

Form <b>990</b>  Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Return of Organization Exempt From Income Tax</h2> <p style="margin: 5px 0;"><b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</b></p> <p style="margin: 5px 0;">▶ Do not enter social security numbers on this form as it may be made public</p> <p style="margin: 5px 0;">▶ Information about Form 990 and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a></p>	OMB No 1545-0047 <div style="font-size: 2em; font-weight: bold; margin: 10px 0;">2017</div> <div style="background-color: black; color: white; padding: 5px; text-align: center; font-weight: bold;">Open to Public Inspection</div>
---	---	---

**A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;"> <b>C</b> Name of organization                      Planned Parenthood of Northern New England Inc                 </td> <td style="padding: 2px;"> <b>D</b> Employer identification number                      03-0222941                 </td> </tr> <tr> <td colspan="2" style="padding: 2px;">                     Doing business as                 </td> <td rowspan="3" style="padding: 2px;"> <b>E</b> Telephone number                      (802) 448-9700                 </td> </tr> <tr> <td style="padding: 2px;">                     Number and street (or P O box if mail is not delivered to street address)                      784 Hercules Drive Suite 110                 </td> <td style="padding: 2px;">                     Room/suite                 </td> </tr> <tr> <td colspan="2" style="padding: 2px;">                     City or town, state or province, country, and ZIP or foreign postal code                      Colchester, VT 05446                 </td> </tr> <tr> <td colspan="3" style="padding: 2px;"> <b>F</b> Name and address of principal officer                      Meagan Gallagher                      784 Hercules Drive Suite 110                      Colchester, VT 05446                 </td> </tr> </table>	<b>C</b> Name of organization Planned Parenthood of Northern New England Inc		<b>D</b> Employer identification number 03-0222941	Doing business as		<b>E</b> Telephone number (802) 448-9700	Number and street (or P O box if mail is not delivered to street address) 784 Hercules Drive Suite 110	Room/suite	City or town, state or province, country, and ZIP or foreign postal code Colchester, VT 05446		<b>F</b> Name and address of principal officer Meagan Gallagher 784 Hercules Drive Suite 110 Colchester, VT 05446			<b>G</b> Gross receipts \$ 26,653,884
<b>C</b> Name of organization Planned Parenthood of Northern New England Inc		<b>D</b> Employer identification number 03-0222941													
Doing business as		<b>E</b> Telephone number (802) 448-9700													
Number and street (or P O box if mail is not delivered to street address) 784 Hercules Drive Suite 110	Room/suite														
City or town, state or province, country, and ZIP or foreign postal code Colchester, VT 05446															
<b>F</b> Name and address of principal officer Meagan Gallagher 784 Hercules Drive Suite 110 Colchester, VT 05446															
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀(insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527															
<b>J</b> Website: ▶ www.ppnne.org															
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶															
<b>L</b> Year of formation 1965		<b>M</b> State of legal domicile VT													

Part I Summary			
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities Reproductive Healthcare and Education		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	18
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	18
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	301
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	145
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0	
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	5,093,613	7,557,536
	<b>9</b> Program service revenue (Part VIII, line 2g)	16,474,444	17,786,509
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	240,605	187,417
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,900	-17,218
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,827,562	25,514,244
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	646,340	813,328
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	12,012,257	12,509,200
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,133,724		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	8,553,064	8,722,138
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	21,211,661	22,044,666
	<b>19</b> Revenue less expenses Subtract line 18 from line 12	615,901	3,469,578
Net Assets or Fund Balances	<b>Beginning of Current Year</b>		<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16)	16,041,788	20,285,306
	<b>21</b> Total liabilities (Part X, line 26)	2,628,902	2,986,230
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	13,412,886	17,299,076

**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 2018-06-21	
	Heather Bushey CFO		
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name Barbara J McGuan CPA	Preparer's signature Barbara J McGuan CPA	Date 2018-06-21
	Check <input type="checkbox"/> if self-employed		PTIN P00219457
	Firm's name ▶ Berry Dunn McNeil & Parker LLC		Firm's EIN ▶ 01-0523282
Firm's address ▶ PO Box 1100 Portland, ME 041041100		Phone no (207) 775-2387	

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

To provide, promote, and protect access to reproductive health care and sexuality education so that all people can make voluntary choices about their reproductive and sexual health

**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.

<b>4a</b>	(Code ) (Expenses \$	16,382,827	including grants of \$	813,328	(Revenue \$	17,786,509 )
See Additional Data						

<b>4b</b>	(Code ) (Expenses \$	132,052	including grants of \$		(Revenue \$	)
See Additional Data						

<b>4c</b>	(Code ) (Expenses \$	1,626,944	including grants of \$		(Revenue \$	)
See Additional Data						

	(Code ) (Expenses \$	209,744	including grants of \$		(Revenue \$	)
PPNNE continued to leverage online opportunities and social media to increase visibility, reach young people where they are, and build our movement. A highlight included the continued growth of our popular informational video series. By the end of 2017, our "A Naked Notion" YouTube channel had over 54,000 subscribers and the informational videos had received 6.6 million views.						

<b>4d</b>	Other program services (Describe in Schedule O )					
	(Expenses \$	209,744	including grants of \$		(Revenue \$	)

<b>4e</b>	<b>Total program service expenses</b>	18,351,567				
-----------	---------------------------------------	------------	--	--	--	--

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .	<b>20a</b>	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>	Yes
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>	No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>	Yes
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>	No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>	No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>	No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>	No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>	No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	Yes
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>	No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>	No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b>	Yes
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>	Yes
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>	No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes

**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 ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	78	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	301	
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders.	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
<b>c</b>	Enter the amount of reserves on hand.	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

**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**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?		No
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		No

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		No
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13.	Yes	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	Yes	
<b>13</b>	Did the organization have a written whistleblower policy?	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy?	Yes	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official.	Yes	
<b>15b</b>	Other officers or key employees of the organization.	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed: NH

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 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.  
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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.  
 ▶ Heather Bushey CPA 784 Hercules Drive Suite 110 Colchester, VT 05446 (802) 448-9728

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

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

Form **990** (2017)

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								1,060,054	2,950	94,451

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 15**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Centers For Disease Detection PO Box 659509 San Antonio, TX 782659509	Lab Testing	517,936

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



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	226,638			
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	7,330,898			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ . . . . .		21,000			
	<b>h Total.</b> Add lines 1a-1f . . . . .		7,557,536			
<b>Program Service Revenue</b>		Business Code				
	<b>2a</b> Net Patient Service Revenue . . . . .	621990	14,320,720	14,320,720		
	<b>b</b> Federal and State Funds . . . . .	621990	2,795,887	2,795,887		
	<b>c</b> Miscellaneous Revenue . . . . .	621990	482,902	482,902		
	<b>d</b> Meaningful Use Income . . . . .	621990	187,000	187,000		
	<b>e</b> . . . . .					
	<b>f</b> All other program service revenue . . . . .					
	<b>g Total.</b> Add lines 2a-2f . . . . .		17,786,509			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		170,639			170,639
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents . . . . .	(i) Real 17,100	(ii) Personal			
	<b>b</b> Less rental expenses . . . . .	0				
	<b>c</b> Rental income or (loss) . . . . .	17,100				
	<b>d</b> Net rental income or (loss) . . . . .		17,100			17,100
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities 1,122,100	(ii) Other			
	<b>b</b> Less cost or other basis and sales expenses . . . . .	1,105,322				
	<b>c</b> Gain or (loss) . . . . .	16,778				
	<b>d</b> Net gain or (loss) . . . . .		16,778			16,778
	<b>8a</b> Gross income from fundraising events (not including \$ 226,638 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b> 0				
	<b>b</b> Less direct expenses . . . . .	<b>b</b> 34,318				
	<b>c</b> Net income or (loss) from fundraising events . . . . .		-34,318			-34,318
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>				
	<b>b</b> Less direct expenses . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities . . . . .					
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>				
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .					
<b>11a</b> Miscellaneous Revenue . . . . .	Business Code					
<b>b</b> . . . . .						
<b>c</b> . . . . .						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .						
<b>12 Total revenue.</b> See Instructions . . . . .		25,514,244	17,786,509	0	170,199	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	813,328	813,328		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	395,615		395,615	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	9,641,434	8,017,029	945,053	679,352
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
<b>9</b> Other employee benefits.	1,568,688	1,304,456	161,316	102,916
<b>10</b> Payroll taxes.	903,463	734,296	111,234	57,933
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	100,390		100,390	
<b>c</b> Accounting.	54,500		54,500	
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	25,222	14,775	8,387	2,060
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,259,871	1,146,700	96,995	16,176
<b>12</b> Advertising and promotion.	149,057	124,751	23,806	500
<b>13</b> Office expenses.	853,109	571,010	115,106	166,993
<b>14</b> Information technology.				
<b>15</b> Royalties.				
<b>16</b> Occupancy.	1,572,692	1,400,846	133,853	37,993
<b>17</b> Travel.	262,603	215,681	32,073	14,849
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.				
<b>20</b> Interest.	24,686	23,908		778
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	755,274	645,192	97,683	12,399
<b>23</b> Insurance.	145,630	145,630		
<b>24</b> 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.)				
<b>a</b> Supplies.	2,769,696	2,769,696		
<b>b</b> Minor Equipment.	315,369	78,762	207,649	28,958
<b>c</b> Miscellaneous.	161,214	99,660	53,406	8,148
<b>d</b> Dues and Subscriptions.	136,868	123,205	10,888	2,775
<b>e</b> All other expenses.	135,957	122,642	11,421	1,894
<b>25</b> Total functional expenses. Add lines 1 through 24e.	22,044,666	18,351,567	2,559,375	1,133,724
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	861,712	<b>1</b>	4,213,391
	<b>2</b> Savings and temporary cash investments . . . . .	2,041,583	<b>2</b>	2,360,208
	<b>3</b> Pledges and grants receivable, net . . . . .	1,599,740	<b>3</b>	1,364,375
	<b>4</b> Accounts receivable, net . . . . .	1,286,779	<b>4</b>	1,709,090
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	402,133	<b>8</b>	483,883
	<b>9</b> Prepaid expenses and deferred charges . . . . .	229,516	<b>9</b>	119,223
	<b>10a</b> Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 11,405,035		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 7,119,176	4,579,631	<b>10c</b> 4,285,859
	<b>11</b> Investments—publicly traded securities . . . . .	4,277,181	<b>11</b>	4,753,055
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	763,513	<b>15</b>	996,222
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	16,041,788	<b>16</b>	20,285,306	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,292,849	<b>17</b>	1,758,822
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	655,223	<b>19</b>	932,801
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	680,830	<b>23</b>	269,767
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	0	<b>25</b>	24,840
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	2,628,902	<b>26</b>	2,986,230
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	9,114,631	<b>27</b>	13,170,087
	<b>28</b> Temporarily restricted net assets . . . . .	2,998,137	<b>28</b>	2,813,791
	<b>29</b> Permanently restricted net assets . . . . .	1,300,118	<b>29</b>	1,315,198
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	13,412,886	<b>33</b>	17,299,076
<b>34</b> Total liabilities and net assets/fund balances . . . . .	16,041,788	<b>34</b>	20,285,306	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	25,514,244
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	22,044,666
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	3,469,578
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	13,412,886
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	416,612
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	17,299,076

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> 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	Yes	
<b>3a</b> 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?	Yes	
<b>b</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	

Additional Data

Software ID:  
Software Version:  
EIN: 03-0222941  
Name: Planned Parenthood of Northern  
New England Inc

Form 990 (2017)

Form 990, Part III, Line 4a:

At Planned Parenthood of Northern New England (PPNNE), our work is guided by our mission to provide, promote, and protect access to reproductive health care and sexuality education so that all people can make voluntary choices about their reproductive and sexual health. People across Maine, New Hampshire, and Vermont rely on PPNNE as an expert and affordable reproductive and sexual health care provider, educator, and steadfast advocate. In 2017, women, men, and teens came to our 21 health centers across the region for vital services such as annual exams, cancer screenings, reproductive life planning, birth control counseling and the full range of effective contraceptive methods, emergency contraception, abortion care, sexually transmitted infection (STI) testing and treatment, confidential HIV testing and counseling, immunizations, and other limited primary care. PPNNE continues to serve as a major safety-net provider, and for many of our patients, their primary source of health care. In 2017, 67% of our patients were low income (at or below 200% of the federal poverty guideline, or \$24,120 for one person), 41% were living below the poverty line (\$12,060 for one person), 20% were uninsured/self-pay, and another 31% had coverage through Medicaid or another public program. Our patient base was also overwhelmingly female (88%) and young with 67% under the age of 30 and 14% teens. Highlights of our 2017 work include - Providing reproductive and sexual health care to 43,206 patients (through 63,587 medical visits), a 3% increase over 2016 and 10% increase since 2015 - Delivering over \$8 million in free/discounted health care through our sliding fee scale program - Providing vital services such as 84,113 STI tests, 11,952 pregnancy tests, 6,328 breast exams, 4,737 Pap tests, and 6,410 insertions of long-acting reversible contraceptives (IUDs and implants, which are highly effective and strongly recommended methods) - Reaching more underserved people through referrals, outreach, and targeted marketing. In 2017, over 22,000 patients were new or hadn't received care at PPNNE in the past three years - Launching PPNNE's new Fund to Support Care for Transgender and Gender Non-Conforming Patients. PPNNE offers hormone replacement therapy (HRT) at all of our health centers. The cost of this care, which isn't covered by many insurance plans or by public family planning funding, can be an insurmountable barrier for patients. To ensure that our transgender patients have equitable access, we created this special Fund - Continuing special initiatives to reduce unintended pregnancy. PPNNE is guided by an overarching goal to reduce unintended pregnancy rates and improve public health in northern New England. In 2017, PPNNE made progress by participating in community collaborations, creating new or strengthened partnerships, and increasing awareness of and access to the full range of contraceptive methods.

**Form 990, Part III, Line 4b:**

In 2017, PPNNE continued to reach and engage young people and supporters through intern programs, education programs, community tabling, educational events, and other outreach. We also continued to leverage online opportunities and social media to increase visibility, reach young people where they are, and build our movement. This work resulted in a 67% increase in followers of PPNNE's social media channels in 2017. PPNNE's education programming strives to ensure that young people have access to the health information they need. A highlight is our Peer Education Program, which trains youth to serve as peer educators, delivering life-changing sexual health information in schools, community groups and through one-on-one interactions. Student participants receive extensive training and continuous support from our staff. In 2017, we worked with peer educators at 4 high schools (3 in VT and 1 in NH) who conducted over 4,100 conversations with peers who had sexual health-related questions or concerns, and participated in dozens of educational/outreach events. Additionally, across PPNNE's health center communities in all three states, our staff conducted over 300 outreach activities to deepen referral relationships with other organizations that serve low income or young people, raise visibility, and bring services and education to more underserved, at-risk people. Among the many positive impacts, this work has contributed to continued growth in the number of women coming to our health centers seeking highly effective contraceptive options that PPNNE expertly provides.

---

**Form 990, Part III, Line 4c:**

In 2017, PPNNE's public policy and grassroots organizing staff worked to promote and protect access to reproductive health care, the needs of uninsured and low income populations, and reproductive rights. Supporting their work is a network of thousands of activists throughout Maine, New Hampshire, and Vermont who help us face challenges unique to our political landscape. Across our region, we utilize staffing, volunteer, and advocacy strategies designed to optimize each state's strengths and overcome specific threats and challenges, including protecting women's health care and family planning access. Much of this work is conducted in tandem with our Planned Parenthood Action Fund organizations in Maine, New Hampshire and Vermont and in collaboration with community partners. Highlights from 2017 include - Defeating numerous state-level attempts to roll-back women's health and reproductive rights in northern New England and mobilizing unprecedented public support and activism to fight national attacks on women's health - Passing proactive legislation that advances our goals of expanding contraceptive access and reducing unintended pregnancy. Similar to the Vermont law passed in 2016, a new Maine law enables women to receive a year's supply of birth control at a time. Even more important, the legislation also codifies in state law no-copay coverage of birth control in insurance plans. This protection, which will remain regardless of federal changes, is critical for ensuring women's access to the full range of contraceptives - Working with allies to continue advocating for Medicaid expansion in Maine, which ultimately passed through a citizen referendum - Supporting campus organizing efforts at colleges and working with strong volunteer action teams across our three states to deepen and grow grassroots organizing capacity

---

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
Anita Springer ..... Trustee	2 00 ..... 3 00	X						0	0	0
Benjamin Siracusa Hillman ..... First Vice Chair	2 00 ..... 2 00	X		X				0	0	0
Daryl Fort ..... Trustee	2 00 ..... 2 00	X						0	0	0
Felicia Kornbluh ..... Trustee	2 00 ..... 3 00	X						0	0	0
Iris Estabrook ..... Second Vice Chair	2 00 ..... 2 00	X		X				0	0	0
Jane Honeck ..... Treasurer	2 00 ..... 2 00	X		X				0	0	0
Jennifer Goodspeed ..... Trustee	2 00 ..... 2 00	X						0	0	0
Kesha Ram ..... Trustee	2 00 ..... 3 00	X						0	0	0
Leonard Small ..... Trustee	2 00 ..... 3 00	X						0	0	0
Linda Patchett ..... Trustee	2 00 ..... 3 00	X						0	0	0



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
Lucy Karl Esq ..... Trustee	2 00 ..... 3 00	X						0	0	0
Margot Milliken ..... Trustee	2 00 ..... 3 00	X						0	0	0
Maribeth Hourihan ..... Trustee	2 00 ..... 3 00	X						0	0	0
Matthew Houde ..... Chair	3 00 ..... 3 00	X		X				0	0	0
Melinda Moulton ..... Secretary	2 00 ..... 3 00	X		X				0	0	0
Noel Bonam ..... Past Trustee	2 00 ..... 3 00	X						0	0	0
Randall Rives Perkins ..... Trustee	2 00 ..... 2 00	X						0	0	0
Rashida Mohamed ..... Past Trustee	2 00 ..... 3 00	X						0	0	0
Regan Theiler ..... Past Trustee	2 00 ..... 3 00	X						0	0	0
Reverend Anne C Fowler ..... Trustee	2 00 ..... 3 00	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
Steven W Sinding ..... Trustee/ Past First Vice Chair	2 00 ..... 3 00	X						0	0	0
Heather Bushey ..... CFO	37 50 ..... 12 00			X				140,814	0	11,019
Meagan Gallagher ..... CEO	37 50 ..... 12 00			X				218,513	2,458	25,427
Donna Burkett ..... Medical Director	37 50 .....					X		219,806	0	7,262
Ellen Gitomer ..... VP of Development	37 50 ..... 2 00					X		133,829	358	16,824
Karen Geraghty ..... Major Gifts Officer	37 50 ..... 2 00					X		120,741	134	11,925
Kathleen Landry ..... VP of Human Resources	37 50 .....					X		119,191	0	11,484
Callan Janowiec ..... Advanced Practice Clinician II	37 50 .....					X		107,160	0	10,510