

CitizenAudit.org

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2014
Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PLANNED PARENTHOOD FEDERATION OF AMERICA INC Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suite 123 WILLIAM STREET NO 10 FL City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10038	D Employer identification number 13-1644147 E Telephone number (212) 541-7800 G Gross receipts \$ 223,723,325
F Name and address of principal officer CECILE RICHARDS 123 WILLIAM STREET NO 10 FL NEW YORK, NY 10038		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates 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

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		31
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		31
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5		685
6	Total number of volunteers (estimate if necessary)	6		35
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b		0
8	Contributions and grants (Part VIII, line 1h)	8	Prior Year	Current Year
			169,312,084	187,906,299
9	Program service revenue (Part VIII, line 2g)	9	1,709,162	1,535,496
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	3,269,994	5,016,298
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	2,326,045	1,205,834
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	176,617,285	195,663,927
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	40,030,065	82,821,557
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	50,162,220	53,252,812
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	4,988,509	5,015,930
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 25,342,373	b		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	53,017,878	58,201,357
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	18	148,198,672	199,291,656
19	Revenue less expenses Subtract line 18 from line 12	19	28,418,613	-3,627,729
20	Total assets (Part X, line 16)	20	Beginning of Current Year	End of Year
			353,684,105	369,436,459
21	Total liabilities (Part X, line 26)	21	75,109,910	95,814,232
22	Net assets or fund balances Subtract line 21 from line 20	22	278,574,195	273,622,227

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 WALLACE D'SOUZA CHIEF FINANCIAL OFFICER Type or print name and title	2016-02-12 Date
Paid Preparer Use Only	Print/Type preparer's name Firm's name ▶ KPMG LLP Firm's address ▶ 345 PARK AVENUE NEW YORK, NY 101540102	Preparer's signature Date Check <input type="checkbox"/> if self-employed Firm's EIN ▶ 13-5565207 Phone no (212) 758-9700 PTIN P00501222

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 123,868,730 including grants of \$ 75,793,452) (Revenue \$ 655,761)

INCREASE ACCESS - PROGRAMS DESIGNED TO IMPROVE ACCESS TO REPRODUCTIVE HEALTH SERVICES AND INFORMATION BY LEVERAGING TECHNOLOGY, ENHANCING EXISTING CAPACITY, AND SECURING THE ROLE OF WOMEN'S HEALTH CENTERS IN THE EVOLVING HEALTHCARE SYSTEM

4b (Code) (Expenses \$ 12,962,294 including grants of \$ 2,581,794) (Revenue \$ 716,939)

ENGAGE COMMUNITIES - PROGRAMS DESIGNED TO ENGAGE BROAD AND DIVERSE COMMUNITIES TO REDUCE HEALTH DISPARITIES AND IMPROVE SEXUAL HEALTH FOR THE NEXT GENERATION

4c (Code) (Expenses \$ 9,656,335 including grants of \$ 3,318,928) (Revenue \$ 323,105)

BUILD ADVOCACY CAPACITY- PROGRAMS DESIGNED TO BUILD THE ORGANIZATIONAL CAPACITY AND EXPERTISE NECESSARY TO BE EFFECTIVE IN PROTECTING AND EXPANDING ACCESS TO THE FULL RANGE OF REPRODUCTIVE HEALTH SERVICES

See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ 8,426,071 including grants of \$ 1,127,383) (Revenue \$ 27,500)

4e Total program service expenses 154,913,430

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> <input checked="" type="checkbox"/>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>		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 and XII is optional</i> <input checked="" type="checkbox"/>	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> <input checked="" type="checkbox"/>	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> <input checked="" type="checkbox"/>	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> <input checked="" type="checkbox"/>		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) <input checked="" type="checkbox"/>	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> <input checked="" type="checkbox"/>	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> <input checked="" type="checkbox"/>		No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
20b			

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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>	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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	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>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
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>	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>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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 or note to any line in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (31), 1b (31), 2 (No), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (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 (Yes), 10b (Yes), 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, WA, WV, WI
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records.

123 WILLIAM STREET 10FL NEW YORK, NY 10038 (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 or note to any line in this Part VII 

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	3,553,990	529,343	590,832

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **146**

	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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
O'BRIEN MCCONNELL & PEARSON 1133 19TH STREET NW 300 WASHINGTON, DC 20036	CONSULTING	6,803,818
XEROX BUSINESS SERVICES LLC PO BOX 201322 DALLAS, TX 75320	IT SERVICES	2,476,778
GRASSROOTS CAMPAIGNS INC 1321 15TH STREET SUITE 100 DENVER, CO 80202	CANVASSING	2,097,946
IDEO LP 715 ALMA STREET PALO ALTO, CA 94301	CONSULTING	1,950,684
BLACKBAUD INC PO BOX 930256 ATLANTA, GA 31193	CONSULTING	1,636,975

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **86**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a	1,481,754					
	b	Membership dues 1b						
	c	Fundraising events 1c	361,384					
	d	Related organizations 1d						
	e	Government grants (contributions) 1e	6,042					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	186,057,119					
	g	Noncash contributions included in lines 1a-1f \$	28,272,994					
	h	Total. Add lines 1a-1f	187,906,299					
Program Service Revenue			Business Code					
	2a	MEETING REVENUE	900099	724,872	724,872			
	b	SMART 800	900099	272,162	272,162			
	c	NATIONAL CALL CENTER	900099	161,130	161,130			
	d	RESEARCH	900099	136,837	136,837			
	e	VOTER ACTIVATION NETWORK	900099	134,944	134,944			
	f	All other program service revenue		105,551	105,551			
	g	Total. Add lines 2a-2f		1,535,496				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,135,926		3,135,926		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties		212,708		212,708		
	6a	b	c	d	(i) Real	(ii) Personal		
					Gross rents			
					Less rental expenses			
					Rental income or (loss)			
	d	Net rental income or (loss)						
	7a	b	c	d	(i) Securities	(ii) Other		
					Gross amount from sales of assets other than inventory	28,393,224		
					Less cost or other basis and sales expenses	26,512,852		
					Gain or (loss)	1,880,372		
	d	Net gain or (loss)		1,880,372		1,880,372		
	8a	Gross income from fundraising events (not including \$ 361,384 of contributions reported on line 1c) See Part IV, line 18						
	a		84,725					
b	Less direct expenses b	349,300						
c	Net income or (loss) from fundraising events		-264,575		-264,575			
9a	Gross income from gaming activities See Part IV, line 19							
a								
b	Less direct expenses b							
c	Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances							
a		1,385,056						
b	Less cost of goods sold b	1,197,246						
c	Net income or (loss) from sales of inventory		187,810	187,810				
Miscellaneous Revenue		Business Code						
11a	OVERHEAD FEES	900099	846,705		846,705			
b	SERVICE FEES & OTHER MISC REV	900099	223,186		223,186			
c								
d	All other revenue							
e	Total. Add lines 11a-11d		1,069,891					
12	Total revenue. See Instructions		195,663,927	1,723,306	0	6,034,322		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	62,097,585	62,097,585		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	20,723,972	20,723,972		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,343,070	1,686,487	871,281	785,302
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	40,096,269	24,659,835	7,450,876	7,985,558
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,569,921	1,015,024	268,642	286,255
9	Other employee benefits	5,540,886	3,018,223	946,147	1,576,516
10	Payroll taxes	2,702,666	1,654,503	454,893	593,270
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,060,030	726,305	199,494	134,231
c	Accounting	335,086	109,188	196,272	29,626
d	Lobbying	83,299	73,838		9,461
e	Professional fundraising services See Part IV, line 17	5,015,930			5,015,930
f	Investment management fees	497,905		497,905	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	27,411,966	22,512,461	3,212,278	1,687,227
12	Advertising and promotion	647,646	634,266	685	12,695
13	Office expenses	4,579,087	2,495,512	615,072	1,468,503
14	Information technology	391,871	128,135	225,034	38,702
15	Royalties				
16	Occupancy	1,740,261	1,152,111	277,199	310,951
17	Travel	4,704,507	3,706,640	451,835	546,032
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,134,834	2,436,127	512,862	185,845
20	Interest	969,909	583,456	181,970	204,483
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,073,440	1,247,272	389,040	437,128
23	Insurance	701,203	142,332	535,494	23,377
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	OTHER FUNDRAISING EXPEN	5,299,422	2,032,830		3,266,592
b	REPAIRS & MAINTENANCE	1,282,110	298,446	754,445	229,219
c	BANK CHARGES & LOCKBOX	1,062,380	307,237	656,998	98,145
d	OUTSIDE PRINTING & ARTW	982,955	593,218	70,354	319,383
e	All other expenses	1,243,446	878,427	267,077	97,942
25	Total functional expenses. Add lines 1 through 24e	199,291,656	154,913,430	19,035,853	25,342,373
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	10,156,085	3,897,284	0	6,258,801

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	40,098,106	1	40,601,803
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	51,111,501	3	62,410,660
	4 Accounts receivable, net	2,570,728	4	2,897,720
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	653,403	8	453,331
	9 Prepaid expenses and deferred charges	957,519	9	1,241,737
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 72,626,399		
	b Less accumulated depreciation	10b 18,450,550	54,824,651	10c 54,175,849
	11 Investments—publicly traded securities	190,557,611	11	193,616,301
	12 Investments—other securities See Part IV, line 11	9,174,049	12	10,367,756
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	3,736,537	15	3,671,302
16 Total assets. Add lines 1 through 15 (must equal line 34)	353,684,105	16	369,436,459	
Liabilities	17 Accounts payable and accrued expenses	15,613,507	17	12,605,963
	18 Grants payable	6,975,190	18	33,076,415
	19 Deferred revenue	152,180	19	126,194
	20 Tax-exempt bond liabilities	33,505,000	20	31,395,000
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	18,864,033	25	18,610,660
	26 Total liabilities. Add lines 17 through 25	75,109,910	26	95,814,232
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	142,287,710	27	138,821,553
	28 Temporarily restricted net assets	111,275,413	28	108,992,786
	29 Permanently restricted net assets	25,011,072	29	25,807,888
	Organizations that do not follow SFAS 117 (ASC 958), 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	278,574,195	33	273,622,227	
34 Total liabilities and net assets/fund balances	353,684,105	34	369,436,459	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	195,663,927
2	Total expenses (must equal Part IX, column (A), line 25)	2	199,291,656
3	Revenue less expenses Subtract line 2 from line 1	3	-3,627,729
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	278,574,195
5	Net unrealized gains (losses) on investments	5	-3,070,291
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,746,052
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	273,622,227

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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
3b	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		

Additional Data

Software ID:

Software Version:

EIN: 13-1644147

Name: PLANNED PARENTHOOD FEDERATION OF AMERICA INC

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 3,927,967 including grants of \$ 535,808) (Revenue \$ 27,500)

RENEW LEADERSHIP - PROGRAMS DESIGNED TO RECRUIT AND DEVELOP YOUNG, DIVERSE LEADERS DEDICATED TO PROVIDING SEXUAL HEALTHCARE AND EDUCATION

(Code) (Expenses \$ 4,498,104 including grants of \$ 591,575) (Revenue \$)

REFRESH OUR BRAND - PROGRAMS DESIGNED TO RAISE VISIBILITY SO THAT DIVERSE COMMUNITIES AND INDIVIDUALS ARE AWARE OF AND UNDERSTAND THE FULL RANGE OF PLANNED PARENTHOOD HEALTH SERVICES OFFERED

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALEXIS MCGILL JOHNSON CHAIRPERSON THRU 3/20/15	1 00	X		X				0	0	0
(1) JILL LAFER CHAIRPERSON STARTING 3/20/15	1 00	X		X				0	0	0
(2) NAOMI ABERLY VICE CHAIR	1 00	X		X				0	0	0
(3) MICHAEL NEWTON TREASURER	1 00	X		X				0	0	0
(4) VERONICA DELA ROSA SECRETARY	1 00	X		X				0	0	0
(5) CECILIA BOONE DIRECTOR THRU 3/20/15	1 00	X						0	0	0
(6) DHARMA CORTES DIRECTOR	1 00	X						0	0	0
(7) KIM CUSTER DIRECTOR THRU 12/31/14	1 00	X						0	0	0
(8) STEPHEN DEBERRY DIRECTOR	1 00	X						0	0	0
(9) MALLIKA DUTT DIRECTOR	1 00	X						0	0	0
(10) COLLEEN FOSTER DIRECTOR	1 00	X						0	0	0
(11) JUANITA FRANCIS DIRECTOR	1 00	X						0	0	0
(12) LINDA GRUBER DIRECTOR	1 00	X						0	0	0
(13) CATHY HAMPTON DIRECTOR	1 00	X						0	0	0
(14) MARYANA ISKANDER DIRECTOR	1 00	X						0	0	0
(15) KATE JHAVERI DIRECTOR	1 00	X						0	0	0
(16) DR PAULA JOHNSON DIRECTOR	1 00	X						0	0	0
(17) DAVID KARP DIRECTOR	1 00	X						0	0	0
(18) MINI KRISHNAN DIRECTOR	1 00	X						0	0	0
(19) MARIA THERESA KUMAR DIRECTOR STARTING 3/20/15	1 00	X						0	0	0
(20) KEN LAMBRECHT DIRECTOR	1 00	X						0	0	0
(21) DIANE MAX DIRECTOR STARTING 3/20/15	1 00	X						0	0	0
(22) LAURA MEYERS DIRECTOR STARTING 3/20/15	1 00	X						0	0	0
(23) REV TIMOTHY MCDONALD DIRECTOR	1 00	X						0	0	0
(24) MARGOT MILLIKEN DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) DONYA NASSER DIRECTOR STARTING 3/20/15	1 00	X						0	0	0
(1) KIMBERLY OLSON DIRECTOR	1 00	X						0	0	0
(2) ANNA QUINDLEN DIRECTOR	1 00	X						0	0	0
(3) NATHALIE RAYES DIRECTOR	1 00	X						0	0	0
(4) DALE REISS DIRECTOR	1 00	X						0	0	0
(5) JOE SOLMONESE DIRECTOR	1 00	X						0	0	0
(6) DAYLE STEINBERG DIRECTOR	1 00	X						0	0	0
(7) JUDY TABAR DIRECTOR	1 00	X						0	0	0
(8) KATHLEEN TAIT DIRECTOR THRU 3/20/15	1 00	X						0	0	0
(9) LOU ZELLNER DIRECTOR THRU 3/20/15	1 00	X						0	0	0
(10) CECILE RICHARDS PRESIDENT	31 00 4 00			X				754,166	81,037	122,749
(11) WALLACE D'SOUZA CHIEF FINANCIAL OFFICER	33 00 2 00			X				243,900	12,837	46,828
(12) LISA DAVID CHIEF OPERATING OFFICER	35 00				X			399,718	0	43,686
(13) THOMAS SUBAK CHIEF INFORMATION OFFICER	35 00				X			301,080	0	37,487
(14) DAWN LAGUENS CHIEF EXPERIENCE OFFICER	21 00 14 00				X			286,758	191,172	121,791
(15) DEBRA ALLIGOOD WHITE SR VP & GENERAL COUNSEL	33 00 2 00				X			305,737	16,092	35,258
(16) JETHRO MILLER CHIEF DEVELOPMENT OFFICER	33 00 2 00				X			199,924	9,640	2,197
(17) JENNIE THOMPSON MANAGING DIRECTOR OF DEVEL	34 00 1 00					X		273,953	10,526	23,126
(18) MOLLY EAGAN VP PLANNED PARENTHOOD EXPERIENCE	35 00					X		263,266	0	52,436
(19) ANN MCGUINNESS SR PRINCIPAL GIFTS OFFICER	4 00 31 00					X		23,116	208,039	31,152
(20) MARVIN RUSSELL CHIEF HUMAN RESOURCE OFFICER	35 00					X		271,277	0	29,699
(21) LATANYA MAPP-FRETT VP & EXEC DIR OF PP GLOBAL	35 00					X		231,095	0	44,423

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

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 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	179,504,200	155,090,170	132,739,759	169,312,084	187,906,299	824,552,512
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	179,504,200	155,090,170	132,739,759	169,312,084	187,906,299	824,552,512
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)						225,852,608
6 Public support. Subtract line 5 from line 4						598,699,904

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	179,504,200	155,090,170	132,739,759	169,312,084	187,906,299	824,552,512
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	630,852	687,132	1,504,066	2,103,528	3,348,634	8,274,212
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 VI.)	1,423,121	1,205,209	2,046,640	2,189,230	1,154,616	8,018,816
11 Total support Add lines 7 through 10						840,845,540
12 Gross receipts from related activities, etc (see instructions)					12	15,074,444

13 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

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	71.200 %
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	73.970 %

16a 33 1/3% support test—2014. 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—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 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 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2014. 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—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

3 Parent of Supported Organizations **Answer (a) and (b) below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. _____			
b From 2010. _____			
c From 2011. _____			
d From 2012. _____			
e From 2013. _____			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. _____			
b From 2011. _____			
c From 2012. _____			
d From 2013. _____			
e From 2014. _____			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SECTION B, LINE 10,	OTHER INCOME CONSISTS OF SPECIAL EVENTS AND AFFILIATE AND OTHER FEES

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2014

Open to Public Inspection

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

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

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Table with 2 columns: Name of the organization (PLANNED PARENTHOOD FEDERATION OF AMERICA INC) and Employer identification number (13-1644147)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures \$
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

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

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	172,983	172,983												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	676,677	676,677												
c	Total lobbying expenditures (add lines 1a and 1b)	849,660	849,660												
d	Other exempt purpose expenditures	188,126,644	193,965,192												
e	Total exempt purpose expenditures (add lines 1c and 1d)	188,976,304	194,814,852												
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%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable 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	990,098	712,808	689,416	849,660	3,241,982
d Grassroots nontaxable 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	107,020	215,357	168,329	172,983	663,689

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?			
j	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-A, COLUMN B	AFFILIATES INCLUDED IN LINES 1D(B) AND IE(B) VOXENT 61-1541009 72960 FRED WARING DRIVE PALM DESERT, CA 92260 EXPENSES \$5,838,548 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

Part IV Supplemental Information (*continued*)

Return Reference	Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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 include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form with multiple sections: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

Table with 2 columns: Held at the End of the Year, Rows: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure..., 2d Number of conservation easements included in (c) acquired after 8/17/06...

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.

Form with multiple sections: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII 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, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" 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	101,042,566	87,847,469	48,304,508	37,243,759	32,559,226
b Contributions	15,841,860	2,191,597	36,037,595	12,468,491	54,510
c Net investment earnings, gains, and losses	2,691,810	12,074,314	4,483,364	-445,583	5,236,474
d Grants or scholarships					
e Other expenditures for facilities and programs	1,197,810	1,070,814	977,998	962,159	606,452
f Administrative expenses					
g End of year balance	118,378,426	101,042,566	87,847,469	48,304,508	37,243,758

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

- a** Board designated or quasi-endowment ▶ 69.400 %
 - b** Permanent endowment ▶ 21.800 %
 - c** Temporarily restricted endowment ▶ 8.800 %
- The percentages in lines 2a, 2b, and 2c should equal 100%

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

	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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		29,700,000		29,700,000
b Buildings		12,072,491	1,056,343	11,016,148
c Leasehold improvements		17,800,900	6,717,383	11,083,517
d Equipment		13,053,008	10,676,824	2,376,184
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				54,175,849

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

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

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
DUE TO RELATED ORGANIZATIONS (NET OF GRANTS PAYABLE)	1,187,830
LIABILITY UNDER SPLIT INTEREST AGREEMENTS	13,390,322
AMOUNTS HELD ON BEHALF OF AFFILIATES	4,032,508
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	18,610,660

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	195,246,930
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-3,070,291
b	Donated services and use of facilities	2b	207,901
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	1,746,052
e	Add lines 2a through 2d	2e	-1,116,338
3	Subtract line 2e from line 1	3	196,363,268
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	497,905
b	Other (Describe in Part XIII)	4b	-1,197,246
c	Add lines 4a and 4b	4c	-699,341
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	195,663,927

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	200,198,898
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	207,901
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	1,197,246
e	Add lines 2a through 2d	2e	1,405,147
3	Subtract line 2e from line 1	3	198,793,751
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	497,905
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	497,905
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	199,291,656

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
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 X, LINE 2	THE FIN 48 FOOTNOTE PER THE AUDITED FINANCIAL STATEMENTS STATES THAT THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED PPFA BELIEVES IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 1,973,408 LOSS ON BENEFICIAL INTEREST IN PERPETUAL TRUST -65,235 LOSS ON CONTRIBUTIONS RECEIVABLE -162,121
PART XI, LINE 4B - OTHER ADJUSTMENTS	COST OF GOODS SOLD -1,197,246
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD 1,197,246

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2014

**Open to Public
Inspection**

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

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

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 its grants and other 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 its grants and other assistance outside the United States.
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	6	48			24,898,699
b Total from continuation sheets to Part I	0	0			7,448,802
c Totals (add lines 3a and 3b)	6	48			32,347,501

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(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)
(1)	See Add'l Data								
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 94

3 Enter total number of other organizations or entities ▶ 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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, Return by a U.S. Transferor of Property to a Foreign Corporation (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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* 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, Information 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; do not file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	EXPLANATION INTERNATIONAL GRANT PROCESS - AT THE DEVELOPMENT PHASE OF EACH PROJECT, PLANNED PARENTHOOD FEDERATION OF AMERICA, INC'S GLOBAL 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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART 1, LINE 3	INVESTMENTS ARE RECORDED AT YEAR END BOOK VALUE AND EXPENDITURES ARE REPORTED ON THE ACCRUAL METHOD OF ACCOUNTING

Additional Data

Software ID:

Software Version:

EIN: 13-1644147

Name: PLANNED PARENTHOOD FEDERATION OF AMERICA INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	5	35	PROGRAM SERVICES	REPRODUCTIVE HEALTH	2,773,077
SUB-SAHARAN AFRICA	0	0	GRANTS		17,281,447
CENTRAL AMERICA AND THE CARIBBEAN	1	5	PROGRAM SERVICES	REPRODUCTIVE HEALTH	822,195

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS		1,340,610
SOUTH AMERICA	0	8	PROGRAM SERVICES	REPRODUCTIVE HEALTH	579,455
SOUTH AMERICA	0	0	GRANTS		2,040,440

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
EUROPE	0	0	GRANTS		26,695
NORTH AMERICA	0	0	GRANTS		34,780
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENT		7,448,802

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	91,620	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	31,646	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	38,036	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	42,122	WIRE TRANSFER			

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	49,899	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	35,394	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	92,221	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	55,485	WIRE TRANSFER			

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	30,099	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	74,950	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	32,174	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	36,763	WIRE TRANSFER			

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	56,468	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	41,792	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	100,020	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	69,286	WIRE TRANSFER			

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	46,205	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	45,145	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	90,000	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	25,059	WIRE TRANSFER			

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	25,430	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	20,684	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	39,594	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	51,135	WIRE TRANSFER			

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	51,343	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	65,040	WIRE TRANSFER			
		EUROPE	REPRODUCTIVE HEALTH PROGRAMS	26,695	WIRE TRANSFER			
		NORTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	34,780	WIRE TRANSFER			

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)
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	23,462	WIRE TRANSFER			
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	58,054	WIRE TRANSFER			
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	75,208	WIRE TRANSFER			
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	61,966	WIRE TRANSFER			

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)
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	35,607	WIRE TRANSFER			
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	59,614	WIRE TRANSFER			
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	90,000	WIRE TRANSFER			
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	40,000	WIRE TRANSFER			

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)
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	44,808	WIRE TRANSFER			
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	70,272	WIRE TRANSFER			
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	22,385	WIRE TRANSFER			
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	473,532	WIRE TRANSFER			

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)
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	40,087	WIRE TRANSFER			
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	43,921	WIRE TRANSFER			
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	75,000	WIRE TRANSFER			
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	100,000	WIRE TRANSFER			

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)
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	65,000	WIRE TRANSFER			
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	10,000	WIRE TRANSFER			
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	50,000	WIRE TRANSFER			
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	11,107	WIRE TRANSFER			

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)
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	44,950	WIRE TRANSFER			
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	7,102	WIRE TRANSFER			
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	44,895	WIRE TRANSFER			
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	140,000	WIRE TRANSFER			

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)
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	332,470	WIRE TRANSFER			
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	15,880	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	59,966	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	39,998	WIRE TRANSFER			

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)
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	49,605	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	25,634	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	136,240	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	17,954	WIRE TRANSFER			

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)
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	69,778	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	66,003	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	100,918	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	1,680,357	WIRE TRANSFER			

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)
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	30,185	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	1,241,767	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	928,572	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	66,487	WIRE TRANSFER			

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)
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	971,464	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	626,978	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	1,340,080	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	110,928	WIRE TRANSFER			

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)
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	81,105	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	102,217	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	119,716	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	1,746,890	WIRE TRANSFER			

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)
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	49,605	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	24,192	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	113,084	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	118,628	WIRE TRANSFER			

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)
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	66,221	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	44,219	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	102,650	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	129,965	WIRE TRANSFER			

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)
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	36,224	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	2,024,100	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	1,917,250	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	1,104,186	WIRE TRANSFER			

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)
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	1,174,250	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	149,643	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	69,106	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	266,064	WIRE TRANSFER			

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)
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	141,570	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	137,650	WIRE TRANSFER			

**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.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2014
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. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" 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

(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			
1 O'BRIEN MCCONNELL & PEARSON 1133 19TH STREET NW 300 WASHINGTON, DC 20036	CONSULTING		No	30,428,139	704,664	29,723,475
2 MR STRATEGIC SERVICES INC 1901 L STREET NW STE 800 WASHINGTON, DC 20036	CONSULTING		No	5,179,819	488,941	4,690,878
3 GRASSROOTS CAMPAIGNS INC 59 TEMPLE PLACE BOSTON, MA 02111	CANVASSING		No	909,925	2,273,485	-1,363,560
4 DONOR SERVICES GROUP 6715 SUNSET BLVD LOS ANGELES, CA 90028	TELEMARKETING		No	523,750	310,778	212,972
5 GORDON SCHWENKMEYER INC 360 N SEPULVEDA BLVD EL SEGUNDO, CA 90245	TELEMARKETING		No	256,949	266,868	-9,919
6 PUBLIC INTEREST COMMUNICATIONS INC 7700 LEESBURG PIKE SUITE 301N FALLS CHURCH, VA 22043	TELEMARKETING		No	245,758	131,281	114,477
7 YOUR VOICE MEDIA 1111 BROADWAY 2040 OAKLAND, CA 94607	TELEMARKETING		No	229,350	312,514	-83,164
8 TELEFUND PO BOX 120557 BOSTON, MA 02112	TELEMARKETING		No	220,373	117,165	103,208
9 INTEGRAL RESOURCES INC 1972 MASSACHUSETTS AVE CAMBRIDGE, MA 02140	TELEMARKETING		No	123,050	212,469	-89,419
10 SD&A TELESERVICES 5757 W CENTURY BLVD LOS ANGELES, CA 90045	TELEMARKETING		No	75,787	114,716	-38,929
Total				38,192,900	4,932,881	33,260,019

3 List all states in which the organization is registered or licensed to solicit contributions 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, DC

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		ANNUAL GALA (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	446,109			446,109
	2 Less Contributions	361,384			361,384
	3 Gross income (line 1 minus line 2)	84,725			84,725
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	127,534			127,534
	8 Entertainment	50,950			50,950
	9 Other direct expenses	170,816			170,816
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(349,300)
11 Net income summary Subtract line 10 from line 3, column (d) ▶				-264,575	

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))
		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 Subtract line 7 from line 1, column (d) ▶					

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

a Is the organization licensed to conduct 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 conduct 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 activities conducted in

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

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 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 of the third party

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 Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
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 PART I, LINE 2B, COLUMN (V) & FORM 990, PART IX, LINE 24A IN ADDITION TO PROFESSIONAL FUNDRAISER EXPENSES INCLUDED ON LINE 11E, \$5,299,422 OF OTHER REIMBURSED EXPENSES WERE PAID DIRECTLY TO PROFESSIONAL FUNDRAISERS FOR DIRECT POSTAGE/FREIGHT (\$2,394,791),PRINTING(\$1,573,557), MAIL HOUSE COSTS(\$862,693), LIST USAGE(\$329,215), AND OTHER COSTS(\$139,166) THESE REIMBURSED EXPENSES ARE REPORTED ON FORM 990, PART IX, LINE 24A THE PROFESSIONAL FUNDRAISER'S CONTRACTS AND THE INVOICES PAID DISTINGUISH BETWEEN PAYMENT FOR SERVICES AND PAYMENT FOR THESE EXPENSES

Schedule I (Form 990)

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

OMB No 1545-0047

2014

Open to Public Inspection

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

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that 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 section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: See Additional Data Table

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 82
3 Enter total number of other organizations listed in the line 1 table 6

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

Part III can be duplicated if additional space is needed.

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

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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
PART II	SEVERAL PPFA AFFILIATES MERGED OR HAD NAME CHANGES DURING FISCAL YEAR 2015 THE NAME LISTED ON PART II IS THE NAME OF THE AFFILIATE AT JUNE 30, 2015 AND INCORPORATES THE FOLLOWING CHANGES [1] INCLUDES PAYMENTS TO PP ASSOCIATION OF MERCER AREA [2] INCLUDES PAYMENTS TO PP OF SOUTH FLORIDA AND THE TREASURE COAST, INC [3] INCLUDES PAYMENTS TO PP OF THE GREAT NORTHWEST AND PP OF HAWAII [4] INCLUDES PAYMENTS TO PP HEALTH SERVICES AND PP CENTRAL NORTH CAROLINA [5] INCLUDES PAYMENTS TO PP OF SOUTHEASTERN VIRGINIA

Additional Data

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 Domestic Organizations and Domestic Governments.

(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
AFFILIATE CHIEF EXECUTIVES COUNCIL INC 4 SKYLINE DR HAWTHORNE, NY 10532	31-1319168	501C (3)	15,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
BETTERHEALTH A PP PARTNERSHIP1144 LOCUST ST PHILADELPHIA, PA 19107	23-3084482	501C (3)	14,401				TO PROVIDE TECHNOLOGY SUPPORT TO PP AFFILIATES
CALIFORNIA PP EDUCATION FUND INC555 CAPITOL MALL SUITE 510 SACRAMENTO, CA 95814	68-0358026	501C (3)	143,170				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
DOCTORS FOR AMERICA (CENTER FOR AMERICAN PROGRESS)1333 H STREET NW 10TH FLOOR WASHINGTON,DC 20005	30-0126510	501C (3)	40,500				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
FLORIDA ALLIANCE OF PP AFFILIATES INC736 CENTRAL AVENUE SARASOTA,FL 34236	59-3142119	501C (4)	50,000				TO SUPPORT ADVOCACY EFFORTS THIS GRANT PROHIBITS LOBBYING AND ELECTORAL ACTIVITY
IPASPO BOX 9990 CHAPEL HILL,NC 27515	56-1071085	501C (3)	37,140				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
LABORATORY SERVICES COOPERATIVE 2001 E MADISON STREET SEATTLE, WA 98122	26-3813271	501C (3)	30,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
MEDICAL DIRECTORS COUNCIL INC 40950 WOODWARD AVE BLOOMFIELD HILLS, MI 48304	20-0363930	501C (3)	20,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DRIVE SW ATLANTA, GA 30310	58-1438873	501C (3)	100,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MT BAKER PP1509 CORNWALL AVE BELLINGHAM, WA 98225	91-0846274	501C (3)	122,586				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP ACTION FUND INC434 WEST 33RD ST NEW YORK, NY 10001	13-3539048	501C (4)	3,000,000				TO SUPPORT ADVOCACY EFFORTS THIS GRANT PROHIBITS LOBBYING AND ELECTORAL ACTIVITY
PP ADVOCACY FUND OF MASSACHUSETTS INC1055 COMMONWEALTH AVENUE BOSTON, MA 02215	04-2698497	501C (3)	25,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 ADVOCATES OF OREGON PO BOX 12267 PORTLAND, OR 97212	93-1040482	501C (4)	77,000				TO SUPPORT ADVOCACY EFFORTS THIS GRANT PROHIBITS LOBBYING AND ELECTORAL ACTIVITY
PP AFFILIATES OF MICHIGAN 115 WALLEGAN SUITE 500 LANSING, MI 48933	38-2346424	501C (3)	133,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP ARIZONA INC 5651 N 7TH ST PHOENIX, AZ 85014	86-0146520	501C (3)	1,698,412				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP ASSOCIATION OF HIDALGO COUNTY INC916 EAST HACKBERRY SUITE A SAN DIEGO, CA 92108	74-1655329	501C (3)	9,495				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP ASSOCIATION OF PENNSYLVANIA1514 N SECOND STREET HARRISBURG, PA 17102	23-1989400	501C (3)	125,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP ASSOCIATION OF UTAH 654 SOUTH 900 EAST SALT LAKE CITY, UT 84102	87-0288909	501C (3)	753,728				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 CENTER FOR CHOICE 4600 GULF FREEWAY HOUSTON, TX 77023	68-0610636	501C (3)	982,864				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF THE COLUMBIAWILLAMETTE INC 3727 NE MARTIN LUTHER KINGS JR BLVD PORTLAND, OR 97212	93-6031270	501C (3)	897,820				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP GREATER MEMPHIS REGION INC 2430 POPLAR AVE SUITE 100 MEMPHIS, TN 38112	62-6073178	501C (3)	1,462,682				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 GULF COAST INC4600 GULF FREEWAY HOUSTON,TX 77023	74-1100163	501C (3)	2,890,866				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP HUDSON PECONIC INC 4 SKYLINE DR HAWTHORNE,NY 10532	11-2454790	501C (3)	369,983				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP KEYSTONE5920 HAMILTON BLVD ALLENTOWN,PA 18106	23-2450112	501C (3)	748,412				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 LEAGUE OF MASSACHUSETTS INC1055 COMMONWEALTH AVE BOSTON, MA 02215	04-0610636	501C (3)	671,415				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP LOS ANGELES400 WEST 30TH ST LOS ANGELES, CA 05401	95-2408623	501C (3)	746,229				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP MAR MONTE INC1691 THE ALAMEDA SAN JOSE, CA 95126	94-1583439	501C (3)	1,243,853				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 MID & SOUTH MICHIGAN 3100 PROFESSIONAL DR PO BOX 3673 ANN ARBOR, MI 48104	38-1707521	501C (3)	1,167,275				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP MINNESOTA NORTH DAKOTA SOUTH DAKOTA 671 VANDALIA ST ST PAUL, MN 55114	41-0948382	501C (3)	806,078				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP MOHAWK HUDSON INC 1424 GRENESEE ST UTICA, NY 13502	14-6004167	501C (3)	189,382				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 NEW HAMPSHIRE ACTION FUND128 LAKESIDE AVE SUITE 301 BURLINGTON,VT 05401	03-0222941	501C (3)	67,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP NORTHERN CALIFORNIA2185 PACHECO STREET CONCORD,CA 94520	94-1575233	501C (3)	864,926				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF ARKANSAS & EASTERN OKLAHOMA INC 5921 WEST 12TH ST SUITE C LITTLE ROCK,AR 72204	73-0685955	501C (3)	29,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 CENTRAL & GREATER NORTHERN NEW JERSEY INC1196 SPEEDWELL AVE MORRISTOWN, NJ 07960	22-1643997	501C (3)	455,815				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF CENTRAL & WESTERN NEW YORK INC 114 UNIVERSITY AVE ROCHESTER, NY 14605	16-0746860	501C (3)	268,971				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF CENTRAL OKLAHOMA INC619 NW 23RD STREET OKLAHOMA CITY, OK 73103	73-0660035	501C (3)	237,147				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 COLLIER COUNTY 1425 CREECH RD NAPLES, FL 34103	65-0450515	501C (3)	59,851				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF DELAWARE INC 625 SHIPLEY ST WILMINGTON, DE 19801	51-0066725	501C (3)	400,855				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF GREATER OHIO 206 EAST STATE ST COLUMBUS, OH 43215	31-4379502	501C (3)	857,564				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 GREATER ORLANDO 726 SOUTH TAMPA AVE ORLANDO, FL 32805	59-3092996	501C (3)	481,236				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF GREATER TEXAS INC 7424 GREENVILLE AVE 206 DALLAS, TX 75231	52-1243220	501C (3)	2,192,472				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF GREATER WASHINGTON & NORTH IDAHO 123 E INDIAN AVE SUITE 100 SPOKANE, WA 99207	91-6071384	501C (3)	272,746				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 ILLINOIS18 S MICHIGAN AV 6TH FLOOR CHICAGO,IL 60603	36-2170901	501C (3)	2,503,145				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF INDIANA & KENTUCKY INC200 S MERIDIAN ST SUITE 400 INDIANAPOLIS,IN 46225	35-0874276	501C (3)	3,664,385				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF KANSAS & MID-MISSOURI4401 WEST 109TH ST 200 OVERLAND PARK, KS 66211	44-0565390	501C (3)	712,387				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 MARYLAND INC330 NORTH HOWARD ST BALTIMORE,MD 21201	52-0607930	501C (3)	252,549				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF METROPOLITAN NEW JERSEY INC151 WASHINGTON ST NEWARK,NJ 07102	22-1539559	501C (3)	174,345				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF METROPOLITAN WASHINGTON DC INC1108 16TH ST NW WASHINGTON,DC 20036	53-0204621	501C (3)	1,131,258				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 MIDDLE & EAST TENNESSEE INC50 VANTAGE WAY SUITE 102 NASHVILLE, TN 37228	62-6050064	501C (3)	907,933				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF MONTANA INC2525 4TH AVE N SUITE 201 BILLINGS, MT 59101	81-0307201	501C (3)	257,704				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF NASSAU COUNTY INC540 FULTON AVE HEMPSTEAD, NY 11550	11-1776035	501C (3)	174,215				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 NEW YORK CITY INC 26 BLEECKER ST NEW YORK, NY 10012	13-2621497	501C (3)	1,038,168				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF NORTH FLORIDA 3850 BEACH BLVD JACKSONVILLE, FL 32207	59-1061757	501C (3)	51,990				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF NORTHERN NEW ENGLAND INC 128 LAKESIDE AVE 301 BURLINGTON, VT 05401	03-0222941	501C (3)	491,095				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 ORANGE & SAN BERNARDINO COUNTIES INC700 S TUSTIN ST ORANGE, CA 92866	95-6152773	501C (3)	350,886				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF SANTA BARBARA VENTURA & SAN LUIS OBISPO COUNTIES INC 518 GARDEN ST SANTA BARBARA, CA 93101	95-2319356	501C (3)	217,646				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF SOUTH EAST & NORTH FLORIDA22300 N FLORIDA MANGO ROAD WEST PALM BEACH, FL 33409	59-1391115	501C (3)	1,651,032				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 SOUTHERN NEW ENGLAND INC345 WHITNEY AVE NEW HAVEN, CT 06511	06-0263565	501C (3)	708,820				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF SOUTHERN NEW JERSEY INC317 BROADWAY CAMDEN, NJ 08103	21-6008381	501C (3)	112,407				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF SOUTHWEST & CENTRAL FLORIDA INC736 CENTRAL AVE SARASOTA, FL 34236	59-1274328	501C (3)	1,000,810				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 SOUTHWESTERN OREGON3579 FRANKLIN BLVD EUGENE, OR 97403	93-0573822	501C (3)	167,517				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF THE GREAT NORTHWEST & THE HAWAIIAN ISLANDS32001 E MADISON SEATTLE, WA 98122	91-0686012	501C (3)	1,367,027				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF THE HEARTLAND INC1171 7TH ST SEATTLE, WA 98122	42-0727488	501C (3)	1,599,761				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 THE MID-HUDSON VALLEY INC178 CHURCH ST POUGHKEEPSIE, NY 12601	14-1344810	501C (3)	158,898				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF THE NORTH COUNTRY NEW YORK INC 160 STONE ST WATERTOWN, NY 13601	16-0919175	501C (3)	110,618				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF THE PACIFIC SOUTHWEST1075 CAMINO DEL RIO SOUTH SAN DIEGO, CA 92108	95-6111785	501C (3)	491,167				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 THE ROCKY MOUNTAINS INC7155 E 38TH AVE DENVER, CO 80207	84-0404253	501C (3)	1,588,398				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF THE SOUTHERN FINGER LAKES314 W STATE ST ITHACA, NY 14850	16-0953368	501C (3)	270,728				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF THE ST LOUIS REGION & SOUTHWEST MISSOURI4251 FOREST PARK AVE ST LOUIS, MO 63108	43-0652666	501C (3)	522,657				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 MICHIGAN INC425 CHERRY ST SE GRAND RAPIDS, MI 49503	38-1782520	501C (3)	130,094				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF WESTERN PENNSYLVANIA INC933 LIBERTY AVE PITTSBURGH, PA 15222	25-0965474	501C (3)	529,689				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF WISCONSIN INC302 N JACKSON ST MILWAUKEE, WI 53202	39-0863391	501C (3)	1,277,211				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 INC2233 LAKE AVE 2ND FLOOR ALTADENA, CA 91001	95-1916050	501C (3)	182,335				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP PUBLIC POLICY NETWORK OF WASHINGTON2001 EAST MADISON STREET SEATTLE, WA 98122	20-1987331	501C (3)	10,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP SOUTH ATLANTIC4100 SOUTH BOYLAN AVE RALEIGH, NC 27603	56-1282557	501C (3)	2,379,051				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 SOUTH TEXAS104 BABCOCK RD SAN ANTONIO, TX 78201	47-1297211	501C (3)	1,077,377				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP SOUTHEAST INC75 PIEDMONT AVE NE SUITE 800 ATLANTA, GA 30303	58-6045874	501C (3)	4,918,011				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP SOUTHEASTERN PENNSYLVANIA1144 LOCUST ST PHILADELPHIA, PA 19107	23-1352509	501C (3)	2,198,210				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 SOUTHWEST OHIO REGION 2314 AUBURN AVE CINCINNATI, OH 45219	31-0536688	501C (3)	752,977				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP TEXAS VOTES 201 E BEN WHITE BLVD BLDG B SUITE 100 AUSTIN, TX 78704	46-5305326	501C (4)	150,000				TO SUPPORT ADVOCACY EFFORTS THIS GRANT PROHIBITS LOBBYING AND ELECTORAL ACTIVITY
PP VOTES NORTHWEST 2001 EAST MADISON SEATTLE, WA 98122	94-3168114	501C (4)	10,000				TO SUPPORT ADVOCACY EFFORTS THIS GRANT PROHIBITS LOBBYING AND ELECTORAL ACTIVITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
PROTECT OUR FAMILIES INC7155 E 38TH AVE DENVER, CO 80207	84-1464199	501C (4)	400,000				TO SUPPORT ADVOCACY EFFORTS THIS GRANT PROHIBITS LOBBYING AND ELECTORAL ACTIVITY
REPRODUCTIVE HEALTH SERVICES OF PP OF THE ST LOUIS REGION4251 FOREST PARK AVE ST LOUIS, MO 63108	43-1848056	501C (3)	510,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
SISTERREACH1750 MADISON AVE STE 600 MEMPHIS, IN 38104	45-4013343	501C (3)	10,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
THIRD SECTOR DEVELOPMENT INC165 COURTLAND AVE ATLANTA,GA 30303	58-2421574	501C (3)	100,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
TIDES CENTERPO BOX 29907 SAN FRANCISCO,CA 94129	94-3213100	501C (3)	10,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
UPPER HUDSON PP INC855 CENTRAL AVE ALBANY,NY 12206	14-6000805	501C (3)	272,928				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
THE VIRGINIA LEAGUE FOR PP INC 5201 N HAMILTON ST RICHMOND, VA 23221	54-0505973	501C (3)	733,533				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2014

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, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

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

- 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.
- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input 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) |

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 of the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- | | |
|---|---|
| <input 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 |

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- 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

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III

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

- a** The organization?
- b** Any related organization?
- If "Yes," to line 6a or 6b, describe in Part III

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

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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a	Yes	
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(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 in column(B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
PART I, LINES 4A-B	PART I, LINE 4A LISA DAVID'S EMPLOYMENT AS CHIEF OPERATING OFFICER ENDED ON NOVEMBER 1, 2014 AND SHE RECEIVED AN INITIAL SEVERANCE PAYMENT OF \$45,000 PART I, LINE 4B THE PRESIDENT'S, CECILE RICHARDS, BASE COMPENSATION IN 2014 WAS \$500,700 IN ADDITION TO COMPENSATION, PPFA MAINTAINS A NON QUALIFIED DEFERRED COMPENSATION PLAN (457(F) PLAN) FOR CERTAIN KEY EMPLOYEES UNDER THIS PLAN, AT THE DIRECTION OF THE BOARD OF DIRECTORS, THE PRESIDENT'S TOTAL OF \$280,240 WAS CONTRIBUTED BY PPFA BETWEEN 2011-2013 AND REPORTED AS COMPENSATION ON THE FORM 990 OVER THESE PREVIOUS THREE YEARS THE PLAN REQUIRES VESTING EVERY THREE YEARS IN 2014, \$333,729 VESTED AND WAS PAID OUT, WHICH IS REPORTED ON THE 2014 FORM 990 BECAUSE OF THE REQUIREMENTS OF THE FORM 990, \$280,240 OF THIS COMPENSATION WAS ACTUALLY EARNED AND REPORTED ON THE FORM 990 IN PRIOR YEARS BUT IS ALSO DISCLOSED ON THE 2014 FORM 990 BECAUSE IT WAS PAID OUT DURING THIS TIME THE CHIEF EXPERIENCE OFFICER, DAWN LAGUENS, PARTICIPATED IN A 457(F)PLAN BEGINNING IN CALENDAR YEAR 2014 THE TOTAL AMOUNT DEFERRED TO THIS PLAN FOR THE CALENDAR YEAR 2014 AMOUNTED TO \$76,174

Additional Data

Software ID:

Software Version:

EIN: 13-1644147

Name: PLANNED PARENTHOOD FEDERATION OF AMERICA INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CECILE RICHARDS, PRESIDENT	(i)	439,114	0	315,052	105,721	1,930	861,817	263,974
	(ii)	61,586	0	19,451	14,827	271	96,135	16,266
WALLACE D'SOUZA, CHIEF FINANCIAL OFFICER	(i)	219,884	23,750	266	14,193	30,294	288,387	0
	(ii)	11,573	1,250	14	747	1,594	15,178	0
LISA DAVID, CHIEF OPERATING OFFICER	(i)	353,613	0	46,105	13,286	30,400	443,404	0
	(ii)	0	0	0	0	0	0	0
THOMAS SUBAK, CHIEF INFORMATION OFFICER	(i)	290,610	10,000	470	7,800	29,687	338,567	0
	(ii)	0	0	0	0	0	0	0
DAWN LAGUENS, CHIEF EXPERIENCE OFFICER	(i)	268,500	18,000	258	53,759	19,315	359,832	0
	(ii)	179,000	12,000	172	35,840	12,877	239,889	0
DEBRA ALLIGOOD WHITE, SR VP & GENERAL COUNSEL	(i)	281,594	23,750	393	13,489	20,006	339,232	0
	(ii)	14,821	1,250	21	710	1,053	17,855	0
JETHRO MILLER, CHIEF DEVELOPMENT OFFICER	(i)	175,975	23,850	99	0	2,096	202,020	0
	(ii)	8,485	1,150	5	0	101	9,741	0
JENNIE THOMPSON, MANAGING DIRECTOR OF DEVEL	(i)	272,743	0	1,210	9,759	12,511	296,223	0
	(ii)	10,479	0	47	375	481	11,382	0
MOLLY EAGAN, VP PLANNED PARENTHOOD EXPERIENCE	(i)	262,980	0	286	15,600	36,836	315,702	0
	(ii)	0	0	0	0	0	0	0
ANN MCGUINNESS, SR PRINCIPAL GIFTS OFFICER	(i)	23,116	0	0	1,428	1,687	26,231	0
	(ii)	208,039	0	0	12,855	15,182	236,076	0
MARVIN RUSSELL, CHIEF HUMAN RESOURCE OFFICER	(i)	245,089	25,000	1,188	7,136	22,563	300,976	0
	(ii)	0	0	0	0	0	0	0
LATANYA MAPP-FRETT, VP & EXEC DIR OF PP GLOBAL	(i)	220,804	10,000	291	13,811	30,612	275,518	0
	(ii)	0	0	0	0	0	0	0

**Schedule K
(Form 990)**

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2014

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.**

▶ **Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
PLANNED PARENTHOOD FEDERATION OF AMERICA INC

Employer identification number
13-1644147

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A PUBLIC FINANCE AUTHORITY	27-3866124		12-20-2011	30,000,000	PURCHASE OF NY OFFICE BUILDING		X		X		X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		3,500,000						
2 Amount of bonds legally defeased								
3 Total proceeds of issue		30,000,000						
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		30,000,000						
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2011							
14 Were the bonds issued as part of a current refunding issue?		X						
15 Were the bonds issued as part of an advance refunding issue?		X						
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	3 300 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	3 300 %							
6 Total of lines 4 and 5	3 300 %							
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?	X							
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2014

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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 noncash contribution amounts. Row 9 shows Securities—Publicly traded with value 28,272,994 and method FAIR MARKET VALUE.

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 0

Table with 3 columns: Question, Yes, No. Row 30a asks if property held for at least three years. Row 31 asks about gift acceptance policy. Row 32a asks about third parties. Row 33 asks about reporting amounts.

Part III Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

Schedule M (Form 990) (2014)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

Name of the organization PLANNED PARENTHOOD FEDERATION OF AMERICA INC	Employer identification number 13-1644147
--	--

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS OF PLANNED PARENTHOOD FEDERATION OF AMERICA ELECT THE BOARD OF DIRECTORS
FORM 990, PART VI, SECTION A, LINE 7B	IN ADDITION TO THE BOARD, THE MEMBERSHIP APPROVES CHANGES TO THE BY LAWS AND CHANGES TO THE DUES FORMULA FOR THE NATIONAL PROGRAM SUPPORT TO BE CONTRIBUTED BY THE MEMBERS OF PPFA
FORM 990, PART VI, SECTION B, LINE 11	PLANNED PARENTHOOD FEDERATION OF AMERICA, INC 'S FORM 990 IS PREPARED BY THE ORGANIZATION'S FINANCE STAFF AND REVIEWED INTERNALLY BY THE CHIEF FINANCIAL OFFICER AND THE LEGAL DEPARTMENT THE DRAFT FORM 990 IS THEN REVIEWED EXTERNALLY BY AN INDEPENDENT PAID TAX PREPARER ANY REVISIONS ARE PRESENTED TO THE ORGANIZATION AND ONCE REVISED, THE FINAL DRAFT FORM 990 IS REVIEWED BY THE ORGANIZATION'S AUDIT COMMITTEE ONCE THE DRAFT 990 IS APPROVED BY THE AUDIT COMMITTEE, COPIES OF THE COMPLETED FORM 990 ARE PROVIDED TO EACH VOTING MEMBER OF THE GOVERNING BOARD PRIOR TO SUBMISSION AND FILING WITH THE INTERNAL REVENUE SERVICE
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY - PLANNED PARENTHOOD FEDERATION OF AMERICA, INC ("PPFA") ASKS ITS KEY EMPLOYEES, OTHER EMPLOYEES, OFFICERS AND OTHER 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 PARTICIPATE IN DELIBERATIONS OR DISCUSSIONS, BE PRESENT FOR A VOTE, OR VOTE ON THE MATTER
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION REVIEW PROCESS - PLANNED PARENTHOOD FEDERATION OF AMERICA, INC ("PPFA") HAS A COMPENSATION SETTING BODY (THE "BODY") THAT REVIEWS AND APPROVES THE COMPENSATION OF THE LEADERSHIP STAFF OF PPFA INCLUDING THE PRESIDENT, CHIEF FINANCIAL OFFICER, CHIEF OPERATING OFFICER, AND OTHER MEMBERS OF THE EXECUTIVE TEAM THIS INDEPENDENT BODY IS COMPRISED OF THE OFFICERS OF THE PPFA BOARD AND 3 OTHER DIRECTORS, 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 PROCEEDINGS ARE DOCUMENTED CONTEMPORANEOUSLY IN MINUTES
FORM 990, PART VI, SECTION C, LINE 19	PLANNED PARENTHOOD FEDERATION OF AMERICA'S ANNUAL REPORT AND FORM 990 ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND ARE AVAILABLE UPON REQUEST
FORM 990, PART VI, SECTION A, LINE 1A - EXECUTIVE COMMITTEE -	PPFA BY LAWS PROVIDE FOR AN EXECUTIVE COMMITTEE WHICH IS RESPONSIBLE TO THE BOARD AND HAS FULL POWER TO ACT IN THE OPERATION AND MANAGEMENT OF PPFA IF AN URGENT MATTER ARISES BETWEEN BOARD MEETINGS THE COMMITTEE MUST REQUEST THAT THE BOARD RATIFY THE COMMITTEE'S DECISIONS AT THE NEXT REGULARLY SCHEDULED BOARD MEETING ALL MEMBERS OF THE EXECUTIVE COMMITTEE ARE MEMBERS OF THE BOARD OF DIRECTORS
FORM 990, PART IX, LINE 11G	OTHER PROGRAM SERVICE EXPENSES 22,512,461 MANAGEMENT AND GENERAL EXPENSES 3,212,278 FUNDRAISING EXPENSES 1,687,227 TOTAL EXPENSES 27,411,966
FORM 990, PART IX, LINE 11G - FEES FOR SERVICES - OTHER	\$27,411,966 OF OTHER FEES FOR SERVICES CONSISTED OF CONSULTANT FEES (\$16,486,246), OTHER PROFESSIONAL FEES (\$7,601,448), REIMBURSED EXPENSES (\$718,394), MARKETING (\$590,568), DATABASE FEES (\$540,694), RECRUITMENT FEES (\$535,911), TEMPORARY HELP (\$413,082), SECURITY EXPENSES (\$290,797), DIRECT MAIL PROCESSING (\$133,652), AND LIST USAGE (\$101,174)
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 1,973,408 LOSS ON BENEFICIAL INTEREST IN PERPETUAL TRUST -65,235 LOSS ON CONTRIBUTIONS RECEIVABLE -162,121

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2014

Open to Public Inspection

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

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 (if applicable) 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	PPFA
(2) PROPER ATTIRE LLC C/O PPFA 434 WEST 33RD ST NEW YORK, NY 10001 27-1986483	CONDOM SALES	DE	302,538	583,046	PPFA
(3) COMMUNITY CONNECT LLC C/O PPFA 434 WEST 33RD ST NEW YORK, NY 10001 46-3961161	AFFORDABLE CARE ACT CANVASSING	DE	7,868	57,740	PPFA

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 entity?	
						Yes	No
(1) PLANNED PARENTHOOD ACTION FUND INC (PPAF) 434 WEST 33RD STREET NEW YORK, NY 10001 13-3539048	ADVOCACY	NY	501(C)(4)	N/A	PPFA	Yes	
(2) 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	
(3) 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	
(4) VOXENT 72960 FRED WARING DRIVE PALM DESERT, CA 92260 61-1541009	TECHNOLOGY SUPPORT	CA	501(C)(3)	LINE 11A, I	PPFA	Yes	
(5) PPFA 21ST CENTURY INC 434 WEST 33RD STREET NEW YORK, NY 10001 16-1681541	SUPPORTING	DC	501(C)(3)	LINE 11A, I	PPFA	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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) COMMUNITY OUTREACH GROUP LLC C/O PPAF 434 WEST 33RD ST NEW YORK, NY 10001 46-5346839	COMMUNITY-BASED ORGANIZING, ADVOCACY AND CANVASSING	DE	PPAF	C					No
(2) CHARITABLE REMAINDER TRUST (16)	CHARITABLE REMAINDER TRUSTS	NY	PPFA	T					No
(3) CHARITABLE LEAD TRUST (2)	CHARITABLE LEAD TRUSTS	NY	PPFA	T					No
(4) POOLED INCOME FUND	POOLED INCOME FUND	MO	PPFA	T					No

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

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

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a Yes	
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n Yes	
o Sharing of paid employees with related organization(s)	1o Yes	
p Reimbursement paid to related organization(s) for expenses	1p Yes	
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

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

Additional Data

Software ID:
Software Version:
EIN: 13-1644147
Name: PLANNED PARENTHOOD FEDERATION OF AMERICA INC

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
PLANNED PARENTHOOD ACTION FUND INC	A	84,612	ESTIMATE BASED ON USAGE
PLANNED PARENTHOOD ACTION FUND INC	B	3,000,000	ACTUAL AMOUNT DISBURSED
PLANNED PARENTHOOD ACTION FUND INC	L	654,475	ESTIMATE BASED ON USAGE
VOXENT	M	546,342	ACTUAL AMOUNT DISBURSED
COMMUNITY OUTREACH GROUP INC	M	1,491,429	ACTUAL AMOUNT DISBURSED
PLANNED PARENTHOOD ACTION FUND INC	N	192,230	ESTIMATE BASED ON USAGE
PLANNED PARENTHOOD ACTION FUND INC	O	6,468,361	ESTIMATE BASED ON USAGE
PLANNED PARENTHOOD ACTION FUND INC	Q	7,399,678	ACTUAL AMOUNT DISBURSED