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# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

**A** For the 2011 calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012**

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>PLANNED PARENTHOOD OF NORTHEAST, MID-PENN &amp; BUCKS COUNTY, INC.</b>		<b>D</b> Employer identification number <b>23-2450112</b>
	Doing Business As		<b>E</b> Telephone number <b>(610) 481-0481</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>6,575,561.</b>
	<b>5920 HAMILTON BOULEVARD</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
City or town, state or country, and ZIP + 4 <b>ALLENTOWN, PA 18106</b>		<b>H(c)</b> Group exemption number ▶	
<b>F</b> Name and address of principal officer <b>KIM CUSTER</b> <b>SAME AS C ABOVE</b>		<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: ▶ <b>WWW.PLANITPA.ORG</b>		<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: <b>1925</b>		<b>M</b> State of legal domicile: <b>PA</b>	

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities <b>PLANNED PARENTHOOD OF NORTHEAST, MID-PENN AND BUCKS COUNTY (PPNMPBC) SERVES RESIDENTS OF 33</b>		
	<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>	<b>14</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	<b>128</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>14</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>2,404,102.</b>	<b>2,095,522.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>3,501,353.</b>	<b>4,368,578.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6, 8c, 9c, 10c, and 11e)	<b>25,370.</b>	<b>22,713.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>0.</b>	<b>-19,852.</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>5,930,825.</b>	<b>6,466,961.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
<b>Expenses</b>	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>274,341.</b>	<b>2,701,223.</b>	<b>2,858,624.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>0.</b>	<b>0.</b>
	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>2,749,682.</b>	<b>2,845,809.</b>
	<b>19</b> Revenue less expenses Subtract line 18 from line 12	<b>5,450,905.</b>	<b>5,704,433.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>479,920.</b>	<b>762,528.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>4,184,511.</b>	<b>4,891,163.</b>
		<b>700,799.</b>	<b>622,020.</b>
	<b>3,483,712.</b>	<b>4,269,143.</b>	

## 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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>KIM CUSTER, PRESIDENT/CEO</b> Type or print name and title	<b>7/4/2013</b>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>STACY CULLEN</b>	Preparer's signature	Date <b>04/03/13</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00974308</b>
	Firm's name ▶ <b>TAIT, WELLER &amp; BAKER LLP</b>	Firm's EIN ▶ <b>23-1144520</b>	Phone no. <b>(215) 979-8800</b>		
Firm's address ▶ <b>1818 MARKET STREET; SUITE 2400 PHILADELPHIA, PA 19103</b>					

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

See Schedule O APR 13 2013

fib [Signature]

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission  
PPNMPBC'S MISSION IS TO: PROVIDE AND PROMOTE HIGH QUALITY AND  
COMPREHENSIVE REPRODUCTIVE HEALTH CARE THROUGH MEDICAL SERVICES,  
EDUCATION AND ADVOCACY.

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 and section 4947(a)(1) trusts 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 \$ 4,197,539. including grants of \$ \_\_\_\_\_) (Revenue \$ 4,364,526.)  
REPRODUCTIVE HEALTH CARE: PLANNED PARENTHOOD IS THE LEADING PROVIDER OF  
REPRODUCTIVE HEALTH CARE IN THE UNITED STATES. PATIENTS PAY FOR  
EXAMINATIONS, TESTS, TREATMENTS AND METHODS OF BIRTH CONTROL ACCORDING  
TO AN INCOME-BASED, SLIDING FEE SCALE. MOST INSURANCE PLANS ARE  
ACCEPTED, AS WELL AS MEDICAID AND OTHER PUBLICLY-FUNDED INSURANCE  
PROGRAMS. AS THEIR LIVES UNFOLD, WOMEN AND MEN VISIT PLANNED PARENTHOOD  
VARIOUSLY FOR CONTRACEPTION EDUCATION AND SUPPLIES, ANNUAL  
GYNECOLOGICAL EXAMS, SEXUALLY TRANSMITTED DISEASE TESTING AND  
TREATMENT, PREGNANCY TESTS, CERVICAL CANCER SCREENING AND TREATMENT,  
AND ABORTION CARE. WHILE ABORTION SERVICES ACCOUNT FOR LESS THAN 5  
PERCENT OF OUR SERVICES, PLANNED PARENTHOOD IS COMMITTED TO ENSURING  
THAT IT IS SAFE, LEGAL AND AFFORDABLE.

4b (Code \_\_\_\_\_) (Expenses \$ 121,255. including grants of \$ \_\_\_\_\_) (Revenue \$ 4,052.)  
COMPREHENSIVE SEXUALITY EDUCATION: THE COMPREHENSIVE SEXUALITY  
EDUCATION WE OFFER IN SCHOOLS AND COMMUNITY ORGANIZATIONS UTILIZES  
MEDICALLY ACCURATE, AGE-APPROPRIATE INFORMATION TO HELP YOUNG PEOPLE  
ACQUIRE HEALTHY ATTITUDES AND BEHAVIORS REGARDING HUMAN DEVELOPMENT AND  
SEXUALITY. OUR GOAL IS FOR TEENS TO DELAY SEXUAL ACTIVITY OR, IF THEY  
BECOME SEXUALLY ACTIVE, TO DO SO RESPONSIBLY. EITHER CHOICE ENABLES  
THEM TO PREVENT THE POTENTIALLY LIFE-CHANGING CONSEQUENCES OF  
UNINTENDED PREGNANCY AND SEXUALLY TRANSMITTED DISEASE.

4c (Code \_\_\_\_\_) (Expenses \$ 73,863. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
ADVOCACY: THROUGH PUBLIC POLICY AND PUBLIC RELATIONS EFFORTS, PPNMPBC  
ENSURES THAT THE COMMUNITIES WE SERVE ARE AWARE OF LEGISLATION AND  
POLICY THAT THREATENS OR WEAKENS THEIR ACCESS TO CARE. PPNMPBC WORKS  
WITH ITS CONSTITUENTS TO ENGAGE IN PUBLIC DEBATE, TO EDUCATE OUR  
LEGISLATORS TO MAKE INFORMED DECISIONS AND TO COLLABORATE WITH OTHER  
KEY STAKEHOLDERS TO IMPROVE ACCESS TO NONJUDGMENTAL REPRODUCTIVE HEALTH  
CARE AND COMPREHENSIVE SEXUALITY EDUCATION.

4d Other program services (Describe in Schedule O.)  
(Expenses \$ 44,936. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses **▶** 4,437,593.

**PLANNED PARENTHOOD OF NORTHEAST,  
MID-PENN & BUCKS COUNTY, INC.**

**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>	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
<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>		X
<b>4</b> <b>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>	X	
<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>		X
<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>		X
<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>		X
<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>		X
<b>9</b> Did the organization report an amount in Part X, line 21, 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>	X	
<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>	X	
<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>	X	
<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>		X
<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>		X
<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>		X
<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>		X
<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>	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
<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, XII, and XIII is optional</i>		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<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>		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
<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>		X
<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>	X	
<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>		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

PLANNED PARENTHOOD OF NORTHEAST,  
MID-PENN & BUCKS COUNTY, INC.

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
<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>		X
<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 25</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</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>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3) and 501(c)(4) 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>		X
<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>		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
<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>		X
<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>		X
<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>		X
<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>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<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>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<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>		X
<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>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> 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>		X
<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>		X
<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>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

Form 990 (2011)

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<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		
<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)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," 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)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<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?		X
<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>7a</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?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</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 and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<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>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</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.		
<b>13b</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		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Check if Schedule O contains a response to any question 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.		
	14		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent.		
	14		
<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?		X
<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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<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?		X
<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?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<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.		X

**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?		X
<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?	X	
<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.	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<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.	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?		X
<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	X	
<b>15b</b>	Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
<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?		X
<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 **PA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request
- 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, physical address, and telephone number of the person who possesses the books and records of the organization: **KIM CUSTER - 610-481-0481**  
**PO BOX 813, TREXLERTOWN, PA 18087-0813**

PLANNED PARENTHOOD OF NORTHEAST,  
MID-PENN & BUCKS COUNTY, INC.

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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 (describe hours for related organizations in Schedule O)	(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) KAREN ROBINS CHAIR	5.00	X		X				0.	0.	0.
(2) ALEX REBER VICE CHAIR	5.00	X		X				0.	0.	0.
(3) JOAN PAXTON TREASURER	5.00	X		X				0.	0.	0.
(4) DEBBIE HUTCHINSON SECRETARY	5.00	X		X				0.	0.	0.
(5) SHAWN MURPHY DIRECTOR	2.00	X						0.	0.	0.
(6) MARIANNE PHILLIPS DIRECTOR	2.00	X						0.	0.	0.
(7) KATHRYN ONEIL DIRECTOR	2.00	X						0.	0.	0.
(8) SUE SAVAGE DIRECTOR	2.00	X						0.	0.	0.
(9) CAROL JOHNSON DIRECTOR	2.00	X						0.	0.	0.
(10) KIM GRONENDAHL DIRECTOR	2.00	X						0.	0.	0.
(11) DAVID RHEINHEIMER DIRECTOR	2.00	X						0.	0.	0.
(12) MARTIN SEIGEL DIRECTOR	2.00	X						0.	0.	0.
(13) ELLEN FAULKNER DIRECTOR	2.00	X						0.	0.	0.
(14) ELIZABETH RANDOL DIRECTOR	2.00	X						0.	0.	0.
(15) MANDY MILLER DIRECTOR	2.00	X						0.	0.	0.
(16) DEBBIE DEFAZIO DIRECTOR	2.00	X						0.	0.	0.
(17) JOE MCCABE DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BOB HILLS DIRECTOR	2.00	X						0.	0.	0.
(19) JAN HODGES DIRECTOR	2.00	X						0.	0.	0.
(20) KIM CUSTER PRESIDENT/CEO	50.00			X				119,439.	0.	13,726.
(21) SUZANNE KRANZ EXECUTIVE VICE PRESIDENT	30.00			X				47,466.	0.	3,819.
(22) JILL MARINO CHIEF OPERATING OFFICER	50.00			X				95,219.	0.	0.
(23) TIM WOLFGANG CHIEF FINANCIAL OFFICER	40.00			X				0.	0.	0.
<b>1b Sub-total</b>								262,124.	0.	17,545.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								262,124.	0.	17,545.

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

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

**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
NONE		

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 **0**

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**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	73,771.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	1,166,558.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	855,193.				
	<b>g</b> Noncash contributions included in lines 1a-1f \$						
	<b>h Total.</b> Add lines 1a-1f			2,095,522.			
	<b>Program Service Revenue</b>	<b>2 a</b> <u>MEDICAID</u>	Business Code 624100	1,761,498.	1,761,498.		
<b>b</b> <u>PATIENT FEES</u>		624100	1,713,884.	1,713,884.			
<b>c</b> <u>THIRD PARTY BILLINGS</u>		624100	419,638.	419,638.			
<b>d</b> <u>MISCELLANEOUS PATIENT</u>		624100	299,506.	299,506.			
<b>e</b> <u>ELECTRONIC HEALTH RECO</u>		624100	170,000.	170,000.			
<b>f</b> All other program service revenue		624100	4,052.	4,052.			
<b>g Total.</b> Add lines 2a-2f				4,368,578.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		22,518.			22,518.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less rental expenses					
		<b>c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
		<b>d</b> Net gain or (loss)			195.		195.
	<b>8 a</b> Gross income from fundraising events (not including \$ <u>73,771.</u> of contributions reported on line 1c) See Part IV, line 18	<b>a</b>					
		<b>b</b> Less direct expenses					
		<b>c</b> Net income or (loss) from fundraising events			-19,852.		-19,852.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
<b>b</b> Less direct expenses							
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> _____							
	<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.			6,466,961.	4,368,578.	0.	2,861.	

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**PLANNED PARENTHOOD OF NORTHEAST,  
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**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) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question 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 governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	243,599.	175,570.	54,113.	13,916.
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	2,242,590.	1,621,828.	495,860.	124,902.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	190,187.	131,043.	44,772.	14,372.
10 Payroll taxes	182,248.	131,085.	40,836.	10,327.
11 Fees for services (non-employees)				
a Management				
b Legal	29,845.		29,845.	
c Accounting	25,875.		25,875.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	305,876.	239,579.	64,646.	1,651.
12 Advertising and promotion	37,022.	19,155.	280.	17,587.
13 Office expenses	254,476.	192,384.	27,515.	34,577.
14 Information technology	63,924.	47,476.	10,334.	6,114.
15 Royalties				
16 Occupancy	343,695.	281,559.	27,750.	34,386.
17 Travel	70,013.	58,159.	9,993.	1,861.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	10,508.		10,508.	
21 Payments to affiliates	44,936.	44,936.		
22 Depreciation, depletion, and amortization	222,714.	136,356.	85,911.	447.
23 Insurance	114,105.	87,361.	22,301.	4,443.
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 <b>CONTRACEPTIVE SUPPLIES</b>	658,960.	658,960.		
b <b>LABORATORY SERVICE FEES</b>	230,586.	230,586.		
c <b>BUILDING &amp; EQUIP MAINT</b>	136,747.	125,718.	7,733.	3,296.
d <b>MEDICAL SUPPLIES</b>	110,025.	109,774.		251.
e All other expenses	186,502.	146,064.	34,227.	6,211.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	5,704,433.	4,437,593.	992,499.	274,341.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

PLANNED PARENTHOOD OF NORTHEAST,  
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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,287,895.	1	1,584,016.
	2 Savings and temporary cash investments	153,775.	2	144,342.
	3 Pledges and grants receivable, net	231,053.	3	187,357.
	4 Accounts receivable, net	81,231.	4	71,635.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5
	6 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)			6
	7 Notes and loans receivable, net			7
	8 Inventories for sale or use	222,123.	8	346,402.
	9 Prepaid expenses and deferred charges	36,178.	9	254,037.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 4,623,973.		
	b Less accumulated depreciation	10b 3,509,930.		
		1,200,263.	10c	1,114,043.
	11 Investments - publicly traded securities	950,769.	11	1,161,382.
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	21,224.	15	27,949.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	4,184,511.	16	4,891,163.	
Liabilities	17 Accounts payable and accrued expenses	377,782.	17	412,474.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	10,165.	21	0.
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	312,852.	23	209,546.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	700,799.	26	622,020.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	2,907,935.	27	3,734,538.
	28 Temporarily restricted net assets	178,878.	28	137,706.
	29 Permanently restricted net assets	396,899.	29	396,899.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	3,483,712.	33	4,269,143.
34 <b>Total liabilities and net assets/fund balances</b>	4,184,511.	34	4,891,163.	

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**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,466,961.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,704,433.
3	Revenue less expenses Subtract line 2 from line 1	3	762,528.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,483,712.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	22,903.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,269,143.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question 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?
- b Were the organization's financial statements audited by an independent accountant?
- 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.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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		X
2b		X
2c		
3a		X
3b		

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**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> 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 <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33 1/3% support test - 2011.</b> 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 <input type="checkbox"/>		
<b>b 33 1/3% support test - 2010.</b> 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 <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2011.</b> 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2010.</b> 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

PLANNED PARENTHOOD OF NORTHEAST,

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	896,932.	882,139.	986,561.	2404102.	2095522.	7265256.
<b>2</b> 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	3019595.	3904895.	4482331.	3501353.	4368578.	19276752.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	3916527.	4787034.	5468892.	5905455.	6464100.	26542008.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
<b>b</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						0.
<b>c</b> Add lines 7a and 7b						0.
<b>8 Public support</b> (Subtract line 7c from line 6.)						26542008.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6	3916527.	4787034.	5468892.	5905455.	6464100.	26542008.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	40,008.	58,328.	75,998.	23,387.	22,518.	220,239.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	40,008.	58,328.	75,998.	23,387.	22,518.	220,239.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	99,329.	76,094.	83,111.			258,534.
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12)	4055864.	4921456.	5628001.	5928842.	6486618.	27020781.

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	98.23 %
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	97.71 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	.82 %
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17	<b>18</b>	.96 %

**19a 33 1/3% support tests - 2011.** 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 - 2010.** 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

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2011**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
▶ **See separate instructions.**

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

- Section 501(c)(4), (5), or (6) organizations Complete Part III.

Name of organization **PLANNED PARENTHOOD OF NORTHEAST, MID-PENN & BUCKS COUNTY, INC.** Employer identification number **23-2450112**

**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.
- 2 Political expenditures ▶ \$ \_\_\_\_\_
- 3 Volunteer hours \_\_\_\_\_

**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-

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2011 LHA

PLANNED PARENTHOOD OF NORTHEAST,

Schedule C (Form 990 or 990-EZ) 2011 MID-PENN & BUCKS COUNTY, INC.

23-2450112 Page 2

**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)	0.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	0.													
c	Total lobbying expenditures (add lines 1a and 1b)	0.													
d	Other exempt purpose expenditures	5,764,433.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	5,764,433.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	438,222.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		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		
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)	109,556.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total	
2a	Lobbying nontaxable amount	123,077.	431,070.	422,545.	438,222.	1,414,914.
b	Lobbying ceiling amount (150% of line 2a, column(e))					2,122,371.
c	Total lobbying expenditures	58,507.	124,080.			182,587.
d	Grassroots nontaxable amount	30,769.	107,768.	105,636.	109,556.	353,729.
e	Grassroots ceiling amount (150% of line 2d, column (e))					530,594.
f	Grassroots lobbying expenditures	32,046.	63,407.			95,453.

Schedule C (Form 990 or 990-EZ) 2011

PLANNED PARENTHOOD OF NORTHEAST,

**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 to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a)		(b)
	Yes	No	Amount
<b>1</b> 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			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?		

**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."

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, Part II-A, and Part II-B, line 1. Also, complete this part for any additional information.

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2011**  
**Open to Public Inspection**

Name of the organization **PLANNED PARENTHOOD OF NORTHEAST, MID-PENN & BUCKS COUNTY, INC.** Employer identification number **23-2450112**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to 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 Tax Year |
|--|---------------------------------|
| a Total number of conservation easements   | 2a                              |
| b Total acreage restricted by conservation easements   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a)   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, 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, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, 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 XIV, 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" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a Revenues included in 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 XIV

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" to 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 XIV and complete the following table

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

	Amount
1c	10,165.
1d	
1e	10,165.
1f	0.

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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	835,569.	729,390.	520,310.	707,014.	
b Contributions			144,774.	600.	
c Net investment earnings, gains, and losses	47,506.	160,342.	64,306.	-151,612.	
d Grants or scholarships					
e Other expenditures for facilities and programs	34,754.	54,163.		35,692.	
f Administrative expenses					
g End of year balance	848,321.	835,569.	729,390.	520,310.	

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

- a Board designated or quasi-endowment ▶ 46.01 %
- b Permanent endowment ▶ 46.79 %
- c Temporarily restricted endowment ▶ 7.20 %

The percentages in 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)		X
3a(ii)		X
3b		

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

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** 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		4,141.		4,141.
b Buildings		2,203,755.	1,999,225.	204,530.
c Leasehold improvements		784,055.	119,403.	664,652.
d Equipment		1,632,022.	1,391,302.	240,720.
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶ 1,114,043.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	

Footnote 1 in Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under

2. FIN 48 (ASC 740)  
132053  
01-23-12

PLANNED PARENTHOOD OF NORTHEAST,  
MID-PENN & BUCKS COUNTY, INC.

Schedule D (Form 990) 2011

23-2450112 Page 4

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,466,961.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,704,433.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	762,528.
4	Net unrealized gains (losses) on investments	4	27,428.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-4,525.
9	Total adjustments (net). Add lines 4 through 8	9	22,903.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	785,431.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	6,565,946.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	27,428.
b	Donated services and use of facilities	2b	56,230.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	15,327.
e	Add lines 2a through 2d	2e	98,985.
3	Subtract line 2e from line 1	3	6,466,961.
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	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	6,466,961.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	5,780,515.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	56,230.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	19,852.
e	Add lines 2a through 2d	2e	76,082.
3	Subtract line 2e from line 1	3	5,704,433.
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	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	5,704,433.

**Part XIV Supplemental Information**

Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

**PART IV, LINE 2B: THE ACTION FUND HAS BEEN CLOSED AND THIS IS THE FINAL TRANSACTION FOR THIS ACCOUNT.**

**PART V, LINE 4: SUPPORT THE OPERATIONS OF THE ORGANIZATION.**

**PART X, LINE 2: MANAGEMENT HAS REVIEWED THE TAX POSITIONS FOR EACH OF THE OPEN TAX YEARS (2009-2011) OR EXPECTED TO BE TAKEN IN THE ORGANIZATION'S 2012 TAX RETURN AND HAS CONCLUDED THAT THERE ARE NO**

**Part XIV** Supplemental Information (continued)

SIGNIFICANT UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE RECOGNITION IN THE  
FINANCIAL STATEMENTS.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN SPLIT INTEREST -4,525.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN SPLIT INTEREST -4,525.

FUNDRAISING SPECIAL EVENTS EXPENSE 19,852.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 15,327.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING SPECIAL EVENTS EXPENSE 19,852.



PLANNED PARENTHOOD OF NORTHEAST,

Schedule G (Form 990 or 990-EZ) 2011

MID-PENN & BUCKS COUNTY, INC.

23-2450112 Page 2

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col (c))	
		(event type)	FUND FOR CHOICE (event type)	NONE (total number)		
Revenue	1	Gross receipts	52,075.	21,696.		73,771.
	2	Less Charitable contributions	52,075.	21,696.		73,771.
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	16,824.	3,028.		19,852.
	10	Direct expense summary Add lines 4 through 9 in column (d)				( 19,852 )
	11	Net income summary Combine line 3, column (d), and line 10				-19,852.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d)			( )
	8	Net gaming income summary. Combine line 1, column d, and line 7			

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No

b If "No," explain \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain \_\_\_\_\_  
 \_\_\_\_\_



**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**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.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization	PLANNED PARENTHOOD OF NORTHEAST, MID-PENN & BUCKS COUNTY, INC.	Employer identification number	23-2450112
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PENNSYLVANIA COUNTIES THROUGH 13 MEDICAL CENTERS, A COMPREHENSIVE  
SEXUALITY EDUCATION PROGRAM, AND AS AN ADVOCATE FOR REPRODUCTIVE  
RIGHTS. TWENTY-FIVE PERCENT OF THE STATE'S WOMEN, MEN AND TEENS LIVES  
WITHIN REACH OF OUR AFFORDABLE, CONFIDENTIAL AND CULTURALLY-RESPONSIVE  
REPRODUCTIVE HEALTH CENTERS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PAYMENTS TO AFFILIATED ORGANIZATION

EXPENSES \$ 44,936. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE CFO DISTRIBUTES THE 990 TO THE  
FINANCE COMMITTEE PRIOR TO FILING. A COPY OF THE 990 IS ALSO PROVIDED TO  
ALL BOARD MEMBERS VIA EMAIL.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION HAS A CONFLICT OF  
INTEREST POLICY AND EVERY BOARD MEMBER IS REQUIRED TO DISCLOSE ANNUALLY VIA  
AN ANNUAL BOARD DISCLOSURE SUPPORT STATEMENT.

FORM 990, PART VI, SECTION B, LINE 15: PERFORMANCE EVALUATION- THE CHAIR  
OF THE BOARD WORKS WITH THE HUMAN RESOURCES DEPT TO INITIATE AND COMPLETE  
THE ANNUAL PERFORMANCE AND COMPENSATION REVIEW FOR THE CEO. THE BOARD CHAIR  
DISTRIBUTES A CEO EVALUATION FORM TO ALL BOARD MEMBERS. THE FORM IS  
RETURNED DIRECTLY TO THE CHAIR WHO SHARES THE RESULTS WITH THE BOARD  
EXECUTIVE COMMITTEE. THE CHAIR MEETS WITH THE CEO TO DELIVER THE RESULTS.

THE RESULTS ARE KEPT IN THE CEO'S PERSONNEL FILE.

Name of the organization PLANNED PARENTHOOD OF NORTHEAST, MID-PENN & BUCKS COUNTY, INC.	Employer identification number 23-2450112
---	--

COMPENSATION REVIEW- AN INCREASE TO CEO COMPENSATION, IF ANY, DEPENDS UPON POSITIVE EVALUATION RESULTS AND BUDGET RESTRICTIONS. THE SUGGESTED INCREASE IS REVIEWED AGAINST PLANNED PARENTHOOD FEDERATION OF AMERICA'S ANNUAL CEO COMPENSATION REPORT AND AGAINST EXTERNAL SALARY SURVEYS. THE BOARD'S AWARD OF AN INCREASE IS NOTED ON THE AFFILIATE'S CHANGE OF STATUS FORM WHICH IS COPIED TO THE FINANCE DEPARTMENT AND STORED IN THE CEO'S PERSONNEL FILE.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	27,428.
CHANGE IN SPLIT INTEREST	-4,525.
TOTAL TO FORM 990, PART XI, LINE 5	22,903.

FORM 990, PART XI, LINE 2C

THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE AUDIT.



# Planned Parenthood® of Northeast, Mid-Penn & Bucks County

ADMINISTRATION PO Box 813, Trexlertown, PA 18087 • (p) 610-481-0481 • (f) 610-481-0486 • [planitpa.org](http://planitpa.org)

Commonwealth of Pennsylvania  
Bureau of Charitable Organizations  
207 North Office Building  
Harrisburg, PA 17120  
Ph: 717-783-1720  
Fx: 717-783-6014

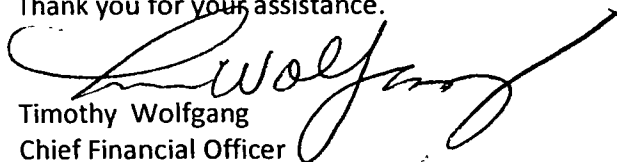
This letter is to request an updated Certificate of Registration for Planned Parenthood of Northeast, Mid-Penn & Bucks County, Inc. under section 501 (c) (3). Please acknowledge our recent name change from Planned Parenthood of Northeast and Mid-Penn certificate No 5315.

As of July 1, 2012, Planned Parenthood Association of Bucks County merged into Planned Parenthood of Northeast and Mid-Penn merged which became Planned Parenthood of Northeast, Mid-Penn & Bucks County Inc. Planned Parenthood Northeast, Mid-Penn & Bucks County is the surviving entity with Employer Identification Number 23-2450112. For your reference, I have attached the following documents:

- The Articles of Merger –received date stamp from state
- Certificate from Bureau of Charitable Organization for both entities
- Letter to the IRS requesting an updated Affirmation Letter

If you need any additional Information I can reached at the number below.

Thank you for your assistance.

  
Timothy Wolfgang  
Chief Financial Officer

Planned Parenthood of Northeast, Mid-Penn & Bucks County  
P.O. Box 813 Trexlertown, PA 18087  
Phone: 610-709-6064 Fax: 610-481-0486  
[twolfgang@planitpa.org](mailto:twolfgang@planitpa.org)

 **Planned Parenthood** WE'RE HERE™

*mailed 7/27/2012*

Proudly serving 33 counties in Pennsylvania: Berks, Bradford, Bucks, Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Huntingdon, Juniata, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Pike, Potter, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, and Wyoming

The official registration and financial information of Planned Parenthood of Northeast, Mid-Penn & Bucks County (PPNMPBC) may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
CORPORATION BUREAU  
401 NORTH STREET, ROOM 206  
P.O. BOX 8722  
HARRISBURG, PA 17105-8722  
WWW.CORPORATIONS.STATE.PA.US/CORP

Planned Parenthood of Northeast, Mid-Penn & Bucks County, Inc.

THE CORPORATION BUREAU IS HAPPY TO SEND YOU YOUR FILED DOCUMENT THE CORPORATION BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE CORPORATION BUREAU, PLEASE VISIT OUR WEB SITE LOCATED AT WWW.CORPORATIONS.STATE.PA.US/CORP OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND / OR UCC FILINGS, PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED ON OUR WEB SITE.

ENTITY NUMBER: 966956

Saul Ewing LLP  
2 North Second Street, 7th Floor  
Harrisburg, PA 17101

PENNSYLVANIA DEPARTMENT OF STATE  
 CORPORATION BUREAU

Articles/Certificate of Merger

(15 Pa.C.S.)

Entity Number

966956

- Domestic Business Corporation (§ 1926)  
 Domestic Nonprofit Corporation (§ 5926)  
 Limited Partnership (§ 8547)

Name

Maronetta F. Miller, Legal Assistant Saul Ewing LLP

Address

Saul Ewing LLP, 2 N. 2<sup>nd</sup> Street, 7<sup>th</sup> Floor

City

State

Zip Code

Harrisburg,

PA

17101

Document will be returned to the name and address you enter to the left.



Fee: \$150 plus \$40 additional for each Party in additional to two

Commonwealth of Pennsylvania  
 ARTICLES OF MERGER-NONPROFIT 12 Page(s)



T1218464097

In compliance with the requirements of the applicable provisions (relating to articles of merger or consolidation), the undersigned, desiring to effect a merger, hereby state that:

1. The name of the corporation/limited partnership surviving the merger is:

Planned Parenthood of Northeast, Mid-Penn & Bucks County, Inc.

2. Check and complete one of the following:

The surviving corporation/limited partnership is a domestic business/nonprofit corporation/limited partnership and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street	City	State	Zip	County
6900 Hamilton Blvd., Trexler Mall Rear	Trexletown	PA	18087	Lehigh

(b) Name of Commercial Registered Office Provider \_\_\_\_\_ County \_\_\_\_\_

The surviving corporation/limited partnership is a qualified foreign business/nonprofit corporation /limited partnership incorporated/formed under the laws of \_\_\_\_\_ and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street	City	State	Zip	County
-----------------------	------	-------	-----	--------

(b) Name of Commercial Registered Office Provider \_\_\_\_\_ County \_\_\_\_\_

The surviving corporation/limited partnership is a nonqualified foreign business/nonprofit corporation/limited partnership incorporated/formed under the laws of \_\_\_\_\_ and the address of its principal office under the laws of such domiciliary jurisdiction is:

(a) Number and Street	City	State	Zip
-----------------------	------	-------	-----

2012 JUN 29 AM 11:20

PA DEPT OF STATE



IN TESTIMONY WHEREOF, the undersigned corporation/limited partnership has caused these Articles/Certificate of Merger to be signed by a duly authorized officer thereof this

27<sup>th</sup> day of June

2012

Planned Parenthood of Northeast, Mid-Penn & Bucks County, Inc.

Name of Corporation

*Karen Robbins*

Signature

*Board Chair*

Title

Planned Parenthood Association of Bucks County

Name of Corporation

*Karen Robbins*

Signature

*Board Chair*

Title

**AGREEMENT AND PLAN OF MERGER**

**BY AND BETWEEN**

**PLANNED PARENTHOOD ASSOCIATION OF BUCKS COUNTY**  
**(A Pennsylvania Nonprofit Corporation)**

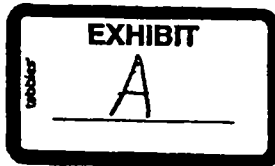
**The Merging Corporation**

**AND**

**PLANNED PARENTHOOD OF NORTHEAST, MID-PENN & BUCKS COUNTY, INC.**  
**(A Pennsylvania Nonprofit Corporation)**

**The Surviving Corporation**

1914162 6/2/02



THIS AGREEMENT AND PLAN OF MERGER dated June \_\_, 2012, to be effective as of July 1, 2012 (the "Agreement"), between and among Planned Parenthood Association of Bucks County, a Pennsylvania nonprofit corporation (the "Merging Corporation") and Planned Parenthood of Northeast, Mid-Penn & Bucks County, Inc., a Pennsylvania nonprofit corporation (the "Surviving Corporation").

A. The Surviving Corporation desires to acquire the properties and other assets and assume all of the liabilities and obligations of the Merging Corporation by means of a merger of the Merging Corporation with and into the Surviving Corporation.

B. 15 Pa. C.S. Section 5921 of the Pennsylvania Associations Code (the "Pennsylvania Associations Code") authorizes the merger of a Pennsylvania nonprofit corporation with and into a Pennsylvania nonprofit corporation.

C. The Merging Corporation and the Surviving Corporation now desire to merge the Merging Corporation with and into the Surviving Corporation (the "Merger"), which shall be the surviving entity.

D. This Agreement and the Merger have been authorized in accordance with the Pennsylvania Nonprofit Corporation Law and with the Bylaws of the Merging Corporation and the Surviving Corporations, and resolutions adopted by the Merging Corporation's and the Surviving Corporation's Boards of Directors authorize this Agreement and the consummation of the Merger.

NOW, THEREFORE, the parties hereby agree as follows:

## ARTICLE I

### THE MERGER

#### SECTION 1.01 The Merger

(a) After satisfaction or, to the extent permitted hereunder, waiver of all conditions to the Merger, as the Surviving Corporation and the Merging Corporation shall determine, the Merging Corporation shall merge with and into the Surviving Corporation, with the Surviving Corporation being the surviving entity, and the Surviving Corporation shall file a certificate of merger (the "Certificate of Merger") with the Secretary of State of the Commonwealth of Pennsylvania and make all other filings or recordings required by Pennsylvania law in connection with the Merger. The Merger shall become effective on July 1, 2012 (the "Effective Time").

(b) At the Effective Time, the Merging Corporation shall be merged with and into the Surviving Corporation, whereupon the separate existence of the Merging Corporation shall cease and the Surviving Corporation shall be the surviving entity of the Merger in accordance with the Pennsylvania Associations Code.

SECTION 1.02 The Officers and Directors. At the Effective Time, the officers and directors of the Merging Corporation and of the Surviving Corporation, immediately prior to the Effective Time shall be replaced with the officers and directors designated in Schedule 1.02 attached hereto and by reference made part hereof.

## ARTICLE II

### THE SURVIVING CORPORATION

SECTION 2.01 Articles of Incorporation of Surviving Corporation. The Articles of Incorporation of Planned Parenthood of Northeast and Mid-Penn, Inc., in effect as of the date of the signing of this Plan of Merger shall be the Articles of Incorporation and By-Laws of the Surviving Corporation following the Merger unless and until amended in accordance with their terms and applicable law.

SECTION 2.02 By-Laws of Surviving Corporation. The By-Laws attached hereto as Exhibit 2.02 shall be the Bylaws of the Surviving Corporation following the Merger unless and until amended in accordance with their terms and applicable law.

## ARTICLE III

### TRANSFER AND CONVEYANCE OF ASSETS AND ASSUMPTION OF LIABILITIES

SECTION 3.01 Transfer, Conveyance and Assumption. At the Effective Time, the Surviving Corporation shall continue in existence as the Surviving Corporation and, without further transfer, succeed to and possess all of the rights, privileges and powers of the Merging Corporation and all of the assets and property of whatever kind and character of the Merging Corporation shall vest in the Surviving Corporation without further act or deed; thereafter, the Surviving Corporation as the Surviving Corporation shall be liable for all of the liabilities and obligations of the Merging Corporation, and any claim or judgment against the Merging Corporation may be enforced against the Surviving Corporation as the Surviving Corporation in accordance with the Pennsylvania Associations Code

SECTION 3.02 Further Assurances. If at any time the Surviving Corporation shall consider or be advised that any further assignment, conveyance or assurance is necessary or advisable to vest, perfect or confirm of record in the Surviving Corporation the title to any property or right of the Merging Corporation, or otherwise to carry out the provisions hereof, the proper representatives of the Merging Corporation as of the Effective time shall execute and deliver any and all proper deeds, assignments and assurances and do all things necessary or proper to vest, perfect or convey title to such property or right in the Surviving Corporation, and otherwise to carry out the provisions hereof.

## ARTICLE IV

### CONDITIONS TO THE MERGER

SECTION 4.01 Conditions to the Obligations of Each Party. The obligations of the Surviving Corporation and the Merging Corporation to consummate the Merger are subject to the satisfaction of the following conditions as of the Effective Time:

- (a) No provisions of any applicable law or regulation and no judgment, injunction, order or decree shall prohibit the consummation of the Merger;
- (b) All actions by or in respect of or filings with any governmental body, agency, official or authority required to permit the consummation of the Merger shall have been obtained; and
- (c) This Agreement shall have been adopted by the respective Boards of Directors of the Merging Corporation and the Surviving Corporation.

## ARTICLE V

### TERMINATION

SECTION 5.01 Termination. This Agreement may be terminated and the Merger may be abandoned at any time prior to the Effective Time:

- (a) By mutual written consent of the Merging Corporation and the Surviving Corporation; or
- (b) By the Board of Directors of either the Merging Corporation or the Surviving Corporation, if there shall be any law or regulation that makes consummation of the Merger illegal or otherwise prohibited, or if any judgment, injunction, order or decree enjoining the Surviving Corporation or the Merging Corporation from consummating the Merger is entered and such judgment, injunction order or decree shall become final and non-applicable.

SECTION 5.02 Effect of Termination. If this Agreement is terminated pursuant to Section 5.01, this Agreement shall become void and of no effect with no liability on the part of either party hereto.

## ARTICLE VI

### MISCELLANEOUS

SECTION 6.01 Survival of Representations and Warranties. The representations and warranties and agreements contained in any certificate or other writing delivered pursuant hereto shall not survive the Effective Time or the termination of this Agreement.

SECTION 6.02 Amendments; No Waivers.

(a) Any provisions of this Agreement may, subject to applicable law, be amended or waived prior to the Effective Time if, and only if, such amendment or waiver is in writing and signed by the Surviving Corporation and the Merging Corporation.

(b) No failure or delay by any party hereto in exercising any right, power or privilege hereunder shall operate as a waiver thereof nor shall any single or partial exercise thereof preclude any other or further exercise thereof or the exercise of any other right, power or privilege. The rights and remedies herein provided shall be cumulative and not exclusive of any rights or remedies provided by law.

SECTION 6.03 Integration. All prior or contemporaneous agreements, contracts, promises, representations and statements, if any, among the Surviving Corporation and the Merging Corporation, or their representatives, are merged into this Agreement and this Agreement shall constitute the entire understanding among the Surviving Corporation and the Merging Corporation with respect to the subject matter hereof.

SECTION 6.04 Successors and Assigns. The provisions of this Agreement shall be binding upon the inure to the benefit of the parties hereto and their respective successors and assigns, provided that no party may assign, delegate or otherwise transfer any of its rights or obligations under this Agreement without the consent of the other party hereto.

SECTION 6.05 Governing Law. This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania, without regard to principles of conflict of laws.

SECTION 6.06 Counterparts; Effectiveness. This Agreement may be signed in any number of counterparts, each of which shall be an original, with the same effect as if the signatures thereto and hereto were upon the same instrument. This Agreement shall become effective when each party hereto shall have received the counterpart hereof signed by the other party hereto.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be duly executed by their respective authorized representatives as of the date and year first above written.

PLANNED PARENTHOOD  
ASSOCIATION OF BUCKS  
COUNTY

By: Karen Robbins  
Name: Karen Robbins  
Title: Board Chair

PLANNED PARENTHOOD OF  
NORTHEAST, MID-PENN &  
BUCKS COUNTY, INC.

By: Karen Robbins  
Name: Karen Robbins  
Title: Board Chair

Schedule 1.02

Board Members

Debbie DeFazio  
Ellen Faulkner  
Kim Gronendahl  
Bob Hills  
Jan Hodges  
Debbie Hutchison  
Carol Johnson  
Joe McCabe  
Mandy Miller  
Shawn Murphy  
Kathryn O'Neill  
Joan Paxton  
Marianne Phillips  
Alex Reber  
Karen Robbins  
David Rheinheimer  
Susan Savage  
Martin Siegel

Officers

Karen Robbins, Chair  
Alex Reber, Vice Chair  
Joan Paxton, Treasurer  
Debbie Hutchison, Secretary  
Susan Savage, Member-at-Large  
Martin Siegel, Member-at-Large  
Bob Hills, Member-at-Large

*Commonwealth of Pennsylvania*



*Department of State  
Bureau of Charitable Organizations*

*Certificate of Registration*

*No. 5315*

*This is to certify that PLANNED PARENTHOOD OF NORTHEAST, MID-PENN & BUCKS COUNTY, INC. is registered as a charitable organization with the Department of State's Bureau of Charitable Organizations under The Solicitation of Funds for Charitable Purposes Act, 10 P.S. Section 162.1 et seq., and is authorized to solicit charitable contributions under the conditions and limitations set forth under the Act.*

*This certificate is not to be used as identification, nor does it constitute an endorsement.*

A handwritten signature in cursive script, reading "Carol Aichele".

---

*SECRETARY OF THE COMMONWEALTH*

*EXPIRATION DATE & AUTOMATIC EXTENSION : 05/11/2013*

# *Commonwealth of Pennsylvania*



## *Department of State Bureau of Charitable Organizations*

### *Certificate of Registration*

*No. 335*

*This is to certify that **PLANNED PARENTHOOD ASSOCIATION OF BUCKS COUNTY** is registered as a **charitable organization** with the Department of State's Bureau of Charitable Organizations under The Solicitation of Funds for Charitable Purposes Act, 10 P.S. Section 162.1 et seq., and is authorized to solicit charitable contributions under the conditions and limitations set forth under the Act.*

*This certificate is not to be used as identification, nor does it constitute an endorsement.*

A handwritten signature in cursive script, reading "Carol Aichele".

---

**SECRETARY OF THE COMMONWEALTH**

**EXPIRATION DATE & AUTOMATIC EXTENSION : 05/11/2013**

# *Commonwealth of Pennsylvania*



## *Department of State Bureau of Charitable Organizations*

### *Certificate of Registration*

*No. 5315*

*This is to certify that **PLANNED PARENTHOOD OF NORTH EAST PENNSYLVANIA, INC.** is registered as a **charitable organization** with the Department of State's Bureau of Charitable Organizations under The Solicitation of Funds for Charitable Purposes Act, 10 P.S. Section 162.1 et seq., and is authorized to solicit charitable contributions under the conditions and limitations set forth under the Act.*

*This certificate is not to be used as identification, nor does it constitute an endorsement.*

A handwritten signature in black ink, appearing to read "Carol Acitelli".

---

**SECRETARY OF THE COMMONWEALTH**

**EXPIRATION DATE & AUTOMATIC EXTENSION : 05/11/2013**

## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file)** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

<b>Type or print</b>	Name of exempt organization or other filer, see instructions <b>PLANNED PARENTHOOD OF NORTHEAST AND MID-PENN, INC.</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>23-2450112</b>
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>5920 HAMILTON BOULEVARD</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ALLENTOWN, PA 18106</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**KIM CUSTER**

- The books are in the care of ▶ **PO BOX 813 - TREXLERTOWN, PA 18087-0813**  
 Telephone No. ▶ **610-481-0481** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ▶ . If it is for part of the group, check this box ▶  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for.  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2011**, and ending **JUN 30, 2012**

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2012)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions <b>PLANNED PARENTHOOD OF NORTHEAST, MID-PENN &amp; BUCKS COUNTY, INC.</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>23-2450112</b>
	Number, street, and room or suite no. If a P.O. box, see Instructions. <b>5920 HAMILTON BOULEVARD</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ALLENTOWN, PA 18106</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**KIM CUSTER**

- The books are in the care of  **PO BOX 813 - TREXLERTOWN, PA 18087-0813**  
Telephone No.  **610-481-0481** FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until MAY 15, 2013.
- For calendar year \_\_\_\_\_, or other tax year beginning JUL 1, 2011, and ending JUN 30, 2012.
- If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension  
**ADDITIONAL TIME IS REQUIRED IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Martin Munch Title  CPA Date  2/14/13