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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
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PLANNED PARENTHOOD FEDERATION OF AMERICA INC		D Employer identification number 13-1644147
	Doing Business As		E Telephone number (212) 541-7800
	Number and street (or P O box if mail is not delivered to street address) 434 WEST 33RD STREET	Room/suite	G Gross receipts \$ 229,935,173
	City or town, state or country, and ZIP + 4 NEW YORK, NY 100012601		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.PLANNEDPARENTHOOD.ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation 1922
M State of legal domicile NY			

Part I Summary

Activities & Governance	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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	32
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	32
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	333
	6 Total number of volunteers (estimate if necessary)	6	50
	7a Total 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	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	81,406,695	179,504,200
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	534,318	914,635
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,526,898	2,219,277
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,155,395	2,073,256
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	85,623,306	184,711,368
	14 Benefits paid to or for members (Part IX, column (A), line 4)	25,965,825	29,871,970
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	24,991,097	28,425,435
	b Total fundraising expenses (Part IX, column (D), line 25) \rightarrow 13,620,853	2,800,316	4,519,912
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	26,239,312	33,960,976
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	79,996,550	96,778,293
19 Revenue less expenses Subtract line 18 from line 12	5,626,756	87,933,075	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	140,512,119	236,572,180
	22 Net assets or fund balances Subtract line 21 from line 20	36,661,557	39,610,907
		103,850,562	196,961,273

Part II Signature Block

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

Sign Here	Signature of officer _____ Date 2012-03-09		
	DEBORAH DEWITT CHIEF FINANCIAL OFFICER Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name Firm's name \rightarrow KPMG LLP	Preparer's signature Date	Check if self-employed <input type="checkbox"/> PTIN
	Firm's address \rightarrow 345 PARK AVENUE NEW YORK, NY 101540102		Firm's EIN \rightarrow
			Phone no \rightarrow (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

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

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 \$ 51,954,493 including grants of \$ 24,651,004) (Revenue \$ 914,635)

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 \$ 15,505,776 including grants of \$ 3,102,347) (Revenue \$ 659,550)

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 \$ 7,119,272 including grants of \$ 2,118,619) (Revenue \$)

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 \$ 74,579,541

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>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	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>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <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>		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>		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>		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>		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>	Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a 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>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		No
c 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>		No
d 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>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>		No
12a 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>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>	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	
b 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, Parts I and IV.</i>	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, Parts II and IV.</i>	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, Parts III and IV.</i>		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 (see instructions).</i>	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>	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>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules *(continued)*

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>	<input checked="" type="checkbox"/>	21	Yes	
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>	<input checked="" type="checkbox"/>	22		No
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>	<input checked="" type="checkbox"/>	23	Yes	
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 lines 24b-24d and complete Schedule K. If "No," go to line 25</i>		24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
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?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
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>		25a		No
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>		25b		No
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>		26		No
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>		27		No
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)				
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	29	Yes	
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>	<input checked="" type="checkbox"/>	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<input checked="" type="checkbox"/>	31		No
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>		32		No
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>	<input checked="" type="checkbox"/>	33	Yes	
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>	<input checked="" type="checkbox"/>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
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>	<input checked="" type="checkbox"/>	36	Yes	
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> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	37		No
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		38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No columns. Rows include questions 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (32); 1b Enter the number of voting members included in line 1a, above, who are independent (32); 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 governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant 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.)

Table with 3 columns: Question, Yes, No. Rows include: 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); 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this 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 15a or 15b, 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

Table with 2 columns: Question, Answer. Row 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). Row 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: Own website, Another's website, Upon request. Row 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. Row 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).

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							2,089,848	281,283	231,359	

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 **70**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
O'BRIEN MCCONNELL PEARSON 1133 19TH STREET NW WASHINGTON, DC 20036	CONSULTING	4,130,700
GRASSROOTS CAMPAIGNS INC 59 TEMPLE PLACE BOSTON, MA 02111	TELEMARKETING	1,375,940
GORDON & SCHWENKMEYER INC 360 N SEPULVEDA BLVD EL SEGUNDO, CA 90245	TELEMARKETING	676,309
ML PRINTING INC 5 BROOKE HOLLOW LANE PEEKSKILL, NY 10566	PRINTING	564,379
ARENT FOX LLC 1675 BROADWAY NEW YORK, NY 10019	LEGAL	527,130

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 **39**

Part VIII Statement of Revenue

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a	539,203				
	b Membership dues 1b					
	c Fundraising events 1c	157,554				
	d Related organizations 1d	597,920				
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	178,209,523				
	g Noncash contributions included in lines 1a-1f \$	20,536,053				
	h Total. Add lines 1a-1f ▼		179,504,200			
	Program Service Revenue		Business Code			
2a MEETING REVENUE		900099	461,020	461,020		
b VIRTUAL CALL CENTER		900099	273,478	273,478		
c SMART 800		900099	180,137	180,137		
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f ▼			914,635			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) ▼		540,983		540,983	
	4 Income from investment of tax-exempt bond proceeds ▼					
	5 Royalties ▼		89,869		89,869	
	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	45,846,741			
		(ii) Other				
		b Less cost or other basis and sales expenses	44,168,447			
		c Gain or (loss)	1,678,294			
	d Net gain or (loss) ▼		1,678,294			1,678,294
	8a Gross income from fundraising events (not including \$ 157,554 of contributions reported on line 1c) See Part IV, line 18 a					
		b Less direct expenses b		37,651		
c Net income or (loss) from fundraising events ▼			99,284			
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						
	b Less cost of goods sold b	1,615,624				
	c Net income or (loss) from sales of inventory ▼		956,074			
Miscellaneous Revenue	Business Code					
11a MED INSURANCE REFUND	900099	445,636			445,636	
b ARMS COST SHARING REIM	900099	352,132			352,132	
c AFAXYS FEES	900099	148,179			148,179	
d All other revenue		439,523			439,523	
e Total. Add lines 11a-11d ▼		1,385,470				
12 Total revenue. See Instructions ▼		184,711,368	1,574,185	0	3,632,983	

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	27,769,824	27,769,824		
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	2,102,146	2,102,146		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,014,983	453,295	500,113	61,575
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	21,837,611	15,707,146	3,175,537	2,954,928
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,002,874	718,533	162,162	122,179
9	Other employee benefits	3,053,100	2,187,469	493,677	371,954
10	Payroll taxes	1,516,867	1,063,279	248,769	204,819
a	Fees for services (non-employees)				
	Management				
b	Legal	1,476,258	988,224	311,872	176,162
c	Accounting	263,240	107,840	155,400	
d	Lobbying	351,351	351,351		
e	Professional fundraising services See Part IV, line 17	4,519,912			4,519,912
f	Investment management fees	148,848		148,848	
g	Other	10,803,488	10,171,289	632,199	
12	Advertising and promotion	382,564	357,579	13,192	11,793
13	Office expenses	4,066,179	2,374,134	962,227	729,818
14	Information technology	468,443	266,374	143,867	58,202
15	Royalties				
16	Occupancy	4,955,424	3,465,879	753,793	735,752
17	Travel	2,699,053	2,319,269	141,911	237,873
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,090,261	949,472	73,763	67,026
20	Interest	286,594	197,465	38,914	50,215
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,605,920	1,172,321	208,770	224,829
23	Insurance	417,086	275,813	105,578	35,695
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	OTHER FUNDRAISING EXPEN	3,324,317	772,937		2,551,380
b	MISCELLANEOUS EXPENSES	917,678	402,804	212,786	302,088
c	TAXES & LICENSES	503,502	338,583	74,321	90,598
d	SUBSCRIPTIONS & REFEREN	200,770	66,515	20,200	114,055
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	96,778,293	74,579,541	8,577,899	13,620,853
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	9,297,731	4,103,312	0	5,194,419

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	1,635	1	1,635
	2 Savings and temporary cash investments	2,795,956	2	2,808,181
	3 Pledges and grants receivable, net	10,187,500	3	98,683,849
	4 Accounts receivable, net	2,190,779	4	3,761,769
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	654,211	8	486,195
	9 Prepaid expenses and deferred charges	1,081,821	9	1,360,932
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	23,857,003		
	10b Less accumulated depreciation	10,677,712	10c	13,179,291
	11 Investments—publicly traded securities	105,870,835	11	110,333,470
	12 Investments—other securities. See Part IV, line 11	2,472,710	12	2,566,069
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,988,105	15	3,390,789
16 Total assets. Add lines 1 through 15 (must equal line 34)	140,512,119	16	236,572,180	
Liabilities	17 Accounts payable and accrued expenses	10,152,429	17	10,278,711
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	10,030,000	20	9,080,000
	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	16,479,128	25	20,252,196
	26 Total liabilities. Add lines 17 through 25	36,661,557	26	39,610,907
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	44,761,350	27	61,560,279
	28 Temporarily restricted net assets	40,161,220	28	116,015,220
	29 Permanently restricted net assets	18,927,992	29	19,385,774
	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	103,850,562	33	196,961,273	
34 Total liabilities and net assets/fund balances	140,512,119	34	236,572,180	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	184,711,368
2	Total expenses (must equal Part IX, column (A), line 25)	2	96,778,293
3	Revenue less expenses Subtract line 2 from line 1	3	87,933,075
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	103,850,562
5	Other changes in net assets or fund balances (explain in Schedule O)	5	5,177,636
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	196,961,273

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
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	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		No
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		

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

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 described in 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)

Table with 2 columns: Yes, No. Rows: 11g(i), 11g(ii), 11g(iii)

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (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. Includes a Total row.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	84,438,078	68,540,177	105,522,820	81,406,695	179,504,200	519,411,970
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	84,438,078	68,540,177	105,522,820	81,406,695	179,504,200	519,411,970
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)						166,256,455
6 Public Support. Subtract line 5 from line 4						353,155,515

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	84,438,078	68,540,177	105,522,820	81,406,695	179,504,200	519,411,970
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	650,536	1,236,967	1,102,592	600,122	630,852	4,221,069
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	335,347	53,469	1,856,794	1,580,125	1,423,121	5,248,856
11 Total support (Add lines 7 through 10)						528,881,895
12 Gross receipts from related activities, etc (See instructions)					12	14,374,203

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 2010 (line 6 column (f) divided by line 11 column (f))	14	66 770 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	80 650 %

16a 33 1/3% support test—2010. 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—2009.** 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—2010.** 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—2009.** 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 Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION SECTION B, LINE 10, OTHER INCOME CONSISTS OF SPECIAL EVENTS AND AFFILIATE FEES

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 THRU 4/9/11	1 00	X		X				0	0	0
LYN SCHOLLETT VICE CHAIRPERSON	1 00	X		X				0	0	0
DEBORAH DE WITT TREASURER THRU 4/9/11	1 00	X		X				0	0	0
MATTHEW OPPENHEIMER SECRETARY THRU 4/9/11	1 00	X		X				0	0	0
KENETTA BAILEY DIRECTOR THRU 4/9/11	1 00	X						0	0	0
CECILIA BOONE CHAIRPERSON STARTING 4/9/11	1 00	X		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 THRU 4/9/11	1 00	X						0	0	0
JANET COLM DIRECTOR STARTING 4/9/11	1 00	X						0	0	0
ANDREINA CORDOVA DIRECTOR STARTING 4/9/11	1 00	X						0	0	0
VICKI COWART DIRECTOR THRU 4/9/11	1 00	X						0	0	0
ANNETTE CUMMING DIRECTOR	1 00	X						0	0	0
AMANDA DEALEY DIRECTOR THRU 4/9/11	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
JUANITA FRANCIS DIRECTOR STARTING 4/9/11	1 00	X						0	0	0
LINDA GRUBER DIRECTOR STARTING 4/9/11	1 00	X						0	0	0
ELIZABETH HANNLEY DIRECTOR THRU 4/9/11	1 00	X						0	0	0
SASHA HEINZ DIRECTOR	1 00	X						0	0	0
BRYAN HOWARD DIRECTOR	1 00	X						0	0	0
ALEXIS MCGILL JOHNSON DIRECTOR STARTING 4/9/11	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			
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
KAVITA RAMDAS DIRECTOR STARTING 4/9/11	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
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 SECRETARY STARTING 4/9/11	1 00	X		X				0	0	0
AISHA TYLER DIRECTOR STARTING 4/9/11	1 00	X						0	0	0
CAROLYN WESTHOFF MD DIRECTOR	1 00	X						0	0	0
LOU ZELLNER TREASURER STARTING 4/9/11	1 00	X		X				0	0	0
CECILE RICHARDS PRESIDENT	33 00			X				382,687	24,427	13,039
MARIA ACOSTA CHIEF FINANCIAL OFFICER	32 00			X				227,668	25,297	19,353
MARYANA ISKANDER CHIEF OPERATING OFFICER	35 00				X			299,068	0	25,813
JON GOSSETT CHIEF DEVELOPMENT OFFICER	32 00				X			216,716	24,080	24,579
VANESSA CULLINS VP OF MEDICAL AFFAIRS	35 00					X		244,020	0	17,111
KAREN RUFFATTO VP OF OPERATIONS	35 00					X		231,138	0	31,679
LAURIE RUBINER VP OF PUBLIC POLICY	8 00					X		49,261	174,649	37,387
LISA DAVID SR VP FOR HEALTH SERVICES SUPPORT	35 00					X		253,255	0	31,445
THOMAS SUBAK VP OF STRATEGIC INITIATIVES	30 00					X		186,035	32,830	30,953

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

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

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

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

Name of the organization PLANNED PARENTHOOD FEDERATION OF AMERICA INC

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

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

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)	155,077	155,077												
b Total lobbying expenditures to influence a legislative body (direct lobbying)	830,900	830,900												
c Total lobbying expenditures (add lines 1a and 1b)	985,977	985,977												
d Other exempt purpose expenditures	86,272,202	89,273,834												
e Total exempt purpose expenditures (add lines 1c and 1d)	87,258,179	90,259,811												
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 style="width: 65%;">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) 2007	(b) 2008	(c) 2009	(d) 2010	(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	832,238	782,874	497,278	985,977	3,098,367
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	116,565	157,689	173,842	155,077	603,173

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
PART IV, SUPPLEMENTAL INFORMATION		AFFILIATES INCLUDED IN PART II-A, LINE 1D(B)AND 1E (B) PLANNED PARENTHOOD FOUNDATION 13-3772613 434 WEST 33RD STREET NEW YORK, NY 10001 EXPENSES \$715,643 VOXENT 61-1541009 400 W 30TH STREET LOS ANGELES, CA 90007 EXPENSES \$2,285,989 PPFA 21ST CENTURY INC 16-1681541 434 WEST 33RD STREET NEW YORK, NY 10001 EXPENSES \$0 THE ABOVE ORGANIZATIONS HAVE NOT MADE THE 501(H) ELECTION

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

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

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

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	32,559,226	30,011,505	35,755,268		
b Contributions	54,510	285,287	157,946		
c Investment earnings or losses	5,236,474	2,262,434	-5,137,961		
d Grants or scholarships					
e Other expenditures for facilities and programs	606,452		763,748		
f Administrative expenses					
g End of year balance	37,243,758	32,559,226	30,011,505		

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

- a** Board designated or quasi-endowment ▶ 34 100 %
- b** Permanent endowment ▶ 52 100 %
- c** Term endowment ▶ 13 800 %

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		14,026,310	3,952,922	10,073,388
d Equipment		9,830,693	6,724,790	3,105,903
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				13,179,291

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		

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

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO RELATED ORGANIZATIONS	4,132,747
LIABILITY UNDER SPLIT INTEREST AGREEMENTS	12,572,879
AMOUNTS HELD ON BEHALF OF AFFILIATES	3,546,570
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	20,252,196

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

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	184,711,368
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	96,778,293
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	87,933,075
4	Net unrealized gains (losses) on investments	4	4,498,627
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	679,009
9	Total adjustments (net) Add lines 4 - 8	9	5,177,636
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	93,110,711

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	190,696,230
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	4,498,627
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	679,009
e	Add lines 2a through 2d	2e	5,177,636
3	Subtract line 2e from line 1	3	185,518,594
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	148,848
b	Other (Describe in Part XIV)	4b	-956,074
c	Add lines 4a and 4b	4c	-807,226
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	184,711,368

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

1	Total expenses and losses per audited financial statements	1	97,585,519
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	956,074
e	Add lines 2a through 2d	2e	956,074
3	Subtract line 2e from line 1	3	96,629,445
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	148,848
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	148,848
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	96,778,293

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE PURPOSE OF THE ENDOWMENT FUND IS TO PROVIDE FUTURE INCOME FOR PPFA'S OPERATIONS. THE BOARD DESIGNATED ENDOWMENT DOES SO AS WELL, AS A MEANS OF DIVERSIFYING PPFA'S REVENUE BASE, WHICH OTHERWISE RELIES LARGELY ON ANNUAL FUNDRAISING. THE BOARD DESIGNATED 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 XI - LINE 8 - OTHER AND PART XII LINE 2D CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 569,394 GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUST 402,684 GAIN ON HEDGED INTEREST RATE SWAP AGREEMENTS 111,168 LOSS ON CONTRIBUTIONS RECEIVABLE (404,237) TOTAL OTHER 679,009 =====
		PART XII LINE 4B AND PART XIII LINE 2D COST OF GOODS SOLD 956,074 =====

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2010

**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 V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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/investments in region
CENTRAL AMERICA/CARIBBEAN	0	6	PROGRAM SERVICES	REPRODUCTIVE HEALTH	271,147
CENTRAL AMERICA/CARIBBEAN	0	0	GRANTS		672,495
SOUTH AMERICA	0	0	PROGRAM SERVICES	REPRODUCTIVE HEALTH	82,951
SOUTH AMERICA	0	0	GRANTS		665,763
SUB-SAHARAN AFRICA	3	35	PROGRAM SERVICES	REPRODUCTIVE HEALTH	986,144
SUB-SAHARAN AFRICA	0	0	GRANTS		763,889
NORTH AMERICA	0	0	PROGRAM SERVICES	REPRODUCTIVE HEALTH	41,366
CENTRAL AMERICA/CARIBBEAN	0	0	INVESTMENT		1,581,137
3a Sub-total	3	41			5,064,892
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	3	41			5,064,892

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).* Yes No

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 INTERNATIONAL GRANT PROCESS - AT THE DEVELOPMENT PHASE OF EACH PROJECT, PLANNED PARENTHOOD FEDERATION OF AMERICA, INC'S INTERNATIONAL DIVISION STAFF AND THE GRANTEE ORGANIZATION DEVELOP AND DOCUMENT THE AGREED UPON PROJECT OBJECTIVES, OUTPUT AND KEY ACTIVITIES, WORK PLAN AND BUDGET THESE DOCUMENTS BECOME THE TOOLS THAT ARE USED TO MEASURE AND MONITOR THE PROGRESS OF THE PROJECT THE GRANTEE ORGANIZATION IS REQUIRED TO SUBMIT A PROGRESS AND FINANCIAL REPORT EVERY FOUR MONTHS EACH FINANCIAL REPORT IS REVIEWED TO DETERMINE THAT PROJECTS ARE CONDUCTED IN ACCORDANCE WITH THE WORK PLAN AND BUDGET IN ADDITION, ON-SITE MONITORING OF FINANCIAL AND PROGRAMMATIC ACTIVITIES IS PERFORMED MULTIPLE TIMES ANNUALLY

Schedule F (Form 990) 2010

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	58,241	WIRE TRANSFER	0		
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	109,380	WIRE TRANSFER	35,261	COMMODITIES	COST
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	21,085	WIRE TRANSFER	3,976	COMMODITIES	COST
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	57,610	WIRE TRANSFER	0		
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	34,220	WIRE TRANSFER	4,105	COMMODITIES	COST
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	59,120	WIRE TRANSFER	6,436	COMMODITIES	COST
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	39,025	WIRE TRANSFER	3,062	COMMODITIES	COST
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	25,015	WIRE TRANSFER	2,847	COMMODITIES	COST
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	37,786	WIRE TRANSFER	0		
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	34,760	WIRE TRANSFER	0		
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	29,535	WIRE TRANSFER	0		
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	30,910	WIRE TRANSFER	2,419	COMMODITIES	COST
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	20,165	WIRE TRANSFER	0		
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	111,470	WIRE TRANSFER	31,659	COMMODITIES	COST
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	280,163	WIRE TRANSFER	1,302	COMMODITIES	COST
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	30,000	WIRE TRANSFER	84	COMMODITIES	COST
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	47,765	WIRE TRANSFER	22,127	COMMODITIES	COST
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	52,743	WIRE TRANSFER	34,707	COMMODITIES	COST
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	19,974	WIRE TRANSFER	14,832	COMMODITIES	COST
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	30,507	WIRE TRANSFER	0		
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	143,114	WIRE TRANSFER	0		
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	35,210	WIRE TRANSFER	0		
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	22,030	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	60,860	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	30,215	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	16,815	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	5,835	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	63,905	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	57,445	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	66,633	WIRE TRANSFER	0		

(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	113,116	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	7,360	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	16,970	WIRE TRANSFER	15,894	COMMODITIES	COST
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	24,600	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	0	WIRE TRANSFER	5,901	COMMODITIES	COST
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	12,455	WIRE TRANSFER	6,533	COMMODITIES	COST
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	18,685	WIRE TRANSFER	5,411	COMMODITIES	COST
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	5,535	WIRE TRANSFER	6,456	COMMODITIES	COST
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	50,200	WIRE TRANSFER	10,417	COMMODITIES	COST
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	100,131	WIRE TRANSFER	110,207	COMMODITIES	COST
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	29,255	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	76,483	WIRE TRANSFER	0		

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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.

OMB No 1545-0047

2010

**Open to Public
Inspection**

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.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|--|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and e-mail solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |
- 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 services? 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 and address 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 1133 19TH ST NW WASHINGTON, DC 20036	CONSULTING		No	20,366,882	644,282	19,722,600
WATERSHED 100 BUSH ST SAN FRANCISCO, CA 94104	CONSULTING		No	2,755,319	374,709	2,380,610
INTEGRAL RESOURCES INC 1972 MASSACHUSETTS AVE CAMBRIDGE, MA 02140	TELEMARKETING		No	1,310,805	998,150	312,655
GORDON SCHWENKMEYER INC 360 N SEPULVEDA BLVD EL SEGUNDO, CA 90245	TELEMARKETING		No	1,299,727	714,862	584,865
GRASSROOTS CAMPAIGNS INC 59 TEMPLE PLACE BOSTON, MA 02111	TELEMARKETING		No	902,515	2,420,841	-1,518,326
DONOR SERVICES GROUP 6715 SUNSET BLVD LOS ANGELES, CA 90028	TELEMARKETING		No	790,509	305,923	484,586
TELEFUND PO BOX 120557 BOSTON, MA 02112	TELEMARKETING		No	541,902	225,185	316,717
SD&A TELESERVICES 5757 W CENTURY BLVD LOS ANGELES, CA 90045	TELEMARKETING		No	292,390	110,304	182,086
THE SHARE GROUP 73 CHAPEL STREET NEWTON, MA 02458	TELEMARKETING		No	270,030	201,712	68,318
HARRIS DIRECT 6800 OWENSMOUTH AVE CANOGA PARK, CA 91303	TELEMARKETING		No	232,308	163,747	68,561
Total				28,762,387	6,159,715	22,602,672

- 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 II 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
		GALA (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	195,205			195,205
	2 Less Charitable contributions	157,554			157,554
	3 Gross income (line 1 minus line 2)	37,651			37,651
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	99,284			99,284
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				99,284
11 Net income summary Combine lines 3 and 10 in column (d) ▶				-61,633	

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 and 7 in column (d) ▶					

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

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

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? Yes No

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? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a
b An outside facility	13b

14 Provide 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? Yes No

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 ▶

Director/officer Employee 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? Yes No

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 ▶ \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
EXPLANATION OF FUNDRAISING PAYMENTS	SCHEDULE G, PART I, LINE 2B, COLUMN (V)	SCHEDULE G, PART I, LINE 2B, COLUMN (V) AMOUNTS PAID TO SELECT TELEMARKETERS, SUCH AS GRASSROOTS CAMPAIGNS, INC , RESULTED IN A CURRENT YEAR LOSS BUT SECURED FUTURE DONORS WHICH WILL RAISED FUNDS FOR THE ORGANIZATION
		FORM 990, PART IX FUNCTIONAL EXPENSES LINE 24 - OTHER FUNDRAISING EXPENSES IN ADDITION TO PROFESSIONAL FUNDRAISER EXPENSES INCLUDED ON LINE 11E AND 11G, \$3,324,317 OF OTHER REIMBURSED EXPENSES WERE PAID DIRECTLY TO PROFESSIONAL FUNDRAISERS FOR DIRECT POSTAGE/FREIGHT (\$1,575,664), PRINTING (\$878,478), MAIL HOUSE COSTS (\$608,158), LIST USAGE (\$205,765) AND OTHER COSTS (\$56,252)

Schedule I (Form 990)

OMB No 1545-0047

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

2010

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

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?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to 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. Part II can be duplicated if additional space is needed.

Table with 8 columns: (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. Row 1 contains 'See Additional Data Table'.

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 GRANT MONITORING PROCESS THE MAJORITY OF THE GRANTS ARE TO AFFILIATES FOR GENERAL SUPPORT TO FURTHER THEIR MISSION FOR GRANTS THAT ARE AWARDED FOR SPECIFIC PURPOSES, THE ORGANIZATION'S MANAGEMENT MONITORS, ON A CONTINUING BASIS, THE USAGE OF GRANTS TO ENSURE SUCH GRANTS ARE USED FOR INTENDED PURPOSES THE GRANTEEES ARE REQUIRED TO SUBMIT A NARRATIVE AND FINANCIAL REPORT EXPLAINING HOW THE GRANT FUNDS WERE SPENT

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 STREET NEW YORK, NY 10001	13-3539048	501(C)(4)	6,475,661				TO SUPPORT ADVOCACY EFFORTS THIS GRANT PROHIBITS LOBBYING AND ELECTORAL ACTIVITY
VOXENT (FORMERLY NGHN INC) 400 WEST 30TH STREET LOS ANGELES, CA 90007	61-1541009	501(C)(3)	1,500,000				TO PROVIDE TECHNOLOGY SUPPORT TO PP AFFILIATES
PP OF ILLINOIS 18 S MICHIGAN AVENUE 6TH FLOOR CHICAGO, IL 60603	36-2170901	501(C)(3)	1,111,941				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF THE ROCKY MOUNTAINS 7155 E 38TH AVE DENVER, CO 80207	84-0404253	501(C)(3)	987,759				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP SOUTHEASTERN PENNSYLVANIA 1144 LOCUST STREET PHILADELPHIA, PA 19107	23-1352509	501(C)(3)	935,775				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP ARIZONA 5651 N 7TH ST PHOENIX, AZ 85014	86-0146520	501(C)(3)	883,106				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP GULF COAST 4600 GULF FREEWAY HOUSTON, TX 77023	74-1100163	501(C)(3)	757,905				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP HEALTH SYSTEMS 100 S BOYLAN AVE RALEIGH, NC 27603	56-1282557	501(C)(3)	659,639				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF THE HEARTLAND 1171 7TH STREET DES MOINES, IA 50314	42-0727488	501(C)(3)	624,598				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
REPRODUCTIVE HEALTH SERVICES OF PPSLR 4251 FOREST PARK AVENUE ST LOUIS, MO 63108	43-1848056	501(C)(3)	569,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF THE GREAT NORTHWEST 2001 E MADISON SEATTLE, WA 98122	91-0686012	501(C)(3)	565,037				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF THE TEXAS CAPITAL REGION 201 EAST BEN WHITE BLVD BUILDING B AUSTIN, TX 78704	74-1005756	501(C)(3)	552,252				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 KANSAS AND MID-MISSOURI4401 WEST 109TH STREET 200 OVERLAND PARK, KS 66211	44-0565390	501(C)(3)	541,129				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF WISCONSIN302 N JACKSON STREET MILWAUKEE, WI 53202	39-0863391	501(C)(3)	540,050				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF METROPOLITAN WASHINGTON DC1108 16TH STREET NW WASHINGTON, DC 20036	53-0204621	501(C)(3)	537,507				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF SOUTHWEST & CENTRAL FLORIDA736 CENTRAL AVENUE SARASOTA, FL 34236	59-1274328	501(C)(3)	521,720				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)	516,680				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF NEW YORK CITY26 BLEECKER STREET NEW YORK, NY 10012	13-2621497	501(C)(3)	504,111				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF MIDDLE AND EAST TENNESSEE50 VANTAGE WAY SUITE 102 NASHVILLE, TN 37228	62-6050064	501(C)(3)	456,001				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF INDIANA200 S MERIDIAN STREET SUITE 400 INDIANAPOLIS, IN 46225	35-0874276	501(C)(3)	449,995				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP SOUTHEAST75 PIEDMONT AVE NE SUITE 800 ATLANTA, GA 30303	58-6045874	501(C)(3)	433,808				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF NORTH TEXAS7424 GREENVILLE AVE 206 DALLAS, TX 75231	52-1243220	501(C)(3)	344,135				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP SOUTHWEST OHIO REGION2314 AUBURN AVENUE CINCINNATI, OH 45219	31-0536688	501(C)(3)	343,180				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF CENTRAL NORTH CAROLINA1765 DOBBINS DRIVE PO BOX 3258 CHAPEL HILL, NC 27514	58-1484820	501(C)(3)	337,196				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 SHASTA PACIFIC2185 PACHECO STREET CONCORD, CA 94520	94-1575233	501(C)(3)	313,585				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP LEAGUE OF MASSACHUSETTS1055 COMMONWEALTH AVENUE BOSTON, MA 02215	04-2698497	501(C)(3)	308,194				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF THE ST LOUIS REGION AND SOUTHWEST MO4251 FOREST PARK AVENUE ST LOUIS, MO 63108	43-0652666	501(C)(3)	303,841				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF SOUTHERN NEW ENGLAND345 WHITNEY AVE NEW HAVEN, CT 06511	06-0263565	501(C)(3)	290,818				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF SOUTH FLORIDA AND THE TREASURE COAST2300 N FLORIDA MANGO ROAD WEST PALM BEACH, FL 33409	59-1391115	501(C)(3)	283,273				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)	275,013				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF NORTHERN NEW ENGLAND183 TALCOTT ROAD 101 WILLISTON, VT 05495	03-0222941	501(C)(3)	272,284				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF NORTHEAST OHIO 444 WEST EXCHANGE STREET AKRON, OH 44302	34-1015976	501(C)(3)	250,776				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP MINNESOTA NORTH DAKOTA SOUTH DAKOTA 1965 FORD PARKWAY ST PAUL, MN 55116	41-0948382	501(C)(3)	236,907				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP MID & SOUTH MICHIGAN3100 PROFESSIONAL DRIVE PO BOX 3673 ANN ARBOR, MI 48104	38-1707521	501(C)(3)	236,295				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP LOS ANGELES400 WEST 30TH STREET LOS ANGELES, CA 90007	95-2408623	501(C)(3)	236,065				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF WESTERN PENNSYLVANIA933 LIBERTY AVENUE PITTSBURGH, PA 15222	25-0965474	501(C)(3)	189,482				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 DELAWARE625 SHIPLEY STREET WILMINGTON,DE 19801	51-0066725	501(C)(3)	188,088				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF NORTHEAST PENNSYLVANIA6900 HAMILTON BLVD TREXLER MALL PO BOX 813 TREXLER TOWN,PA 18087	23-2450112	501(C)(3)	176,546				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF SOUTH CENTRAL MICHIGAN4201 W MICHIGAN AVE KALAMAZOO,MI 49006	38-1811120	501(C)(3)	155,175				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
VIRGINIA LEAGUE FOR PP 201 N HAMILTON STREET RICHMOND,VA 23221	54-0505973	501(C)(3)	146,226				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP GREATER MEMPHIS REGION2430 POPLAR AVENUE SUITE 100 MEMPHIS,TN 38112	62-6073178	501(C)(3)	144,561				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF WEST TEXAS314 SECOR MIDLAND,TX 79701	75-1229350	501(C)(3)	144,223				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP TRUST OF SOUTH TEXAS 104 BABCOCK ROAD SAN ANTONIO,TX 78201	74-1297211	501(C)(3)	138,882				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF THE PACIFIC SOUTHWEST1075 CAMINO DEL RIO SOUTH SAN DIEGO,CA 92108	95-6111785	501(C)(3)	132,913				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF CENTRAL OHIO206 EAST STATE STREET COLUMBUS,OH 43215	31-4379502	501(C)(3)	128,236				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP HUDSON PECONIC4 SKYLINE DRIVE HAWTHORNE,NY 10532	11-2454790	501(C)(3)	127,948				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP COLUMBIAWILLAMETTE 3727 NE MARTIN LUTHER KING JR BOULEVARD PORTLAND,OR 97212	93-6031270	501(C)(3)	126,532				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF SOUTHERN NEW JERSEY317 BROADWAY CAMDEN,NJ 08103	21-6008381	501(C)(3)	90,166				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 ARKANSAS & EASTERN OKLAHOMA 5780 S PEORIA TULSA, OK 74105	73-0685955	501(C)(3)	89,738				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)	86,899				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF WACO FAMILY PLANNING AND SURGICAL SERVICES PO BOX 1459 WACO, TX 76703	74-2329031	501(C)(3)	81,600				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF MARYLAND 330 NORTH HOWARD STREET BALTIMORE, MD 21201	52-0607930	501(C)(3)	80,291				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF NEW MEXICO 719 SAN MATEO NE ALBUQUERQUE, NM 87108	85-0197745	501(C)(3)	68,871				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF SOUTHWESTERN OREGON 360 E 10TH AVE SUITE 104 EUGENE, OR 97401	93-0573822	501(C)(3)	65,979				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF THE ROCHESTER SYRACUSE REGION 114 UNIVERSITY AVENUE ROCHESTER, NY 14605	16-0743085	501(C)(3)	60,162				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF COLLIER COUNTY 1425 CREECH ROAD NAPLES, FL 34103	65-0450515	501(C)(3)	58,687				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF CENTRAL PENNSYLVANIA 728 SOUTH BEAVER ST YORK, PA 17401	23-1580959	501(C)(3)	57,601				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP ASSOCIATION OF UTAH 654 SOUTH 900 EAST SALT LAKE CITY, UT 84102	87-0288909	501(C)(3)	56,553				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP ASSOCIATION OF BUCKS COUNTY PO BOX 813 TREXLERTOWN, PA 18087	23-1651210	501(C)(3)	56,037				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF GREATER WASHINGTON AND NORTH IDAHO 1117 TIETON DRIVE YAKIMA, WA 98902	91-6071384	501(C)(3)	54,628				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 SANTA BARBARA VENTURA & SAN LUIS OBISPO COUNTIES518 GARDEN STREET SANTA BARBARA, CA 93101	95-2319356	501(C)(3)	52,848				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP ASSOCIATION OF HIDALGO COUNTY916 EAST HACKBERRY SUITE A MCALLEN, TX 78501	74-1655329	501(C)(3)	52,562				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF HAWAII1350 S KING STREET STE 309 HONOLULU, HI 96814	99-6012377	501(C)(3)	52,132				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF MID-HUDSON VALLEY178 CHURCH STREET POUGHKEEPSIE, NY 12601	14-1344810	501(C)(3)	51,380				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF KENTUCKY1025 S 2ND STREET LOUISVILLE, KY 40203	61-0481704	501(C)(3)	47,079				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP ASSOCIATION OF PENNSYLVANIA1514 NORTH 2ND STREET HARRISBURG, PA 17102	23-1989400	501(C)(3)	40,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF METROPOLITAN NEW JERSEY151 WASHINGTON STREET NEWARK, NJ 07102	22-1539559	501(C)(3)	34,428				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF SOUTHEASTERN VIRGINIA515 NEWTOWN ROAD VIRGINIA BEACH, VA 23462	54-0929058	501(C)(3)	33,249				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
MT BAKER PP2300 JAMES STREET 207 BELLINGHAM, WA 98225	91-0846274	501(C)(3)	31,571				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF NASSAU COUNTY 540 FULTON AVE HEMPSTEAD, NY 11550	11-1776035	501(C)(3)	31,090				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF ORANGE & SAN BERNADINO COUNTIES700 S TUSTIN STREET ORANGE, CA 92866	95-6152773	501(C)(3)	30,527				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF CENTRAL NEW JERSEY69 EAST NEWMAN SPRINGS RD PO BOX 95 SHREWSBURY, NJ 07702	21-0658062	501(C)(3)	29,777				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 PASADENA & SAN GABRIEL VALLEY 1037 N LAKE AVE PASADENA, CA 91104	95-1916050	501(C)(3)	29,613				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF NORTH FLORIDA 3850 BEACH BLVD JACKSONVILLE, FL 32207	59-1061757	501(C)(3)	29,578				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF THE SOUTHERN FINGER LAKES 314 W STATE STREET ITHACA, NY 14850	16-0953368	501(C)(3)	27,937				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP ASSOCIATION OF THE MERCER AREA 437 EAST STATE STREET UNIT 1 TRENTON, NJ 08608	21-0723248	501(C)(3)	27,347				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
UPPER HUDSON PP 855 CENTRAL AVE ALBANY, NY 12206	14-6000805	501(C)(3)	26,958				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP MOHAWK HUDSON 1424 GENESEE STREET UTICA, NY 13502	14-6004167	501(C)(3)	23,962				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)	22,423				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF THE NORTH COUNTRY NEW YORK 160 STONE STREET WATERTOWN, NY 13601	16-0919175	501(C)(3)	21,702				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF MONTANA 2525 4TH AVENUE NORTH SUITE 201 BILLINGS, MT 59101	81-0307201	501(C)(3)	21,021				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF WESTERN NEW YORK 2697 MAIN STREET BUFFALO, NY 14214	16-0746860	501(C)(3)	17,925				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
IPASPO BOX 5027 CHAPEL HILL, NC 27514	56-1071085	501(C)(3)	15,750				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF RHODE ISLAND 111 POINT ST PO BOX 41059 PROVIDENCE, RI 02940	05-0258955	501(C)(3)	13,551				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 & NORTHERN MICHIGAN425 CHERRY ST SE GRAND RAPIDS,MI 49503	38-1782520	501(C)(3)	11,470				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
SAFETY NET HOSPITALS FOR PHARMACEUTIAL ACCESS1501 M STREET NW NO 7TH FLOOR WASHINGTON,DC 20005	20-5913680	501(C)(6)	10,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
LEADERSHIP CONFERENCE ON CIVIL AND HUMAN RIGHTS1629 K ST NW 10TH FLOOR WASHINGTON,DC 20006	23-7026895	501(C)(3)	10,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP ASSOCIATION OF LUBBOCKBRIERCROFT OFFICE PARK BLDG 14 LUBBOCK,TX 79412	75-1220739	501(C)(3)	9,563				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
HUMAN RIGHTS CAMPAIGN 1640 RHODE ISLAND AVE NW WASHINGTON,DC 20036	52-1243457	501(C)(4)	8,300				TO SUPPORT ADVOCACY EFFORTS THIS GRANT PROHIBITS LOBBYING AND ELECTORAL ACTIVITY
SIX RIVERS PP3225 TIMBER FALL COURT EUREKA,CA 95503	94-2333653	501(C)(3)	7,727				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF SOUTH CENTRAL NEW YORK37 DIETZ STREET ONEONTA, NY 13820	16-1005972	501(C)(3)	6,411				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

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								
<p>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</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)									
<p>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</p>	Yes									
<p>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?</p>	Yes									
<p>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</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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</p>										
<p>a Receive a severance payment or change-of-control payment from the organization or a related organization?</p>	Yes									
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>		No								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>		No								
<p>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</p>										
<p>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</p>										
<p>a The organization?</p>		No								
<p>b Any related organization? If "Yes," to line 5a or 5b, describe in Part III</p>		No								
<p>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</p>										
<p>a The organization?</p>		No								
<p>b Any related organization? If "Yes," to line 6a or 6b, describe in Part III</p>		No								
<p>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</p>		No								
<p>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</p>		No								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</p>										

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

For each individual whose compensation must be reported 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				
(1) CECILE RICHARDS	(i)	382,298	0	389	11,681	575	394,943	0
	(ii)	24,402	0	25	746	37	25,210	0
(2) MARIA ACOSTA	(i)	226,958	0	710	6,999	10,418	245,085	0
	(ii)	25,218	0	79	778	1,158	27,233	0
(3) MARYANA ISKANDER	(i)	298,906	0	162	14,751	11,062	324,881	0
	(ii)	0	0	0	0	0	0	0
(4) JON GOSSETT	(i)	105,093	0	111,623	0	22,121	238,837	0
	(ii)	11,677	0	12,403	0	2,458	26,538	0
(5) VANESSA CULLINS	(i)	243,598	0	422	14,645	2,466	261,131	0
	(ii)	0	0	0	0	0	0	0
(6) KAREN RUFFATTO	(i)	179,317	0	51,821	10,977	20,702	262,817	0
	(ii)	0	0	0	0	0	0	0
(7) LAURIE RUBINER	(i)	49,200	0	61	3,019	5,206	57,486	0
	(ii)	174,435	0	214	10,703	18,459	203,811	0
(8) LISA DAVID	(i)	252,785	0	470	7,350	24,095	284,700	0
	(ii)	0	0	0	0	0	0	0
(9) THOMAS SUBAK	(i)	185,775	0	260	5,703	20,607	212,345	0
	(ii)	32,784	0	46	1,006	3,637	37,473	0
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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.
	PART I, LINE 4A	JON GOSSETT, CHIEF DEVELOPMENT OFFICER, WAS TERMINATED ON 4/23/2010 AND RECEIVED A SEVERANCE PAYMENT OF \$123,505 WHICH INCLUDED \$2,481 OF A COBRA LUMP SUM PAYMENT.

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2010

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 or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining oncash contribution amounts. Rows include Art-Works of art, Securities-Publicly traded, 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 (30a, 31, 32a, 33), Yes, No. Contains questions about property holding periods and gift acceptance 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 M (Form 990) 2010

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

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

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		THE MEMBERS OF PLANNED PARENTHOOD FEDERATION OF AMERICA ELECT THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
	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.

Identifier	Return Reference	Explanation
	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 ANNUAL REVIEW AND APPROVAL OF THE SALARIES OF THESE EMPLOYEES USES 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

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 4,498,627 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 569,394 GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUST 402,684 GAIN ON HEDGED INTERST RATE SWAP AGREEMENTS 111,168 LOSS ON CONTRIBUTIONS RECEIVABLE - 404,237 TOTAL TO FORM 990, PART XI, LINE 5 5,177,636

Identifier	Return Reference	Explanation
OVERSIGHT OF THE AUDIT	FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT THE ORGANIZATION DID NOT CHANGE ITS AUDIT OVERSIGHT PROCESS DURING THE YEAR

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

**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
(1) 434W33CHC LLC C/O PPFA 434 WEST 33RD ST NEW YORK, NY 10001 13-1644147	REAL ESTATE	VA	0	0	N/A
(2) PROPER ATTIRE LLC C/O PPFA 434 WEST 33RD ST NEW YORK, NY 10001 27-1986483	CONDOM SALES	NY	1,614,484	551,872	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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) PLANNED PARENTHOOD ACTION FUNDING(PPAF) 434 WEST 33RD STREET NEW YORK, NY 10001 13-3539048	ADVOCACY	NY	501(C)(4)	N/A	PLANNED PARENTHOOD FEDERATION OF AMERICA INC	Yes	
(2) PLANNED PARENTHOOD FOUNDATION 434 WEST 33RD STREET NEW YORK, NY 10001 13-3772613	SUPPORTING	NY	501(C)(3)	LINE 11A, I	PLANNED PARENTHOOD FEDERATION OF AMERICA INC	Yes	
(3) PLANNED PARENTHOOD VOTES 434 WEST 33RD STREET NEW YORK, NY 10001 13-4128897	POLITICAL ACTIVITIES	NY	527	N/A	PLANNED PARENTHOOD ACTION FUND INC	Yes	
(4) 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	Yes	
(5) VOXENT 400 W 30TH STREET LOS ANGELES, CA 90007 61-1541009	TECHNOLOGY SUPPORT	CA	501(C)(3)	LINE 11A, I	PLANNED PARENTHOOD FEDERATION OF AMERICA INC	Yes	
(6) PPFA 21ST CENTURY INC 434 WEST 33RD STREET NEW YORK, NY 10001 16-1681541	SUPPORTING	NY	501(C)(3)	LINE 11A, I	PLANNED PARENTHOOD FEDERATION OF AMERICA INC	Yes	

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?		(k) Percentage ownership
							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, 35A, 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	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l		No
1m	Yes	
1n	Yes	
1o	Yes	
1p	Yes	
1q		No
1r		No

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	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
DIRECT CONTROL OVER SECTION 527 ORGANIZATIONS	PART II	PLANNED PARENTHOOD FEDERATION OF AMERICA DOES NOT DIRECTLY CONTROL PLANNED PARENTHOOD VOTES OR PLANNED PARENTHOOD ACTION FUND PAC, INC DIRECT CONTROL OVER THESE ENTITIES IS EXERCISED BY PLANNED PARENTHOOD ACTION FUND, INC

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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
PLANNED PARENTHOOD ACTION FUND INC (PPAF) 434 WEST 33RD STREET NEW YORK, NY 10001 13-3539048	ADVOCACY	NY	501(C)(4)	N/A	PLANNED PARENTHOOD FEDERATION OF AMERICA INC	Yes	
PLANNED PARENTHOOD FOUNDATION 434 WEST 33RD STREET NEW YORK, NY 10001 13-3772613	SUPPORTING	NY	501(C)(3)	LINE 11A, I	PLANNED PARENTHOOD FEDERATION OF AMERICA INC	Yes	
PLANNED PARENTHOOD VOTES 434 WEST 33RD STREET NEW YORK, NY 10001 13-4128897	POLITICAL ACTIVITIES	NY	527	N/A	PLANNED PARENTHOOD ACTION FUND INC	Yes	
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	Yes	
VOXENT 400 W 30TH STREET LOS ANGELES, CA 90007 61-1541009	TECHNOLOGY SUPPORT	CA	501(C)(3)	LINE 11A, I	PLANNED PARENTHOOD FEDERATION OF AMERICA INC	Yes	
PPFA 21ST CENTURY INC 434 WEST 33RD STREET NEW YORK, NY 10001 16-1681541	SUPPORTING	NY	501(C)(3)	LINE 11A, I	PLANNED PARENTHOOD FEDERATION OF AMERICA INC	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1) PLANNED PARENTHOOD ACTION FUND INC	A	677	ESTIMATE BASED ON USAGE
(2) PLANNED PARENTHOOD ACTION FUND INC	B	6,475,661	ACTUAL AMOUNT DISBURSED
(3) VOXENT	B	1,500,000	ACTUAL AMOUNT DISBURSED
(4) PLANNED PARENTHOOD FOUNDATION	C	597,920	CALCULATION BASED ON NET INCOME
(5) PLANNED PARENTHOOD ACTION FUND INC	K	77,000	ESTIMATE BASED ON USAGE
(6) PLANNED PARENTHOOD ACTION FUND INC	M	96,000	ESTIMATE BASED ON USAGE
(7) PLANNED PARENTHOOD FOUNDATION	N	61,027	FAIR MARKET VALUE
(8) PLANNED PARENTHOOD ACTION FUND INC	N	3,137,459	FAIR MARKET VALUE
(9) PLANNED PARENTHOOD ACTION FUND INC	P	3,311,136	ACTUAL AMOUNT DISBURSED
(10) PLANNED PARENTHOOD FOUNDATION	P	75,127	ACTUAL AMOUNT DISBURSED

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

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

Type or print File by the extended due date for filing your return. See instructions	Name of exempt organization PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.	Employer identification number 13-1644147
	Number, street, and room or suite no. If a P.O. box, see instructions. 434 WEST 33RD STREET	
	City, town or post office, state, and ZIP code For a foreign address, see instructions NEW YORK, NY 10001	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

- The books are in the care of **▶ ELZBIETA SZAFRAN-BODZIONY**
Telephone No. **▶ 212-541-7800** FAX No. **▶**
 - If the organization does not have an office or place of business in the United States, check this box
 - If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until 05/15, 20 12.
- 5 For calendar year , or other tax year beginning 07/01, 20 10, and ending 06/30, 20 11.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

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

Signature and Verification

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

Signature **▶** Margaret A. Checkshaw CPA Title **▶** AUTHORIZED AGENT Date **▶** 1/12/12