHO GAVE APPRECIABLE STOCK, WHICH WAS THEN USED TO SUPPORT OPERATIONS IN THE ABSENCE OF FEDERAL FUNDS; AND (3) RECOGNITION OF FEDERAL PAYROLL PROTECTION PROGRAM FORGIVENESS FOR LOANS RECEIVED IN FY 20 AND FY 21. PLEASE NOTE THAT IN ACCORDANCE WITH FORM 990 REQUIREMENTS, UNREALIZED GAINS FROM INVESTMENTS ARE REPORTED ON SCHEDULE D, PART XI LINE 2A AND TOTALED 501,657 FOR FY 21. THIS AMOUNT, WHEN ADDED TO REVENUES LESS EXPENSES ON FORM 990, PART I LINE 19 OF 522,276, COMPRISE THE TOTAL CHANGE IN NET ASSETS FOR FY 21 OF 1,023,933.</p>

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 CEO'S OF THE ORGANIZATIONS THE FPA DIRECTLY FUNDS, AS WELL AS SALARIES OF FAMILY PLANNING PROGRAM DIRECTORS MANAGING PROGRAMS FUNDED BY THE MFP.

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	MFP'S IRS FORM 990 IS AVAILABLE THROUGH A LINK ON THE MFP 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.