

CitizenAudit.org

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

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2009
Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: Planned Parenthood Federation of America Inc
 Doing Business As:
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite:
 434 West 33rd Street
 City or town, state or country, and ZIP + 4:
 New York, NY 100012601

D Employer identification number: 13-1644147
E Telephone number: (212) 541-7800
G Gross receipts \$ 132,577,026

F Name and address of principal officer:
 CECILE RICHARDS
 434 West 33rd Street
 New York, NY 100012601

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c) (3) (Insert no) 4947(a)(1) or 527
J Website: ▶ WWW.PLANNEDPARENTHOOD.ORG

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: 1922 **M** State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 LEADERSHIP AND ADVOCACY IN THE FIELD OF REPRODUCTIVE HEALTH - SEE SCHEDULE O

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	31
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	31
5 Total number of employees (Part V, line 2a)	5	342
6 Total number of volunteers (estimate if necessary)	6	45
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	105,535,832	81,406,695
	9 Program service revenue (Part VIII, line 2g)	454,217	534,318
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,025,949	1,526,898
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,393,696	2,155,395
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	106,357,796	85,623,306
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	29,249,254
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		25,192,439	24,991,097
16a Professional fundraising fees (Part IX, column (A), line 11e)		2,080,221	2,800,316
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,085,719			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		28,062,313	26,239,312
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		84,584,227	79,996,550
19 Revenue less expenses Subtract line 18 from line 12	21,773,569	5,626,756	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	132,204,945	140,512,119
	21 Total liabilities (Part X, line 26)	35,849,620	36,661,557
22 Net assets or fund balances Subtract line 21 from line 20	96,355,325	103,850,562	

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.

Signature of officer: _____ Date: 2011-02-03
 MARIA ACOSTA CHIEF FINANCIAL OFFICER
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed
 Firm's name (or yours if self-employed), address, and ZIP + 4: KPMG LLP, 345 PARK AVENUE, NEW YORK, NY 101540102
 Preparer's identifying number (see instructions): _____
 EIN: _____
 Phone no: (212) 758-9700

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

THE MISSION OF PPFA SHALL BE TO PROVIDE LEADERSHIP IN - ENSURING THE PROVISION OF COMPREHENSIVE REPRODUCTIVE AND COMPLEMENTARY HEALTH CARE SERVICES IN SETTINGS WHICH PRESERVE AND PROTECT THE ESSENTIAL PRIVACY AND RIGHTS OF EACH INDIVIDUAL, - ADVOCATING PUBLIC POLICIES WHICH GUARANTEE THESE RIGHTS AND ENSURE ACCESS TO SUCH SERVICES, - PROVIDING EDUCATIONAL PROGRAMS WHICH ENHANCE UNDERSTANDING OF INDIVIDUAL AND SOCIETAL IMPLICATIONS OF HUMAN SEXUALITY, AND- PROMOTING RESEARCH AND THE ADVANCEMENT OF TECHNOLOGY IN REPRODUCTIVE HEALTH CARE AND ENCOURAGING THE UNDERSTANDING OF THEIR INHERENT BIOETHICAL, BEHAVIORAL, AND SOCIAL IMPLICATIONS

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 exempt purpose achievements for each of the organization's three largest program services 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 \$ 43,359,552 including grants of \$ 23,212,441) (Revenue \$ 534,318)
GRANTS AND SERVICES TO AFFILIATES - USA DOMESTIC-CENTERED PROGRAMS DESIGNED TO ASSIST THE FEDERATION'S AFFILIATES IN THEIR EFFORTS TO PROVIDE OUTSTANDING SERVICES TO PATIENTS AND THE COMMUNITIES THEY SERVE

4b (Code) (Expenses \$ 9,757,074 including grants of \$ 1,003,424) (Revenue \$ 513,976)
SERVICE TO THE FIELD OF FAMILY PLANNING - USA DOMESTIC-CENTERED PROGRAMS DESIGNED TO ENSURE THE FEDERATION'S LEADERSHIP IN SERVICE TO THE ENTIRE FIELD OF FAMILY PLANNING AND REPRODUCTIVE CHOICE, INCLUDING ADVOCACY, MEDICAL SERVICES AND EDUCATION

4c (Code) (Expenses \$ 6,106,142 including grants of \$ 1,749,960) (Revenue \$ 0)
INTERNATIONAL ASSISTANCE - FAMILY PLANNING - PROGRAMS DESIGNED TO ADVANCE THE REPRODUCTIVE HEALTH AND THE RIGHTS OF WOMEN AND THEIR FAMILIES OUTSIDE THE UNITED STATES

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

4e Total program service expenses \$ 59,222,768

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? <input checked="" type="checkbox"/>	Yes	
3	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> <input checked="" type="checkbox"/>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> <input checked="" type="checkbox"/>	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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> <input checked="" type="checkbox"/>		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
9	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> <input checked="" type="checkbox"/>		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>	Yes	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i> <input checked="" type="checkbox"/>	Yes	
	• 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>		
	• 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>		
	• 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>		
	• 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>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	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> <input checked="" type="checkbox"/>		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <input checked="" type="checkbox"/>	Yes	No
	<i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> <input checked="" type="checkbox"/>	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> <input checked="" type="checkbox"/>	Yes	
15	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 U S? <i>If "Yes," complete Schedule F, Part II</i> <input checked="" type="checkbox"/>	Yes	
16	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 U S? <i>If "Yes," complete Schedule F, Part III</i> <input checked="" type="checkbox"/>		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> <input checked="" type="checkbox"/>	Yes	
18	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> <input checked="" type="checkbox"/>	Yes	
19	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> <input checked="" type="checkbox"/>		No
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		No

Part IV Checklist of Required Schedules *(continued)*

<p>21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> </p>	<p>21</p>	<p>Yes</p>	
<p>22 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> </p>	<p>22</p>		<p>No</p>
<p>23 Did the organization answer "Yes" to Part VII, Section A, questions 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> </p>	<p>23</p>	<p>Yes</p>	
<p>24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i></p>	<p>24a</p>		<p>No</p>
<p>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</p>	<p>24b</p>		
<p>c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</p>	<p>24c</p>		
<p>d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</p>	<p>24d</p>		
<p>25a Section 501(c)(3) and 501(c)(4) organizations. 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></p>	<p>25a</p>		<p>No</p>
<p>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></p>	<p>25b</p>		<p>No</p>
<p>26 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></p>	<p>26</p>		<p>No</p>
<p>27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i></p>	<p>27</p>		<p>No</p>
<p>28 Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)</p>			
<p>a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28a</p>		<p>No</p>
<p>b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28b</p>		<p>No</p>
<p>c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28c</p>		<p>No</p>
<p>29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> </p>	<p>29</p>	<p>Yes</p>	
<p>30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> </p>	<p>30</p>		<p>No</p>
<p>31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> </p>	<p>31</p>		<p>No</p>
<p>32 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></p>	<p>32</p>		<p>No</p>
<p>33 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> </p>	<p>33</p>	<p>Yes</p>	
<p>34 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> </p>	<p>34</p>	<p>Yes</p>	
<p>35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> </p>	<p>35</p>	<p>Yes</p>	
<p>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> </p>	<p>36</p>	<p>Yes</p>	
<p>37 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> </p>	<p>37</p>		<p>No</p>
<p>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O</p>	<p>38</p>	<p>Yes</p>	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 156		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 342		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	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)?	Yes	
b	If "Yes," enter the name of the foreign country: TH, SU, KE, NI See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	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?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	Yes	
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, WA, WV, WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ELZBIETA SZAFRAN-BODZIONY CO PPFA 434 WEST 33RD STREET NEW YORK, NY 10001 (212) 541-7800

1b Total	1,865,680	256,375	195,434
-----------------	-----------	---------	---------

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **58**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
O'BRIEN MCCONNELL PEARSON 1133 19TH STREET NW WASHINGTON, DC 20036	CONSULTING	1,634,842
HARRIS DIRECT 6800 OWENSMOUTH AVENUE CANOGA PARK, CA 91303	TELEMARKETING	429,907
DONOR SERVICES GROUP LLC 11500 W OLYMPIC BLVD 540 LOS ANGELES, CA 90064	TELEMARKETING	419,313
TELEFUND PO BOX 2366 DENVER, CO 80201	TELEMARKETING	372,176
ML PRINTING INC 5 BROOKE HOLLOW LANE PEEKSKILL, NY 10566	PRINTING	340,496

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **36**

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		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a	613,684					
	b	Membership dues 1b						
	c	Fundraising events 1c						
	d	Related organizations 1d						
	e	Government grants (contributions) 1e						
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	80,793,011					
	g	Noncash contributions included in lines 1a-1f \$ 14,947,267						
	h	Total. Add lines 1a-1f ▶		81,406,695				
Program Service Revenue	2a	MEETING REVENUE	900,099	534,318	534,318			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f ▶		534,318				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶		477,163		477,163		
	4	Income from investment of tax-exempt bond proceeds . . ▶						
	5	Royalties ▶		122,959		122,959		
	6a	Gross Rents	(i) Real					
			(ii) Personal					
			b	Less rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss) ▶						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	46,875,041				
			(ii) Other					
			b	Less cost or other basis and sales expenses	45,825,306			
			c	Gain or (loss)	1,049,735			
d	Net gain or (loss) ▶		1,049,735		1,049,735			
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a	147,324						
b	Less direct expenses b	61,665						
c	Net income or (loss) from fundraising events . . ▶		85,659		85,659			
9a	Gross income from gaming activities See Part IV, line 19 a							
b	Less direct expenses b							
c	Net income or (loss) from gaming activities . . ▶							
10a	Gross sales of inventory, less returns and allowances a		1,580,725					
		b	Less cost of goods sold b	1,066,749				
		c	Net income or (loss) from sales of inventory . . ▶		513,976	513,976		
Miscellaneous Revenue		Business Code						
11a	ARMS COST SHARING REIM	900,099	331,405		331,405			
b	ATTORNEY FEES AWARDS	900,099	172,609		172,609			
c	MED INSURANCE REFUND	900,099	167,886		167,886			
d	All other revenue		760,901		760,901			
e	Total. Add lines 11a-11d ▶		1,432,801					
12	Total revenue. See Instructions ▶		85,623,306	1,048,294	0	3,168,317		

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).

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 U S See Part IV, line 21	24,215,865	24,215,865		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	1,749,960	1,749,960		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	870,711	371,463	448,142	51,106
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	19,276,843	13,798,696	2,726,966	2,751,181
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	880,182	541,545	227,843	110,794
9	Other employee benefits	2,654,254	1,949,358	382,473	322,423
10	Payroll taxes	1,309,107	911,419	211,214	186,474
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,249,278	803,436	321,110	124,732
c	Accounting	255,111	87,829	167,282	
d	Lobbying	62,690	62,690		
e	Professional fundraising See Part IV, line 17	2,800,316			2,800,316
f	Investment management fees	159,019		159,019	
g	Other	5,922,523	4,216,740	847,583	858,200
12	Advertising and promotion	64,201	35,379	21,787	7,035
13	Office expenses	3,552,320	1,983,884	736,454	831,982
14	Information technology	208,746	134,737	44,190	29,819
15	Royalties				
16	Occupancy	4,853,574	3,393,145	739,814	720,615
17	Travel	2,223,546	1,959,020	89,955	174,571
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	948,656	812,744	75,717	60,195
20	Interest	295,700	203,740	40,149	51,811
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,625,209	1,186,403	211,277	227,529
23	Insurance	431,353	313,073	77,336	40,944
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	OTHER FUNDRAISING EXPEN	3,298,868			3,298,868
b	MISCELLANEOUS EXPENSES	571,540	141,740	90,769	339,031
c	TAXES & LICENSES	392,227	260,888	59,107	72,232
d	SUBSCRIPTIONS & REFEREN	124,751	89,014	9,876	25,861
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	79,996,550	59,222,768	7,688,063	13,085,719
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	1,435	1	1,635
	2 Savings and temporary cash investments	4,685,706	2	2,795,956
	3 Pledges and grants receivable, net	10,394,498	3	10,187,500
	4 Accounts receivable, net	2,087,773	4	2,190,779
	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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	750,198	8	654,211
	9 Prepaid expenses and deferred charges	869,159	9	1,081,821
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	21,340,361		
	b Less accumulated depreciation	9,071,794	10c	12,268,567
	11 Investments—publicly traded securities	94,855,782	11	105,870,835
	12 Investments—other securities. See Part IV, line 11	2,209,922	12	2,472,710
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,812,045	15	2,988,105
16 Total assets. Add lines 1 through 15 (must equal line 34)	132,204,945	16	140,512,119	
Liabilities	17 Accounts payable and accrued expenses	8,893,197	17	10,152,429
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	10,940,000	20	10,030,000
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	16,016,423	25	16,479,128
	26 Total liabilities. Add lines 17 through 25	35,849,620	26	36,661,557
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	30,821,451	27	44,761,350
	28 Temporarily restricted net assets	47,067,928	28	40,161,220
	29 Permanently restricted net assets	18,465,946	29	18,927,992
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	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 Total net assets or fund balances	96,355,325	33	103,850,562	
34 Total liabilities and net assets/fund balances	132,204,945	34	140,512,119	

Part XI Financial Statements and Reporting

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 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 consolidated basis, separate basis, or both
 Separate basis Consolidated basis Both consolidated and separated 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		No
2b	Yes	
2c	Yes	
3a		No
3b		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
Planned Parenthood Federation of America Inc

Employer identification number

13-1644147

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	57,135,488	90,632,340	68,540,177	105,535,832	81,406,695	403,250,532
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	57,135,488	90,632,340	68,540,177	105,535,832	81,406,695	403,250,532
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						70,413,163
6 Public Support. Subtract line 5 from line 4						332,837,369

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	57,135,488	650,536	68,540,177	105,535,832	81,406,695	403,250,532
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	646,940	650,536	1,236,967	1,102,592	600,122	4,237,157
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	1,382,878	335,347	53,469	1,856,794	1,580,125	5,208,613
11 Total support (Add lines 7 through 10)						412,696,302
12 Gross receipts from related activities, etc (See instructions)					12	15,605,850

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	80.650%
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	83.660%

16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2009. 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

b 10%-facts-and-circumstances test—2008. 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

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2009. 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—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation

Schedule A, Part II, Line 10, Explanation of Other Income SPECIAL EVENTS AFFILIATE FEES AND OTHER

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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

2009

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 VI, 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, line 35a (regarding proxy tax), then

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

Table with 2 columns: Name of the organization (Planned Parenthood Federation of America Inc) and Employer identification number (13-1644147)

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 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received

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
- 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)	173,842	173,842												
b Total lobbying expenditures to influence a legislative body (direct lobbying)	323,436	323,436												
c Total lobbying expenditures (add lines 1a and 1b)	497,278	497,278												
d Other exempt purpose expenditures	73,400,088	74,161,948												
e Total exempt purpose expenditures (add lines 1c and 1d)	73,897,366	74,659,226												
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">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)	250,000	250,000												
h Subtract line 1g from line 1a If zero or less, enter -0-	0	0												
i Subtract line 1f from line 1c If zero or less, enter -0-	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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	336,296	832,238	782,874	497,278	2,448,686
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	85,126	116,565	157,689	173,842	533,222

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)).

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

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization Planned Parenthood Federation of America Inc

Employer identification number 13-1644147

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" 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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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?
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 170(h)(4)(B)(ii)?
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, 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, 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 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 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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? 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	30,011,505	35,755,268			
b Contributions	285,287	157,946			
c Investment earnings or losses	2,262,434	-5,137,961			
d Grants or scholarships					
e Other expenditures for facilities and programs		763,748			
f Administrative expenses					
g End of year balance	32,559,226	30,011,505			

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶ 38.700 %
- b** Permanent endowment ▶ 58.100 %
- c** Term endowment ▶ 3.200 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i) Yes	
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		13,919,678	3,410,229	10,509,449
d Equipment		7,420,683	5,661,565	1,759,118
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				12,268,567

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	85,623,306
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	79,996,550
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,626,756
4	Net unrealized gains (losses) on investments	4	1,391,487
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	476,994
9	Total adjustments (net) Add lines 4 - 8	9	1,868,481
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	7,495,237

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	88,399,517
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,391,487
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	476,994
e	Add lines 2a through 2d	2e	1,868,481
3	Subtract line 2e from line 1	3	86,531,036
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	159,019
b	Other (Describe in Part XIV)	4b	-1,066,749
c	Add lines 4a and 4b	4c	-907,730
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	85,623,306

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

1	Total expenses and losses per audited financial statements	1	80,904,280
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	1,066,749
e	Add lines 2a through 2d	2e	1,066,749
3	Subtract line 2e from line 1	3	79,837,531
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	159,019
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	159,019
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	79,996,550

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, 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

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	The purpose of the endowment fund is to provide future income for PPFA's operations. The quasi-endowment does so as well, as a means of diversifying PPFA's revenue base, which otherwise relies largely on annual fundraising. The quasi-endowment also has two other purposes: (1) to give PPFA balance sheet strength to support tax-exempt bond financing, and (2) to make other, key long-term programmatic and operational investments.
Part X	Description of Uncertain Tax Positions Under FIN 48	THERE WAS NO TAX FOOTNOTE IN THE ORGANIZATION'S AUDITED CONSOLIDATED FINANCIAL STATEMENTS BECAUSE THERE WERE NO MATERIAL UNCERTAIN TAX POSITIONS UNDER ASC 740 (FORMERLY FIN 48)
		PART XI - LINE 8 - OTHER AND PART XII LINE 2D CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 717,067 GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUST 176,060 LOSS ON HEDGED INTEREST RATE SWAP AGREEMENTS (108,083) LOSS ON CONTRIBUTIONS RECEIVABLE (308,050) TOTAL OTHER 476,994 =====
		PART XII LINE 4B AND PART XIII LINE 2D COST OF GOODS SOLD 1,066,749 =====

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2009

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
Planned Parenthood Federation of America Inc

Employer identification number
13-1644147

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States
- 3** Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America/Caribbean	0	0	Program Services	Reproductive Health	196,921
Central America/Caribbean	0	0	GRANTS		674,568
South America	0	0	Program Services	Reproductive Health	13,925
South America	0	0	Grants		551,360
East Asia and the Pacific	0	0	Program Services	Reproductive Health	211,688
East Asia and the Pacific	0	0	Grants		49,301
Sub-Saharan Africa	3	15	Program Services	Reproductive Health	842,281
sub-Saharan Africa	3	15	Grants		474,731
NORTH AMERICA	0	0	PROGRAM SERVICES	REPRODUCTIVE HEALTH	49,400
Totals ▶	6	30			3,064,175

Additional Data

Software ID:
Software Version:
EIN: 13-1644147
Name: Planned Parenthood Federation of America Inc

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Reproductive Health programs	51,655	wire transfer			
		Central America and the Caribbean	Reproductive Health programs	47,899	wire transfer	8,219	commodities	cost
		Central America and the Caribbean	Reproductive Health programs	37,660	wire transfer			
		Central America and the Caribbean	Reproductive Health programs	11,065	wire transfer			
		Central America and the Caribbean	Reproductive Health programs	39,550	wire transfer			
		Central America and the Caribbean	Reproductive Health programs	45,000	wire transfer			
		Central America and the Caribbean	Reproductive Health programs	35,970	wire transfer			
		Central America and the Caribbean	Reproductive Health programs	60,415	wire transfer			
		Central America and the Caribbean	Reproductive Health programs	30,000	wire transfer			
		Central America and the Caribbean	Reproductive Health programs	45,830	wire transfer			
		Central America and the Caribbean	Reproductive Health programs	40,765	wire transfer			
		Central America and the Caribbean	Reproductive Health programs	15,000	wire transfer			
		Central America and the Caribbean	Reproductive Health programs	85,915	wire transfer			
		Central America and the Caribbean	Reproductive Health programs	15,746	wire transfer	24,698	commodities	cost
		Central America and the Caribbean	Reproductive Health programs	114,441	wire transfer			
		South America	Reproductive Health programs	276,289	wire transfer			
		South America	Reproductive Health programs	65,519	wire transfer	9,889	commodities	cost
		South America	Reproductive Health programs	55,760	wire transfer	27,460	commodities	cost
		South America	Reproductive Health programs	7,847	wire transfer			
		South America	Reproductive Health programs	31,560	wire transfer			
		South America	Reproductive Health programs	110,526	wire transfer			
		East Asia and the Pacific	Reproductive Health programs	22,765	wire transfer			
		East Asia and the Pacific	Reproductive Health programs	37,145	wire transfer			
		Sub-Saharan Africa	Reproductive Health programs	49,440	wire transfer			
		Sub-Saharan Africa	Reproductive Health programs	22,720	wire transfer			
		Sub-Saharan Africa	Reproductive Health programs	9,460	wire transfer			
		Sub-Saharan Africa	Reproductive Health programs	14,140	wire transfer			
		Sub-Saharan Africa	Reproductive Health programs	28,930	wire transfer			
		Sub-Saharan Africa	Reproductive Health programs	13,605	wire transfer			
		Sub-Saharan Africa	Reproductive Health programs	21,600	wire transfer			

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Reproductive Health programs	25,320	wire transfer			
		Sub-Saharan Africa	Reproductive Health programs	9,765	wire transfer			
		Sub-Saharan Africa	Reproductive Health programs	8,945	wire transfer			
		Sub-Saharan Africa	Reproductive Health programs	44,005	wire transfer	6,515	commodities	cost
		Sub-Saharan Africa	Reproductive Health programs	29,505	wire transfer	3,827	commodities	cost
		Sub-Saharan Africa	Reproductive Health programs	72,902	wire transfer	15,106	commodities	cost
		Sub-Saharan Africa	Reproductive Health programs	34,393	wire transfer	4,003	commodities	cost
		Sub-Saharan Africa	Reproductive Health programs	9,723	wire transfer	4,020	commodities	cost
		Sub-Saharan Africa	Reproductive Health programs	23,087	wire transfer	7,677	commodities	cost
		Sub-Saharan Africa	Reproductive Health programs	22,585	wire transfer			
		Sub-Saharan Africa	Reproductive Health programs	10,395	wire transfer			
		Sub-Saharan Africa	Reproductive Health programs	74,670	wire transfer			

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Planned Parenthood Federation of America Inc

Employer identification number
13-1644147

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and e-mail solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
O'BRIEN MCCONNELL & PEARS	CONSULTING		No	15,320,830	534,001	14,786,829
WATERSHED	CONSULTING		No	1,752,868	198,306	1,554,562
GORDON SCHWENKMEYER INC	TELEMARKETING		No	865,646	610,078	255,568
DONOR SERVICES GROUP	TELEMARKETING		No	538,718	315,627	223,091
TELEFUND	TELEMARKETING		No	418,875	149,838	269,037
THE SHARE GROUP	TELEMARKETING		No	350,980	224,301	126,679
HARRIS DIRECT	TELEMARKETING		No	272,511	224,654	47,857
SD&A TELESERVICES	TELEMARKETING		No	120,794	43,987	76,807
GRASSROOTS CAMPAIGNS INC	TELEMARKETING		No	97,079	370,874	-273,795
INTEGRAL RESOURCES INC	TELEMARKETING		No	93,504	99,409	-5,905
Total				19,831,805	2,771,075	17,060,730

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

AL,AK,AZ,AR,CA,CO,CT,DE,FL,GA,HI,ID,IL,IN,IA,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,WY

Part III Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>GALA</u> (event type)	<u>CHOICE ART</u> (event type)	<u>1</u> (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	132,260	6,000	9,064	147,324
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	132,260	6,000	9,064	147,324
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	61,665			61,665
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				61,665
11 Net income summary Combine lines 3, column d, and line 10. ▶				85,659	

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 Non-cash 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 lines 1, column d, and line 7 ▶					

	Yes	No
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?	9a	
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	13a		
b An outside facility	13b		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name ▶ _____			
Address ▶ _____			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____			
c If "Yes," enter name and address			
Name ▶ _____			
Address ▶ _____			
16 Gaming manager information			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

**Schedule I
(Form 990)**

OMB No 1545-0047

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990**

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
Planned Parenthood Federation of America Inc

Employer identification number
13-1644147

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part III Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2	Enter total number of section 501(c)(3) and government organizations	90
3	Enter total number of other organizations	2

Software ID:
Software Version:
EIN: 13-1644147
Name: Planned Parenthood Federation of America Inc

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Planned Parenthood Action Fund 434 West 33rd St New York, NY 10001	13-3539048	501(c)(4)	2,091,968				TO SUPPORT ADVOCACY EFFORTS THIS GRANT PROHIBITS LOBBYING AND ELECTORAL ACTIVITY
PP of Southeastern PA 1144 Locust St Philadelphia, PA 19107	23-1352509	501(c)(3)	1,284,243				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of Houston and Southeast Texas 3601 Fannin St Houston, TX 77004	74-1100163	501(c)(3)	1,215,445				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of Arizona Inc 5651 N 7th St Phoenix, AZ 85014	86-0146520	501(c)(3)	1,087,699				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of Illinois 18 S Michigan Ave 6th fl Chicago, IL 60603	36-2170901	501(c)(3)	1,044,307				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
N G H N Inc 400 West 30th St Los Angeles, CA 90007	61-1541009	501(c)(3)	1,000,000				TO PROVIDE TECHNOLOGY SUPPORT TO AFFILIATES
PP of the Rocky Mountains 7155 E 38th Ave Denver, CO 80207	84-0404253	501(c)(3)	926,142				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP Health Systems Inc 100 S Boylan Ave Raleigh, NC 27603	56-1282557	501(c)(3)	882,582				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of Southwest and Central Florida Inc 736 Central Ave Sarasota, FL 34236	59-1274328	501(c)(3)	771,951				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of Greater Iowa 1171 7th St Des Moines, IA 50314	42-0727488	501(c)(3)	749,506				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP of Wisconsin 302 North Jackson St Milwaukee, WI 53202	39-0863391	501(c)(3)	668,449				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of Indiana Inc 200 S Meridian St Suite 400 Indianapolis, IN 46225	35-0874276	501(c)(3)	627,072				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of Kansas & Mid-Missouri 4401 West 109th St 200 Overland Park, KS 66211	44-0565390	501(c)(3)	603,405				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of Middle and East Tennessee 50 Vantage Way 102 Nashville, TN 37228	62-6050064	501(c)(3)	581,002				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of the Great Northwest 2001 E Madison St Seattle, WA 98122	91-0686012	501(c)(3)	456,920				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP Southwest Ohio Region 2314 Auburn Ave Cincinnati, OH 45219	31-0536688	501(c)(3)	433,758				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of North Texas Inc 7424 Greenville Ave 206 Dallas, TX 75231	52-1243220	501(c)(3)	414,598				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP Metropolitan Washington DC Inc 1108 16th St NW Washington, DC 20036	53-0204621	501(c)(3)	411,916				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of Central North Carolina 1765 Dobbins Ave Chapel Hill, NC 27514	58-1484820	501(c)(3)	385,008				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of the Texas Capital Region 201 East Ben White Blvd Bldg B Austin, TX 78704	74-1005756	501(c)(3)	384,474				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP Northeast Ohio 444 West Exchange St Akron, OH 44302	34-1015976	501(c)(3)	363,897				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of Georgia Inc 75 Piedmont Ave Suite 800 Atlanta, GA 30303	58-6045874	501(c)(3)	354,511				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of Greater Orlando 726 South Tampa Ave Orlando, FL 32805	59-3092996	501(c)(3)	350,444				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP Southern New England 345 Whitney Ave New Haven, CT 06511	06-0263565	501(c)(3)	342,725				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of the St Louis Region 4251 Forest Park Ave St Louis, MO 63108	43-0652666	501(c)(3)	328,034				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP Golden Gate 815 Eddy St 100 San Francisco, CA 94109	94-6138828	501(c)(3)	322,656				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of the Greater Memphis Region 1407 Union Ave Suite 300 Memphis, TN 38104	62-6073178	501(c)(3)	310,857				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of New York City Inc 26 Bleecker St New York, NY 10012	13-2621497	501(c)(3)	306,172				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
Reproductive Health Services of PPSLR 4251 Forest Park Ave St Louis, MO 63108	43-1848056	501(c)(3)	303,300				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of South Central Michigan 4201 W Michigan Ave Kalamazoo, MI 49006	38-1811120	501(c)(3)	263,805				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP of Alabama Inc1211 S 27th Place South Birmingham, AL 35205	63-0341404	501(c)(3)	259,288				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of South Florida and the Treasure Coast Inc2300 N Florida Mango Rd West Palm Beach, FL 33409	59-1391115	501(c)(3)	250,367				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of San Antonio and S Central Texas Inc104 Babcock Rd San Antonio, TX 78201	74-1297211	501(c)(3)	248,594				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
Planned Parenthood of New England183 Talcott Rd 101 Williston, VT 05495	03-0222941	501(c)(3)	245,521				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of Delaware625 Shipley St Wilmington, DE 19801	51-0066725	501(c)(3)	244,441				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of West Texas Inc910-B South Grant Odessa, TX 79761	75-1229350	501(c)(3)	242,377				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of Mid and South Michigan 3100 Professional Dr PO Box 3673 Ann Arbor, MI 48106	38-1707521	501(c)(3)	212,693				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of Western Pennsylvania 933 Liberty Ave 2nd Floor Pittsburgh, PA 15222	25-0965474	501(c)(3)	210,363				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP League of Massachusetts 1055 Commonwealth Ave Boston, MA 02215	04-2698497	501(c)(3)	199,783				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP Mar Monte1691 The Alameda San Jose, CA 95126	94-1583439	501(c)(3)	185,345				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP of Minnesota N Dakota S Dakota 1965 Ford Parkway St Paul, MN 55116	41-0948382	501(c)(3)	150,364				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
Guttmacher Institute 125 Maiden Lane 7th Floor New York, NY 10038	13-2890727	501(c)(3)	150,000				TO SUPPORT POLICY ANALYSIS AND RESEARCH
PP of Arkansas & Eastern Oklahoma 5780 S Peoria Tulsa, OK 74105	73-0685955	501(c)(3)	147,024				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
Virginia League for PP 201 N Hamilton St Richmond, VA 23221	54-0505973	501(c)(3)	130,811				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of Waco Family Planning and Surgical Service 1121 Ross Ave Waco, TX 76703	74-2329031	501(c)(3)	127,500				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of Los Angeles 400 West 30th St Los Angeles, CA 90007	95-2408623	501(c)(3)	126,142				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
Planned Parenthood Hudson Peconic 4 Skyline Dr Hawthorne, NY 10532	11-2454790	501(c)(3)	113,660				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of North East Pennsylvania 6900 Hamilton Blvd Trexler Mall Trexeltown, PA 18087	23-2450112	501(c)(3)	111,285				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of Central Ohio Inc 206 East State St Columbus, OH 43219	31-4379502	501(c)(3)	107,567				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of the Columbia-Williamette Inc 3231 SE 50th St Portland, OR 97206	93-6031270	501(c)(3)	91,099				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP of San Diego & Riverside Counties 1075 Camino del Rio S San Diego, CA 92108	95-6111785	501(c)(3)	90,561				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP Association of Bucks County 610 Louis Dr Warminster, PA 18974	23-1651210	501(c)(3)	79,686				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of Collier County Inc 1425 Creech Rd Naples, FL 34103	65-0450515	501(c)(3)	69,393				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of Santa Barbara Ventura & San Luis Obispo Cty 518 Garden St Santa Barbara, CA 93101	95-2319356	501(c)(3)	63,314				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of Greater Northern New Jersey 196 Speedwell Ave Morristown, NJ 07960	22-1643997	501(c)(3)	55,095				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP Shasta Diablo 2185 Pacheco St Concord, CA 94520	94-1575233	501(c)(3)	51,431				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of Maryland Inc 330 N Horward St Baltimore, MD 21201	52-0607930	501(c)(3)	49,546				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP Health Services of Southwestern Oregon 1670 High St Eugene, OR 97401	93-0573822	501(c)(3)	48,718				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of Rhode Island 111 Point St PO Box 41059 Providence, RI 02940	05-0258955	501(c)(3)	44,395				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of Nebraska & Council Bluffs 4610 South 133 St Ste 109 Omaha, NE 68137	47-0391517	501(c)(3)	42,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP of Southeastern Virginia Inc 403 Yale Dr Hampton, VA 23666	54-0929058	501(c)(3)	40,696				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of Central Pennsylvania Inc 728 S Beaver St York, PA 17403	23-1580959	501(c)(3)	38,192				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of Mid-Hudson Valley 7 Coates Drive Goshen, NY 10924	14-1344810	501(c)(3)	35,461				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
Better Health Partnership 1144 Locust St Philadelphia, PA 19107	23-3084482	501(c)(3)	35,000				To support the development and maintenance of the e-Medsys clinical system application on behalf of all affiliates
PP of New Mexico 719 San Mateo NE Albuquerque, NM 87108	85-0197745	501(c)(3)	32,965				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of the RochesterSyracuse Region 114 University Ave Rochester, NY 14605	16-0743085	501(c)(3)	29,815				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of Nassau County Inc 540 Fulton Ave Hempstead, NY 11550	11-1776035	501(c)(3)	24,857				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP Association of the Mercer Area 437 E State St Trenton, NJ 08608	21-0723248	501(c)(3)	22,214				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of Northeast Florida Inc 3850 Beach Blvd Jacksonville, FL 32207	59-1061757	501(c)(3)	21,732				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP Association of Utah 654 South 900 E Salt Lake City, UT 84102	87-0288909	501(c)(3)	20,910				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP of West and Northern Michigan Inc425 Cherry Street SE Grand Rapids, MI 49503	38-1782520	501(c)(3)	20,036				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of Central Washington 1117 Tieton Dr Yakima, WA 98902	91-6071384	501(c)(3)	19,750				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of Central New Jersey69 East Newman Springs Rd PO Box 95 95 Shrewsbury, NJ 07702	21-0658062	501(c)(3)	19,521				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of the Southern Finger Lakes314 West State St Ithaca, NY 14850	16-0953368	501(c)(3)	19,321				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
Upper Hudson PP Inc259 Lark St Albany, NY 12210	14-6000805	501(c)(3)	18,657				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of Montana Inc2525 4th Ave North Billings, MT 59101	81-0307201	501(c)(3)	18,559				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP Pasadena and San Gabriel Valley Inc1045 North Lake Ave Pasadena, CA 91104	95-1916050	501(c)(3)	18,203				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP Orange & San Bernardino Counties Inc700 S Tustin St Orange, CA 92866	95-6152773	501(c)(3)	17,207				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP Affiliates of Ohio206 East State St Columbus, OH 43215	31-0937837	501(c)(3)	17,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
Mt Baker Planned Parenthood2300 James St 207 Bellingham, WA 98225	91-0846274	501(c)(3)	15,952				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP of Hawaii 1350 S King St 309 Honolulu, HI 96814	99-6012377	501(c)(3)	15,383				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of Western New York 2697 Main St Buffalo, NY 14214	16-0746860	501(c)(3)	14,113				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of Metropolitan New Jersey 151 Washington St Newark, NJ 07102	22-1539559	501(c)(3)	12,135				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP NYC Action Fund 26 Blecker St New York, NY 10012	13-3731867	501(c)(4)	12,082				To support education and advocacy efforts This grant prohibits lobbying and electoral activity
PP of Kentucky Inc 1025 South 2nd St Louisville, KY 40203	61-0481704	501(c)(3)	12,034				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of North FL 3850 Beach Blvd Jacksonville, FL 32207	23-7400545	501(c)(3)	10,624				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of Central Texas Inc 1121 Ross Ave PO Box 1518 Waco, TX 76703	74-1143143	501(c)(3)	9,744				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP of Southern New Jersey 317 Broadway Camden, NJ 08103	21-6008381	501(c)(3)	7,587				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP Mohawk Hudson Inc 1424 Genesee St Utica, NY 13502	14-6004167	501(c)(3)	6,970				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
Six Rivers PP 3222 Timberfall Court Eureka, CA 95503	94-2333653	501(c)(3)	6,757				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP Association of Lubbock IncBriercroft Office Park BLDG 14 Lubbock, TX 79412	75-1220739	501(c)(3)	5,275				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
Medical Directors Council 3976 Deer Glenn Dr Ann Arbor, MI 48108	20-0363930	501(c)(3)	5,000				EDUCATIONAL GRANT FOR Reproductive Health

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

Planned Parenthood Federation of America Inc

Employer identification number

13-1644147

Part I Questions Regarding Compensation

Yes No

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items

- First-class or charter travel
- Housing allowance or residence for personal use
- Travel for companions
- Payments for business use of personal residence
- Tax idemnification and gross-up payments
- Health or social club dues or initiation fees
- Discretionary spending account
- Personal services (e g , maid, chauffeur, chef)

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

1b Yes

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

2 Yes

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

- Compensation committee
- Written employment contract
- Independent compensation consultant
- Compensation survey or study
- Form 990 of other organizations
- Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?

4a No

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4b No

c Participate in, or receive payment from, an equity-based compensation arrangement?

4c No

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

5a No

b Any related organization?

5b No

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

6a No

b Any related organization?

6b No

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

7 No

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

8 No

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

9

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Cecile Richards	(i)	306,076	0	373	11,951	845	319,245	0
	(ii)	34,008	0	41	1,328	94	35,471	0
Maria A costa	(i)	228,547	0	712	2,516	11,070	242,845	0
	(ii)	19,874	0	62	219	963	21,118	0
Maryana Iskander	(i)	264,161	0	152	14,113	10,740	289,166	0
	(ii)	0	0	0	0	0	0	0
VANESSA CULLINS	(i)	240,320	0	414	14,442	2,731	257,907	0
	(ii)	0	0	0	0	0	0	0
KAREN RUFFATTO	(i)	225,278	0	359	10,792	11,863	248,292	0
	(ii)	0	0	0	0	0	0	0
LAURIE RUBINER	(i)	44,189	0	54	831	4,646	49,720	0
	(ii)	176,755	0	216	3,323	18,585	198,879	0
LISA DAVID	(i)	219,962	0	414	1,817	23,401	245,594	0
	(ii)	0	0	0	0	0	0	0
BARBARA OTTEN	(i)	200,802	0	393	12,540	26,591	240,326	0
	(ii)	10,568	0	21	660	1,399	12,648	0
KIM MEREDITH	(i)	133,230	0	244	4,044	7,826	145,344	0
	(ii)	14,803	0	27	449	870	16,149	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	KAREN RUFFATTO, VICE PRESIDENT OF OPERATIONS AND AFFILIATE RELATIONS, RECEIVED A HOUSING ALLOWANCE PER AN AGREED UPON RELOCATION AGREEMENT. THE BENEFITS WERE TREATED AS TAXABLE COMPENSATION AND INCLUDED IN HER W2.
Supplemental Information	Part III	ADDITIONAL INFORMATION REGARDING DIRECTORS: LILLIAN TAMAYO, DIRECTOR, TERM ENDED MARCH 2010; DIANNE LUBY, DIRECTOR, TERM STARTED MARCH 2010; ANNA QUINDLEN, DIRECTOR, TERM STARTED MARCH 2010; DALE REISS, DIRECTOR, TERM STARTED MARCH 2010.

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization Planned Parenthood Federation of America Inc

Employer identification number

13-1644147

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions, (c) Revenues reported on Form 990, Part VIII, line 1g, (d) Method of determining revenues. Rows include Art, Books, Cars, Securities, etc.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

Table with 3 columns: Question, Yes, No. Rows include 30a, 31, 32a, 33 regarding contribution reporting and policies.

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Third Party Use	Part I, Line 32b	THE ORGANIZATION USES A THIRD PARTY INVESTMENT MANAGER TO SELL DONATED STOCK

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

Planned Parenthood Federation of America Inc

Employer identification number

13-1644147

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		Planned Parenthood Federation of America, Inc ("PPFA") is a not-for-profit membership organization. The members of PPFA are its separately incorporated affiliates (all 501(c)(3) public charities) and the PPFA board of directors. Each affiliate shall have three (3) membership votes, and each member of the board of directors shall have one (1) membership vote.
Form 990, Part VI, Section A, line 7a		The members of Planned Parenthood Federation of America elect the Board of Directors.
Form 990, Part VI, Section B, line 11		PLANNED PARENTHOOD FEDERATION OF AMERICA, INC'S FORM 990 IS PREPARED BY THE ORGANIZATION'S FINANCE STAFF AND REVIEWED INTERNALLY BY THE CHIEF FINANCIAL OFFICER AND THE LEGAL DEPARTMENT. THE DRAFT FORM 990 IS THEN REVIEWED EXTERNALLY BY AN INDEPENDENT PAID TAX PREPARER. ANY REVISIONS ARE PRESENTED TO THE ORGANIZATION AND ONCE REVISED, THE FINAL DRAFT FORM 990 IS REVIEWED BY THE ORGANIZATION'S AUDIT COMMITTEE. ONCE THE DRAFT 990 IS APPROVED BY THE AUDIT COMMITTEE, COPIES OF THE COMPLETED FORM 990 ARE PROVIDED TO EACH VOTING MEMBER OF THE GOVERNING BOARD PRIOR TO SUBMISSION AND FILING WITH THE INTERNAL REVENUE SERVICE.
Form 990, Part VI, Section B, line 12c		CONFLICT OF INTEREST POLICY - PLANNED PARENTHOOD FEDERATION OF AMERICA, INC ("PPFA") ASKS THEIR EMPLOYEES AND BOARD MEMBERS TO REVIEW AND SIGN A CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS. PPFA'S LEGAL COUNSEL FOLLOWS UP TO RESOLVE ANY DISCLOSED CONFLICTS. IF A CONFLICT IS IDENTIFIED, THE INTERESTED INDIVIDUAL MAY NOT VOTE ON THE RELATED MATTER.
Form 990, Part VI, Section B, line 15		COMPENSATION REVIEW PROCESS - PLANNED PARENTHOOD FEDERATION OF AMERICA, INC ("PPFA") HAS A COMPENSATION SETTING BODY (THE "BODY") THAT REVIEWS AND APPROVES THE COMPENSATION OF THE FOLLOWING MEMBERS OF PPFA STAFF - PRESIDENT, CHIEF OPERATING OFFICER, CHIEF FINANCIAL OFFICER, GENERAL COUNSEL AND THE TWO HIGHEST PAID STAFF MEMBERS. THIS INDEPENDENT BODY IS COMPRISED OF THE OFFICERS OF THE PPFA BOARD, WITH THE CHAIR OF THE BOARD SERVING AS ITS CHAIR. THE REVIEW AND APPROVAL OF THE SALARIES OF THESE EMPLOYEES TAKES PLACE ON AN ANNUAL BASIS USING COMPARABILITY DATA SUCH AS INDUSTRY SURVEYS, DOCUMENTED COMPENSATION OF PERSONS HOLDING SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS, AND/OR INDEPENDENT COMPENSATION STUDIES. RESULTS ARE DOCUMENTED CONTEMPORANEOUSLY IN MINUTES.
Form 990, Part VI, Section C, line 19		PLANNED PARENTHOOD FEDERATION OF AMERICA'S ANNUAL REPORT AND FORM 990 ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND ARE AVAILABLE UPON REQUEST.
FORM 990, PART XI - LINE 2C OVERSIGHT OF THE AUDIT		THE ORGANIZATION DID NOT CHANGE ITS AUDIT OVERSIGHT PROCESS DURING THE YEAR.
		SCHEDULE G RECONCILIATION OF FEES PAID TO PROFESSIONAL FUNDRAISERS. SCHEDULE G REQUIRES LISTING THE 10 HIGHEST PAID INDIVIDUALS/ENTITIES THAT PROVIDED PROFESSIONAL FUNDRAISING SERVICES DURING THE YEAR. THE ORGANIZATION USED MORE THAN 10 PROFESSIONAL FUNDRAISERS THEREFORE, SCHEDULE G DOES NOT AGREE TO PART IX OF THE 990, LINE 11E. TOTAL OF 10 HIGHEST PAID PER SCHEDULE G 2,771,075 FEES PAID TO OTHER PROFESSIONAL FUNDRAISERS 29,241 _____ TOTAL PER PART IX, LINE 11E 2,800,316 =====

Identifier	Return Reference	Explanation
		SCHEDULE G, PART 1, QUESTION 2B AMOUNTS PAID TO SELECT FUNDRAISERS SERVICES PROVIDED BY GRASSROOTS CAMPAIGNS, INC AND INTEGRAL RESOURCES, INC RESULTED IN A CURRENT YEAR LOSS BUT SECURED FUTURE DONORS AND IN THE LONG RUN WILL END UP RAISING FUNDS FOR THE ORGANIZATION.

FORM 990, SCHEDULE R, PART II DIRECT CONTROL OVER SECTION 527 ORGANIZATIONS PLANNED PARENTHOOD FEDERATION OF AMERICA DOES NOT DIRECTLY CONTROL PLANNED PARENTHOOD VOTES OR PLANNED PARENTHOOD ACTION FUND, INC PAC DIRECT CONTROL OVER THESE ENTITIES IS EXERCISED BY PLANNED PARENTHOOD ACTION FUND, INC FORM 990, PART IX FUNCTIONAL EXPENSES, LINE 24 OTHER FUNDRAISING EXPENSES THE FOLLOWING FUNDRAISING EXPENSES WERE PAID DIRECTLY TO A PROFESSIONAL FUNDRAISER DIRECT POSTAGE/FREIGHT 1,498,454 PRINTING 871,860 MAIL HOUSE COSTS 518,261 LIST USAGE 306,317 OTHER COSTS 103,976 _____ 3,298,868
=====

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

Cat No 51056K

Schedule O (Form 990) 2009

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization

Planned Parenthood Federation of America Inc

Employer identification number

13-1644147

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
434W33CHC LLC C/O PPFA 434 WEST 33RD ST NEW YORK, NY 10001 13-1644147	REAL ESTATE	VA	0	0	N/A
PROPER ATTIRE LLC C/O PPFA 434 WEST 33RD ST NEW YORK, NY 10001 27-1986483	CONDOM SALES	NY	0	0	N/A

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
PLANNED PARENTHOOD ACTION FUNDINC(PPAF) 434 WEST 33RD STREET NEW YORK, NY 10001 13-3539048	ADVOCACY	NY	501(c)(4)	N/A	N/A
PLANNED PARENTHOOD FOUNDATION 434 WEST 33RD STREET NEW YORK, NY 10001 13-3772613	SUPPORTING	NY	501(c)(3)	Line 11a, I	N/A
PLANNED PARENTHOOD VOTES 434 WEST 33RD STREET NEW YORK, NY 10001 13-4128897	POLITICAL ACTIVITIES	NY	527	N/A	PLANNED PARENTHOOD ACTION FUND INC
PLANNED PARENTHOOD ACTION FUND INC PAC 434 WEST 33RD STREET NEW YORK, NY 10001 13-3885199	POLITICAL ACTIVITIES	NY	527	N/A	pLANNED PARENTHOOD ACTION FUND INC
NGHN INC 400 W 30th Street LOS ANGELES, CA 90007 61-1541009	TECHNOLOGY SUPPORT	CA	501(c)(3)	Line 11a, I	N/A
PPFA 21ST CENTURY INC 434 WEST 33RD STREET NEW YORK, NY 10001 16-1681541	SUPPORTING	NY	501(c)(3)	Line 11a, I	N/A

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
---	-------------------------	--	----------------------------------	--	------------------------------	------------------------------------	-----------------------------

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a	Yes	
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m	Yes	
1n	Yes	
1o	Yes	
1p	Yes	
1q		No
1r	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	PLANNED PARENTHOOD ACTION FUND INC	A	466
(2)	PLANNED PARENTHOOD ACTION FUND INC	B	2,091,968
(3)	PLANNED PARENTHOOD ACTION FUND INC	A	96,000
(4)	PLANNED PARENTHOOD FOUNDATION	A	6,000
(5)	NGHN INC	B	1,000,000
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Software ID:
Software Version:
EIN: 13-1644147
Name: Planned Parenthood Federation of America Inc

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
PLANNED PARENTHOOD ACTION FUNDING(PPAF) 434 WEST 33RD STREET NEW YORK, NY10001 13-3539048	ADVOCACY	NY	501(c)(4)	N/A	N/A
PLANNED PARENTHOOD FOUNDATION 434 WEST 33RD STREET NEW YORK, NY10001 13-3772613	SUPPORTING	NY	501(c)(3)	Line 11a, I	N/A
PLANNED PARENTHOOD VOTES 434 WEST 33RD STREET NEW YORK, NY10001 13-4128897	POLITICAL ACTIVITIES	NY	527	N/A	PLANNED PARENTHOOD ACTION FUND INC
PLANNED PARENTHOOD ACTION FUND INC PAC 434 WEST 33RD STREET NEW YORK, NY10001 13-3885199	POLITICAL ACTIVITIES	NY	527	N/A	pLANNED PARENTHOOD ACTION FUND INC
NGHN INC 400 W 30th Street LOS ANGELES, CA90007 61-1541009	TECHNOLOGY SUPPORT	CA	501(c)(3)	Line 11a, I	N/A
PPFA 21ST CENTURY INC 434 WEST 33RD STREET NEW YORK, NY10001 16-1681541	SUPPORTING	NY	501(c)(3)	Line 11a, I	N/A

Additional Data

Software ID:

Software Version:

EIN: 13-1644147

Name: Planned Parenthood Federation of America Inc

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
Valerie McCarthy Chairperson	1 00	X		X				0	0	0
Lyn Schollett Vice Chairperson	1 00	X		X				0	0	0
Deborah De Witt Treasurer	1 00	X		X				0	0	0
Matthew Oppenheimer Secretary	1 00	X		X				0	0	0
KENETTA BAILEY Director	1 00	X						0	0	0
CECILIA BOONE Director	1 00	X						0	0	0
TARA BRODERICK Director	1 00	X						0	0	0
Karen Campbell Director	1 00	X						0	0	0
Harry Carter Director	1 00	X						0	0	0
Cindy Chavez Director	1 00	X						0	0	0
Ellen Chesler PHD Director	1 00	X						0	0	0
Lida Coleman Director	1 00	X						0	0	0
Vicki Cowart Director	1 00	X						0	0	0
Annette Cumming Director	1 00	X						0	0	0
Amanda Dealey Director	1 00	X						0	0	0
Brian Feldman Director	1 00	X						0	0	0
Bennie Fleming EDD Director	1 00	X						0	0	0
Elizabeth Hannley Director	1 00	X						0	0	0
Sasha Heinz Director	1 00	X						0	0	0
Bryan Howard Director	1 00	X						0	0	0
Dianne Luby Director	1 00	X						0	0	0
Elena Marks Director	1 00	X						0	0	0
Anna Quindlen Director	1 00	X						0	0	0
Dale Reiss Director	1 00	X						0	0	0
Rev Kelvin Sauls Director	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
Genevieve Shiroma Director	1 00	X						0	0	0
Shamina Singh Director	1 00	X						0	0	0
Jennifer Allan Soros Director	1 00	X						0	0	0
Kathleen Tait Director	1 00	X						0	0	0
LILLIAN TAMAYO Director	1 00	X						0	0	0
Carolyn Westhoff MD Director	1 00	X						0	0	0
Lou Zellner Director	1 00	X						0	0	0
Cecile Richards President	32 00			X				306,449	34,049	13,321
Maria Acosta Chief Financial Officer	33 00			X				229,259	19,936	14,248
Maryana Iskander Chief Operating Officer	35 00				X			264,313	0	24,573
VANESSA CULLINS VP OF MEDICAL AFFAIRS	35 00					X		240,734	0	16,381
KAREN RUFFATTO VP OF OPERATIONS	35 00					X		225,637	0	22,295
LAURIE RUBINER VP OF PUBLIC POLICY	7 00					X		44,243	176,971	27,224
LISA DAVID VP OF AFFILIATES SD	35 00					X		220,376	0	24,946
BARBARA OTTEN VP OF GENERAL COUNSEL	33 00					X		201,195	10,589	39,595
KIM MEREDITH FORMER VP OF DEVELOPMENT	32 00						X	133,474	14,830	12,851