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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PLANNED PARENTHOOD FEDERATION OF AMERICA INC		D Employer identification number 13-1644147
	Doing business as		E Telephone number (212) 541-7800
	Number and street (or P O box if mail is not delivered to street address) 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		G Gross receipts \$ 314,793,612
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? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
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		H(b) Are all subordinates included? If "No," attach a list (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No	
J Website: WWW.PLANNEDPARENTHOOD.ORG		H(c) Group exemption number ▶	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1922	M State of legal domicile NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities LEADERSHIP AND ADVOCACY IN THE FIELD OF REPRODUCTIVE HEALTH - SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
Revenue	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 2015 (Part V, line 2a)	5	872
	6 Total number of volunteers (estimate if necessary)	6	150
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	187,906,299	226,817,956
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,535,496	1,694,449
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,016,298	20,730,232
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,205,834	3,644,856
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	195,663,927	252,887,493
	14 Benefits paid to or for members (Part IX, column (A), line 4)	82,821,557	69,175,808
Net Assets or Fund Balances	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	53,252,812	58,015,590
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 30,019,920	5,015,930	7,784,303
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	58,201,357	83,209,213
19 Revenue less expenses Subtract line 18 from line 12	199,291,656	218,184,914	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	369,436,459	370,743,934
	22 Net assets or fund balances Subtract line 21 from line 20	95,814,232	66,454,459
		273,622,227	304,289,475

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	WALLACE D'SOUZA CHIEF FINANCIAL OFFICER		2017-02-13		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00501222
	Firm's name ▶ KPMG LLP			Firm's EIN ▶ 13-5565207	
	Firm's address ▶ 345 PARK AVENUE NEW YORK, NY 101540102			Phone no (212) 758-9700	

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

Part III Statement of Program Service Accomplishments

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 \$ 129,202,742 including grants of \$ 61,737,493) (Revenue \$ 1,132,103)
 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 \$ 17,258,816 including grants of \$ 2,809,033) (Revenue \$ 413,560)
 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 \$ 12,593,390 including grants of \$ 3,572,139) (Revenue \$ 212,511)
 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 \$ 7,567,153 including grants of \$ 1,057,143) (Revenue \$ 29,772)

4e Total program service expenses ▶ 166,622,101

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
9 Did the organization report an amount in Part X, line 21 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>		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>	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	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>		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>	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>	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>	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>		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)	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>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more 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?		

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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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 Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							4,569,294	279,838	650,035	

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 ▶ 178

	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>	3 Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 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>	5	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 GARRETT 1133 19TH STREET NW 300 WASHINGTON, DC 20036	CONSULTING	7,177,612
GRASSROOTS CAMPAIGNS INC 1321 15TH STREET SUITE 100 DENVER, CO 80202	CANVASSING	3,150,027
O'MELVENY & MYERS LLP 1625 EYE STREET NW WASHINGTON, DC 20006	LEGAL	2,996,561
COMMUNITY OUTREACH GROUP INC 123 WILLIAM STREET NEW YORK, NY 10038	CANVASSING	1,982,296
BLUEPRINT DESIGN LLC 234 W 21ST ST 31 NEW YORK, NY 10011	CONSULTING	1,833,800
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 ▶ 108		

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 2,138,523					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d 81,000					
	e	Government grants (contributions)	1e 5,110					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 224,593,323					
	g	Noncash contributions included in lines 1a-1f \$	33,090,866					
	h	Total. Add lines 1a-1f		226,817,956				
Program Service Revenue	2a	MEETING REVENUE	Business Code 900099	1,194,430	1,194,430			
	b	VOTER ACTIVATION NETWORK	900099	163,262	163,262			
	c	ATTORNEY FEE AWARDS	900099	162,963	162,963			
	d	RESEARCH	900099	117,049	117,049			
	e	SERVICES TO AFFILIATES	900099	56,745	56,745			
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		1,694,449				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4,096,204			4,096,204
4		Income from investment of tax-exempt bond proceeds						
5		Royalties		239,351			239,351	
6a		Gross rents	(i) Real	(ii) Personal				
b		Less rental expenses						
c		Rental income or (loss)						
d		Net rental income or (loss)						
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			8,417,414	69,600,000				
b		Less cost or other basis and sales expenses	10,895,389	50,487,997				
c		Gain or (loss)	-2,477,975	19,112,003				
d		Net gain or (loss)		16,634,028			16,634,028	
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
b	Less direct expenses	b						
c	Net income or (loss) from fundraising events							
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						
		616,230						
b	Less cost of goods sold	b 522,733						
c	Net income or (loss) from sales of inventory		93,497	93,497				
	Miscellaneous Revenue	Business Code						
11a	INSURANCE SETTLEMENT	900099	1,550,000			1,550,000		
b	OVERHEAD FEES	900099	1,134,569			1,134,569		
c	MEDICAL INSURANCE REFUND	900099	524,472			524,472		
d	All other revenue		102,967			102,967		
e	Total. Add lines 11a-11d		3,312,008					
12	Total revenue. See Instructions		252,887,493	1,787,946	0	24,281,591		

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	61,018,007	61,018,007		
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	8,157,801	8,157,801		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,468,730	1,370,080	1,276,112	822,538
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	43,783,815	28,772,081	6,636,765	8,374,969
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,869,728	1,227,826	304,627	337,275
9	Other employee benefits	5,895,565	4,018,639	680,065	1,196,861
10	Payroll taxes	2,997,752	1,897,590	495,828	604,334
11	Fees for services (non-employees)				
a	Management				
b	Legal	5,015,932	4,855,905	73,130	86,897
c	Accounting	389,334	2,944	386,390	
d	Lobbying	54,123	54,123		
e	Professional fundraising services See Part IV, line 17	7,784,303			7,784,303
f	Investment management fees	719,437		719,437	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	28,603,922	23,860,935	4,026,715	716,272
12	Advertising and promotion	707,556	689,782	2,130	15,644
13	Office expenses	7,315,707	3,952,279	1,237,147	2,126,281
14	Information technology	10,107,649	7,898,668	1,296,219	912,762
15	Royalties				
16	Occupancy	5,728,466	3,771,223	1,118,065	839,178
17	Travel	5,835,044	4,888,158	449,786	497,100
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,084,103	3,050,664	820,068	213,371
20	Interest	29,735	20,504	4,186	5,045
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,184,737	1,247,133	630,766	306,838
23	Insurance	892,679	112,993	755,647	24,039
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	7,469,847	2,932,811		4,537,036
b	OUTSIDE PRINTING & ARTW	1,383,730	931,599	89,934	362,197
c	REIMBURSED EXPENSES	968,496	773,388	189,363	5,745
d	REPAIRS & MAINTENANCE	409,062	64,200	344,862	
e	All other expenses	1,309,654	1,052,768	5,651	251,235
25	Total functional expenses. Add lines 1 through 24e	218,184,914	166,622,101	21,542,893	30,019,920
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)	13,912,496	5,462,324	0	8,450,172

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	40,601,803	1	36,334,007
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	62,410,660	3	76,232,112
	4 Accounts receivable, net	2,897,720	4	1,654,743
	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	453,331	8	191,978
	9 Prepaid expenses and deferred charges	1,241,737	9	1,645,002
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 18,753,168		
	b Less accumulated depreciation	10b 5,335,505	54,175,849	10c 13,417,663
	11 Investments—publicly traded securities	193,616,301	11	228,117,263
	12 Investments—other securities See Part IV, line 11	10,367,756	12	9,769,114
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	3,671,302	15	3,382,052
16 Total assets. Add lines 1 through 15 (must equal line 34)	369,436,459	16	370,743,934	
Liabilities	17 Accounts payable and accrued expenses	12,605,963	17	25,137,042
	18 Grants payable	33,076,415	18	22,806,078
	19 Deferred revenue	126,194	19	71,930
	20 Tax-exempt bond liabilities	31,395,000	20	
	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	18,610,660	25	18,439,409
	26 Total liabilities. Add lines 17 through 25	95,814,232	26	66,454,459
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	138,821,553	27	159,843,708
	28 Temporarily restricted net assets	108,992,786	28	118,902,560
	29 Permanently restricted net assets	25,807,888	29	25,543,207
	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	273,622,227	33	304,289,475	
34 Total liabilities and net assets/fund balances	369,436,459	34	370,743,934	

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	252,887,493
2	Total expenses (must equal Part IX, column (A), line 25)	2	218,184,914
3	Revenue less expenses Subtract line 2 from line 1	3	34,702,579
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	273,622,227
5	Net unrealized gains (losses) on investments	5	-4,138,565
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	103,234
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	304,289,475

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 - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	3,731,966	including grants of \$	429,659	) (Revenue \$	14,683
RENEW LEADERSHIP - PROGRAMS DESIGNED TO RECRUIT AND DEVELOP YOUNG, DIVERSE LEADERS DEDICATED TO PROVIDING SEXUAL HEALTHCARE AND EDUCATION						
(Code	) (Expenses \$	3,835,187	including grants of \$	627,484	) (Revenue \$	15,089
REFRESH OUR BRAND - PROGRAMS DESIGNED TO RAISE VISIBILITY SO THAT DIVERSE COMMUNITIES AND INDIVIDUALS ARE AWARE OF AND UNDERSTAND THE FULL RANGE OF 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			
JILL LAFER CHAIRPERSON	1 00	X		X				0	0	0
NAOMI ABERLY VICE CHAIR THRU 6/11/16	1 00	X		X				0	0	0
CATHY HAMPTON VICE CHAIR STARTING 6/11/16	1 00	X		X				0	0	0
MICHAEL NEWTON TREASURER	1 00	X		X				0	0	0
VERONICA DELA ROSA SECRETARY THRU 6/11/16	1 00	X		X				0	0	0
KATE JHAVERI SECRETARY STARTING 6/11/16	1 00	X		X				0	0	0
DHARMA CORTES DIRECTOR	1 00	X						0	0	0
AIMEE BOONE CUNNINGHAM DIRECTOR STARTING 6/11/16	1 00	X						0	0	0
STEPHEN DEBERRY DIRECTOR	1 00	X						0	0	0
MALLIKA DUTT DIRECTOR THRU 9/25/15	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			
COLLEEN FOSTER DIRECTOR	1 00	X						0	0	0
JUANITA FRANCIS DIRECTOR	1 00	X						0	0	0
LINDA GRUBER DIRECTOR	1 00	X						0	0	0
MARYANA ISKANDER DIRECTOR	1 00	X						0	0	0
DR PAULA JOHNSON DIRECTOR	1 00	X						0	0	0
MICHELLE JUBELIRER DIRECTOR STARTING 6/11/16	1 00	X						0	0	0
DAVID KARP DIRECTOR	1 00	X						0	0	0
MINI KRISHNAN DIRECTOR	1 00	X						0	0	0
MARIA THERESA KUMAR DIRECTOR	1 00	X						0	0	0
KEN LAMBRECHT 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			
DIANE MAX DIRECTOR	1 00	X						0	0	0
LAURA MEYERS DIRECTOR	1 00	X						0	0	0
REV TIMOTHY MCDONALD DIRECTOR	1 00	X						0	0	0
ALEXIS MCGILL JOHNSON DIRECTOR	1 00	X						0	0	0
MARGOT MILLIKEN DIRECTOR	1 00	X						0	0	0
DONYA NASSER DIRECTOR	1 00	X						0	0	0
KIMBERLY OLSON DIRECTOR	1 00	X						0	0	0
ANNA QUINDLEN DIRECTOR THRU 6/11/16	1 00	X						0	0	0
NATHALIE RAYES DIRECTOR	1 00	X						0	0	0
DALE REISS DIRECTOR THRU 6/11/16	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			
JOE SOLMONESE DIRECTOR	1 00	X						0	0	0
DAYLE STEINBERG DIRECTOR	1 00	X						0	0	0
JUDY TABAR DIRECTOR	1 00	X						0	0	0
CARMEN RITA WONG DIRECTOR STARTING 6/11/16	1 00	X						0	0	0
CECILE RICHARDS PRESIDENT	33 00			X				570,867	36,438	119,897
WALLACE D'SOUZA CHIEF FINANCIAL OFFICER	2 00 32 00			X				253,561	22,049	48,770
MELVIN GALLOWAY COO STARTING 4/1/2015	3 00 35 00				X			259,891	0	12,183
THOMAS SUBAK CHIEF STRATEGY OFFICER	35 00				X			310,543	0	39,495
DAWN LAGUENS CHIEF EXPERIENCE OFFICER	24 00				X			351,882	158,091	125,153
DEBRA ALLIGOOD WHITE SR VP & GENERAL COUNSEL	11 00 32 00 3 00				X			304,632	33,848	38,318

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			
JETHRO MILLER CHIEF DEVELOPMENT OFFICER	34 00				X			376,206	15,676	9,806
KIMBERLY CUSTER EXEC VP HEALTHCARE	35 00				X			351,246	0	51,394
JENNIE THOMPSON MANAGING DIRECTOR OF DEVEL	33 00					X		260,982	13,736	25,985
MOLLY EAGAN VP PLANNED PARENTHOOD EXPE	2 00					X		265,588	0	56,467
MARVIN RUSSELL CHIEF HUMAN RESOURCE OFFIC	35 00					X		386,049	0	26,825
LATANYA MAPP-FRETT VP & EXEC DIR OF PP GLOBAL	35 00					X		276,902	0	48,049
ROGER EVANS SR COUNSEL, LAW & POLICY	35 00					X		263,415	0	47,693
LISA DAVID FORMER CHIEF OPERATING OFFICER	0 00						X	337,530	0	0

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.

2015

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).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
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...
10 An organization organized and operated exclusively to test for public safety.
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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)	155,090,170	132,739,759	169,312,084	187,871,799	226,817,956	871,831,768
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	155,090,170	132,739,759	169,312,084	187,871,799	226,817,956	871,831,768
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)						164,122,349
6 Public support. Subtract line 5 from line 4						707,709,419

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	155,090,170	132,739,759	169,312,084	187,871,799	226,817,956	871,831,768
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	687,132	1,504,066	2,103,528	3,348,634	4,335,555	11,978,915
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.)	1,205,209	2,046,640	2,189,230	1,154,616	3,312,008	9,907,703
11 Total support. Add lines 7 through 10						893,718,386

12 Gross receipts from related activities, etc. (see instructions) **12** 14,799,211

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 2015 (line 6, column (f) divided by line 11, column (f)) **14** 79.190%

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15** 71.200%

16a 33 1/3% support test—2015. 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—2014. 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—2015. 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—2014. 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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

- 1** 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

- 1** Net short-term capital gain
- 2** Recoveries of prior-year distributions
- 3** Other gross income (see instructions)
- 4** Add lines 1 through 3
- 5** Depreciation and depletion
- 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)
- 7** Other expenses (see instructions)
- 8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

Section B - Minimum Asset Amount

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

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

Section C - Distributable Amount

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

		Current Year
1		
2		
3		
4		
5		
6		

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

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. _____			
e From 2014. _____			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. _____			
d From 2014. _____			
e From 2015. _____			

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
PART II, SECTION B, LINE 10	OTHER INCOME CONSISTS OF SPECIAL EVENTS AND AFFILIATE AND OTHER FEES

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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.

OMB No 1545-0047

2015

Open to Public Inspection

- If the organization answered "Yes" on 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" on 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" on 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

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

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

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

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

- Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 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).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- Did the filing organization file Form 1120-POL for this year? Yes No
- Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

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)	211,056	211,056												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	226,086	226,086												
c	Total lobbying expenditures (add lines 1a and 1b)	437,142	437,142												
d	Other exempt purpose expenditures	202,493,623	207,449,136												
e	Total exempt purpose expenditures (add lines 1c and 1d)	202,930,765	207,886,278												
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	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?														

Y e s **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)2012	(b)2013	(c)2014	(d)2015	(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	712,808	689,416	849,660	437,142	2,689,026
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	215,357	168,329	172,983	211,056	767,725

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2015
Open to Public Inspection

▶ Complete if the organization answered "Yes," on 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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
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 and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

(continued)

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

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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" on 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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	118,378,426	101,042,566	87,847,469	48,304,508	37,243,759
b Contributions	27,025,482	15,841,860	2,191,597	36,037,595	12,468,491
c Net investment earnings, gains, and losses	-1,841,039	2,691,810	12,074,314	4,483,364	-445,583
d Grants or scholarships					
e Other expenditures for facilities and programs	1,408,643	1,197,810	1,070,814	977,998	962,159
f Administrative expenses					
g End of year balance	142,154,226	118,378,426	101,042,566	87,847,469	48,304,508

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

- a** Board designated or quasi-endowment ▶ 76 100 %
 - b** Permanent endowment ▶ 18 000 %
 - c** Temporarily restricted endowment ▶ 5 900 %
- The percentages on lines 2a, 2b, and 2c should equal 100%

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)	Yes	
3a(ii)		No
3b		

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

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)	Accumulated (c) depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		9,598,415	2,008,991	7,589,424
d Equipment		9,154,753	3,326,514	5,828,239
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶ 13,417,663

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	248,655,458
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	-4,138,565	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	103,234	
e	Add lines 2a through 2d			2e -4,035,331
3	Subtract line 2e from line 1			3 252,690,789
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	719,437	
b	Other (Describe in Part XIII)	4b	-522,733	
c	Add lines 4a and 4b			4c 196,704
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5 252,887,493

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	217,988,210
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	522,733	
e	Add lines 2a through 2d			2e 522,733
3	Subtract line 2e from line 1			3 217,465,477
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	719,437	
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b			4c 719,437
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5 218,184,914

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 SERVES THE PURPOSE OF PROVIDING KEY STRATEGIC LONG-TERM PROGRAMMATIC AND OPERATIONAL INVESTMENTS

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 490,137 LOSS ON BENEFICIAL INTEREST IN PERPETUAL TRUST -289,250 LOSS ON CONTRIBUTIONS RECEIVABLE -97,653
PART XI, LINE 4B - OTHER ADJUSTMENTS	COST OF GOODS SOLD -522,733
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD 522,733

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2015

**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** Activites 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	49			21,542,391
b Total from continuation sheets to Part I	0	0			211,095
c Totals (add lines 3a and 3b)	6	49			21,753,486

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 ▶ 89

3 Enter total number of other organizations or entities ▶

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	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	38	PROGRAM SERVICES	REPRODUCTIVE HEALTH	3,051,821
SUB-SAHARAN AFRICA	0	0	GRANTS		3,871,083
CENTRAL AMERICA AND THE CARIBBEAN	1	6	PROGRAM SERVICES	REPRODUCTIVE HEALTH	709,809

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		1,865,683
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		9,160,053
SOUTH AMERICA	0	4	PROGRAM SERVICES	REPRODUCTIVE HEALTH	556,496

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
SOUTH AMERICA	0	0	GRANTS		2,209,940
NORTH AMERICA	0	1	PROGRAM SERVICES	REPRODUCTIVE HEALTH	117,506
NORTH AMERICA	0	0	GRANTS		211,095

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	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	5,679	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	5,725	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	7,385	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	9,954	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)
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	12,449	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	16,319	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	19,084	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	21,628	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)
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	25,360	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	25,579	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	31,056	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	38,806	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	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	39,141	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	42,122	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	42,249	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	43,071	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	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	44,768	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	45,223	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	45,897	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	50,202	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	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	53,402	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	57,114	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	59,398	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	59,525	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	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	67,723	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	68,877	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	80,697	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	84,152	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	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	84,294	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	86,478	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	88,366	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	102,671	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	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	151,711	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	236,000	WIRE TRANSFER			
		NORTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	39,929	WIRE TRANSFER			
		NORTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	70,878	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)
		NORTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	100,288	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	5,736	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	9,698	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	11,200	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	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	14,541	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	24,955	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	26,326	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	38,885	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	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	40,000	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	40,000	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	40,173	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	40,479	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	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	41,660	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	43,485	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	49,389	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	50,027	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	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	57,279	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	57,413	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	58,838	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	60,000	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	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	60,136	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	63,292	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	70,000	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	90,000	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	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	91,804	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	120,000	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	128,461	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	136,495	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	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	245,909	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	486,000	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	17,908	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	19,898	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	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	33,945	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	44,766	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	45,591	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	47,948	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	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	49,648	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	50,493	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	55,438	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	58,094	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	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	59,139	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	59,966	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	69,440	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	78,959	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	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	85,912	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	98,096	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	237,535	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	264,576	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	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	332,597	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	363,531	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	533,600	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	615,431	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	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	634,224	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" on 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

2015

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" on 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 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 GARRETT 1133 19TH STREET NW 300 WASHINGTON, DC 20036	CONSULTING		No	47,884,548	916,812	46,967,736
2 MR STRATEGIC SERVICES INC 1901 L STREET NW STE 800 WASHINGTON, DC 20036	CONSULTING		No	13,215,254	1,639,515	11,575,739
3 GRASSROOTS CAMPAIGNS INC 59 TEMPLE PLACE BOSTON, MA 02111	CANVASSING		No	1,954,196	3,400,000	-1,445,804
4 DONOR SERVICES GROUP 6715 SUNSET BLVD LOS ANGELES, CA 90028	TELEMARKETING		No	417,202	501,266	-84,064
5 PUBLIC INTEREST COMMUNICATIONS INC 7700 LEESBURG PIKE SUITE 301N FALLS CHURCH, VA 22043	TELEMARKETING		No	369,107	194,298	174,809
6 INTEGRAL RESOURCES INC 1972 MASSACHUSETTS AVE CAMBRIDGE, MA 02140	TELEMARKETING		No	220,425	358,944	-138,519
7 SD&A TELESERVICES 5757 W CENTURY BLVD LOS ANGELES, CA 90045	TELEMARKETING		No	175,970	129,519	46,451
8 TELEFUND PO BOX 120557 BOSTON, MA 02112	TELEMARKETING		No	161,180	114,917	46,263
9 GORDON SCHWENKMEYER INC 360 N SEPULVEDA BLVD EL SEGUNDO, CA 90245	TELEMARKETING		No	154,523	188,058	-33,535
10 COMMUNITY OUTREACH GROUP 123 WILLIAM ST 10TH FL NEW YORK, NY 10038	TELEMARKETING		No	24,951	179,316	-154,365
Total				64,577,356	7,622,645	56,954,711

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" on 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)
		(event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				

Part III Gaming.

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

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

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

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 complete this part to 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, \$7,469,847 OF OTHER REIMBURSED EXPENSES WERE PAID DIRECTLY TO PROFESSIONAL FUNDRAISERS FOR DIRECT POSTAGE/FREIGHT (\$3,067,822),PRINTING(\$2,312,238), MAIL HOUSE COSTS(\$1,252,487), LIST USAGE (\$644,909), AND OTHER COSTS(\$192,391) 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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on 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.

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" on 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 contains 'See Additional Data Table'.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 75
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" on 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	* - ON MAY 1, 2016 PP MID AND SOUTH MICHIGAN AND PP WEST AND NORTHERN MICHIGAN MERGED TO BECOME PLANNED PARENTHOOD OF MICHIGAN

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 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
BETTERHEALTH A PP PARTNERSHIP 1144 LOCUST ST PHILADELPHIA, PA 19107	23-3084482	501C (3)	50,000	0			TO PROVIDE TECHNOLOGY SUPPORT TO PP AFFILIATES
BLACK WOMEN FOR WELLNESS PO BOX 292516 LOS ANGELES, CA 90029	95-4624707	501C (3)	25,000	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
CALIFORNIA PP EDUCATION FUND INC 555 CAPITOL MALL SUITE 510 SACRAMENTO, CA 95814	68-0358026	501C (3)	154,000	0			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 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
CO ORG FOR LATINA OPPORTUNITY & REPRODUCTIVE RIGHTS PO BOX 40991 DENVER, CO 80204	84-1569021	501C (3)	50,000	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
FLORIDA ALLIANCE OF PP AFFILIATES INC 736 CENTRAL AVE SARASOTA, FL 34236	59-3142119	501C (4)	25,000	0			TO SUPPORT ADVOCACY EFFORTS THIS GRANT PROHIBITS LOBBYING AND ELECTORAL ACTIVITY
MT BAKER PP 1509 CORNWALL AVE BELLINGHAM, WA 98225	91-0846274	501C (3)	154,592	0			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 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
NATIONAL LATINA INSTITUTE FOR REPRODUCTIVE HEALTH 1411 K ST NAW SUITE 602 WASHINGTON, DC 20005	52-1891734	501C (3)	25,000	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP ACTION FUND INC 123 WILLIAM ST 10TH FL NEW YORK, NY 10038	13-3539048	501C (4)	3,000,000	0			TO SUPPORT ADVOCACY EFFORTS THIS GRANT PROHIBITS LOBBYING AND ELECTORAL ACTIVITY
PP ADVOCATES OF MICHIGAN PO BOX 15041 LANSING, MI 48901	38-2765858	501C (4)	50,000	0			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 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 VIRGINIA INC PO BOX 7281 RICHMOND,VA 23221	54-1186756	501C (4)	25,000	0			TO SUPPORT ADVOCACY EFFORTS THIS GRANT PROHIBITS LOBBYING AND ELECTORAL ACTIVITY
PP ARIZONA INC 5651 N 7TH ST PHOENIX,AZ 85014	86-0146520	501C (3)	1,200,218	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP ASSOCIATION OF PENNSYLVANIA 1514 N SECOND ST HARRISBURG,PA 17102	23-1989400	501C (3)	30,000	0			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 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 UTAH 654 SOUTH 900 EAST SALT LAKE CITY, UT 84102	87-0288909	501C (3)	535,621	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP CALIFORNIA CENTRAL COAST 518 GARDEN ST SANTA BARBARA, CA 93101	95-2319356	501C (3)	306,011	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP CENTER FOR CHOICE 4600 GULF FREEWAY HOUSTON, TX 77023	68-0610636	501C (3)	233,000	0			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 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 GREATER MEMPHIS REGION INC 2430 POPLAR AVE SUITE 100 MEMPHIS, TN 38112	62-6073178	501C (3)	2,169,441	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP GULF COAST INC 4600 GULF FREEWAY HOUSTON, TX 77023	74-1100163	501C (3)	3,532,602	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP HUDSON PECONIC INC 4 SKYLINE DR HAWTHORNE, NY 10532	11-2454790	501C (3)	498,408	0			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 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 KEYSTONE 5920 HAMILTON BLVD ALLENTOWN, PA 18106	23-2450112	501C (3)	550,248	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP LEAGUE OF MASSACHUSETTS INC 1055 COMMONWEALTH AVE BOSTON, MA 02215	04-0610636	501C (3)	1,018,782	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP LOS ANGELES 400 WEST 30TH ST LOS ANGELES, CA 05401	95-2408623	501C (3)	1,148,455	0			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 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 MAR MONTE INC 1691 THE ALAMEDA SAN JOSE, CA 95126	94-1583439	501C (3)	1,798,578	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF MICHIGAN 3100 PROFESSIONAL DR ANN ARBOR, MI 48104	38-1707521	501C (3)	1,429,576	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP MINNESOTA NORTH DAKOTA & SOUTH DAKOTA 671 VANDALIA ST ST PAUL, MN 55114	41-0948382	501C (3)	644,231	0			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 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 MOHAWK HUDSON INC 1424 GRENESEE ST UTICA, NY 13502	14-6004167	501C (3)	171,068	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP NORTHERN CALIFORNIA 2185 PACHECO ST CONCORD, CA 94520	94-1575233	501C (3)	1,257,494	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF CENTRAL & WESTERN NEW YORK ACTION FUND INC 114 UNIVERSITY AVE ROCHESTER, NY 14605	45-4269785	501C (4)	25,000	0			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 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 & WESTERN NEW YORK INC 114 UNIVERSITY AVE ROCHESTER, NY 14605	16-0746860	501C (3)	309,589	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF CENTRAL OKLAHOMA INC 619 NW 23RD ST OKLAHOMA CITY, OK 73103	73-0660035	501C (3)	139,286	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF DELAWARE INC 625 SHIPLEY ST WILMINGTON, DE 19801	51-0066725	501C (3)	279,826	0			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 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 OHIO 206 EAST STATE ST COLUMBUS, OH 43215	31-4379502	501C (3)	1,149,768	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF GREATER TEXAS INC 7424 GREENVILLE AVE 206 DALLAS, TX 75231	52-1243220	501C (3)	1,512,921	0			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)	242,564	0			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 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 ILLINOIS 18 S MICHIGAN AVE 6TH FLOOR CHICAGO, IL 60603	36-2170901	501C (3)	2,699,093	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF INDIANA & KENTUCKY INC 200 S MERIDIAN ST SUITE 400 INDIANAPOLIS, IN 46225	35-0874276	501C (3)	1,938,533	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF KANSAS & MID-MISSOURI 4401 WEST 109TH ST 200 OVERLAND PARK, KS 66211	44-0565390	501C (3)	894,172	0			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 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 INC 330 NORTH HOWARD ST BALTIMORE, MD 21201	52-0607930	501C (3)	430,468	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF METROPOLITAN NEW JERSEY INC 151 WASHINGTON ST NEWARK, NJ 07102	22-1539559	501C (3)	218,133	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF METROPOLITAN WASHINGTON DC INC 1108 16TH ST NW WASHINGTON, DC 20036	53-0204621	501C (3)	1,198,498	0			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 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 INC 50 VANTAGE WAY SUITE 102 NASHVILLE, TN 37228	62-6050064	501C (3)	752,975	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF MONTANA INC 2525 4TH AVE N SUITE 201 BILLINGS, MT 59101	81-0307201	501C (3)	281,071	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF NASSAU COUNTY INC 540 FULTON AVE HEMPSTEAD, NY 11550	11-1776035	501C (3)	200,101	0			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 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)	1,970,302	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF NORTHERN NEW ENGLAND INC 128 LAKESIDE AVE 301 BURLINGTON, VT 05401	03-0222941	501C (3)	692,268	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF NORTHERN CENTRAL & SOUTHERN NJ INC 196 SPEEDWELL AVE MORRISTOWN, NJ 07960	22-1643997	501C (3)	714,974	0			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 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 SOUTH EAST & NORTH FLORIDA 2300 N FLORIDA MANGO RD WEST PALM BEACH, FL 33409	59-1391115	501C (3)	3,148,540	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF SOUTHERN NEW ENGLAND INC 345 WHITNEY AVE NEW HAVEN, CT 06511	06-0263565	501C (3)	791,287	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF SOUTHERN NEW JERSEY INC 317 BROADWAY CAMDEN, NJ 08103	21-6008381	501C (3)	125,442	0			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 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 SOUTHWEST & CENTRAL FLORIDA INC 736 CENTRAL AVE SARASOTA, FL 34236	59-1274328	501C (3)	1,529,957	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF SOUTHWESTERN OREGON 3579 FRANKLIN BLVD EUGENE, OR 97403	93-0573822	501C (3)	226,873	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF THE COLUMBIA WILLAMETTE INC 3727 NE MLK JR BLVD PORTLAND, OR 97212	93-6031270	501C (3)	780,875	0			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 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 GREAT NW & THE HAWAIIAN ISLANDS 2001 E MADISON SEATTLE, WA 98122	91-0686012	501C (3)	1,473,370	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF THE HEARTLAND INC 1171 7TH ST SEATTLE, WA 98122	42-0727488	501C (3)	1,679,584	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF THE MID-HUDSON VALLEY INC 178 CHURCH ST POUGHKEEPSIE, NY 12601	14-1344810	501C (3)	172,402	0			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 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 NORTH COUNTRY NEW YORK INC 160 STONE ST WATERTOWN, NY 13601	16-0919175	501C (3)	119,869	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF THE PACIFIC SOUTHWEST 1075 CAMINO DEL RIO SOUTH SAN DIEGO, CA 92108	95-6111785	501C (3)	692,551	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF THE SOUTHERN FINGER LAKES INC 314 W STATE ST ITHACA, NY 14850	16-0953368	501C (3)	182,209	0			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 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 ST LOUIS REGION & SW MISSOURI 4251 FOREST PARK AVE ST LOUIS, MO 63108	43-0652666	501C (3)	1,230,526	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF WESTERN PENNSYLVANIA INC 933 LIBERTY AVE PITTSBURGH, PA 15222	25-0965474	501C (3)	503,114	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF WISCONSIN INC 302 N JACKSON ST MILWAUKEE, WI 53202	39-0863391	501C (3)	1,248,819	0			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 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 ORANGE & SAN BERNARDINO COUNTIES INC 700 S TUSTIN ST ORANGE, CA 92866	95-6152773	501C (3)	435,115	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP PASADENA & SAN GABRIEL VALLEY INC 2233 LAKE AVE 2ND FLOOR ALTADENA, CA 91001	95-1916050	501C (3)	261,862	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP SOUTH ATLANTIC 100 SOUTH BOYLAN AVE RALEIGH, NC 27603	56-1282557	501C (3)	1,787,039	0			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 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 TEXAS 104 BABCOCK RD SAN ANTONIO, TX 78201	47-1297211	501C (3)	396,768	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP SOUTHEAST INC 75 PIEDMONT AVE NE SUITE 800 ATLANTA, GA 30303	58-6045874	501C (3)	2,439,855	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP SOUTHEASTERN PENNSYLVANIA 1144 LOCUST ST PHILADELPHIA, PA 19107	23-1352509	501C (3)	1,778,284	0			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 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)	726,590	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
RELIGIOUS INSTITUTE 21 CHARLES ST SUITE 140 WESTPORT, CT 06882	90-0802328	501C (3)	6,000	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
ROCKEFELLER PHILANTHROPY ADVISORS 6 WEST 48TH STREET 10TH FL NEW YORK, NY 10036	13-3615533	501C (3)	100,000	0			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 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
ROCKY MOUNTAIN PP INC 7155 E 38TH AVE DENVER, CO 80207	84-0404253	501C (3)	1,773,933	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
SAMUEL DEWITT PROCTOR CONFERENCE INC 4533 S LAKE PARK CHICAGO, IL 60653	06-1707903	501C (3)	20,000	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
SISTER SONG INC 1237 RALPH DAVID ABERNATHAY BLVD ATLANTA, GA 30310	51-0544927	501C (3)	155,000	0			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 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
SISTERREACH 1750 MADISON AVE SUITE 600 MEMPHIS,IN 38104	45-4013343	501C (3)	30,000	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
STATE INNOVATION EXCHANGE 450 EAST 17TH AVE 310 DENVER,CO 80238	46-1368531	501C (3)	10,000	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
STONE SOUP FILMS ENDOWMENT 1921 SUNDERLAND PLACE NW WASHINGTON,DC 20036	37-1781162	501C (3)	10,000	0			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 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
TENNESSEE ADVOCATES FOR PP 50 VANTAGE WAY SUITE 102 NASHVILLE, TN 37228	46-2511274	501C (4)	75,000	0			TO SUPPORT ADVOCACY EFFORTS THIS GRANT PROHIBITS LOBBYING AND ELECTORAL ACTIVITY
THE CENTER FOR POPULAR DEMOCRACY 449 TROUTMAN STREET NO A BROOKLYN, NY 11237	45-3813436	501C (3)	30,000	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
THE VIRGINIA LEAGUE FOR PP INC 201 N HAMILTON ST RICHMOND, VA 23221	54-0505973	501C (3)	1,096,175	0			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 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
TIDES CENTER PO BOX 29907 SAN FRANCISCO, CA 94129	94-3213100	501C (3)	30,000	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
UPPER HUDSON PP INC 855 CENTRAL AVE ALBANY, NY 12206	14-6000805	501C (3)	156,837	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
WOMEN WITH A VISION 1001 S BROAD ST SUITE 206 NEW ORLEANS, LA 70125	72-1202185	501C (3)	40,000	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

**Schedule J
(Form 990)**

Compensation Information

OMB No 1545-0047

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

▶ Complete if the organization answered "Yes" on 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.

2015

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 Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 indemnification 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 on 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 on 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," on line 5a or 5b, describe in Part III.
- 6** For persons listed on 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," on line 6a or 6b, describe in Part III.
- 7** For persons listed on 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 on 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" on 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 on 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 on 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 DURING CALENDAR YEAR 2015 SHE RECEIVED A FINAL SEVERANCE PAYMENT OF \$337,500. MARVIN RUSSELL'S EMPLOYMENT AS CHIEF HUMAN RESOURCE OFFICER ENDED ON MAY 1, 2015 AND DURING CALENDAR YEAR 2015 HE RECEIVED A SEVERANCE PAYMENT OF \$312,388. PART I, LINE 4B THE PRESIDENT, CECILE RICHARDS, PARTICIPATED IN A NONQUALIFIED DEFERRED COMPENSATION PLAN ("457(F) PLAN") BEGINNING IN CALENDAR YEAR 2011. THE TOTAL AMOUNT DEFERRED TO THIS PLAN FOR CALENDAR YEAR 2015 AMOUNTED TO \$106,575. 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 2015 AMOUNTED TO \$77,842.

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CECILE RICHARDS PRESIDENT	(i)	523,055	47,000	812	110,929	1,774	683,570	0
	(ii)	33,386	3,000	52	7,081	-	-	0
1 WALLACE D'SOUZA CHIEF FINANCIAL OFFICER	(i)	230,293	23,000	268	13,959	30,909	298,429	0
	(ii)	20,026	2,000	23	1,214	-	-	0
2 MELVIN GALLOWAY COO STARTING 4/1/2015	(i)	217,027	42,720	144	0	12,183	272,074	0
	(ii)	0	0	0	0	-	-	0
3 THOMAS SUBAK CHIEF STRATEGY OFFICER	(i)	310,113	0	430	7,950	31,545	350,038	0
	(ii)	0	0	0	0	-	-	0
4 DAWN LAGUENS CHIEF EXPERIENCE OFFICER	(i)	330,874	20,700	308	62,853	23,502	438,237	0
	(ii)	148,653	9,300	138	28,239	-	-	0
5 DEBRA ALLIGOOD WHITE SR VP & GENERAL COUNSEL	(i)	281,381	22,500	751	14,310	20,176	339,118	0
	(ii)	31,265	2,500	83	1,590	-	-	0
6 JETHRO MILLER CHIEF DEVELOPMENT OFFICER	(i)	342,420	33,600	186	6,323	3,091	385,620	0
	(ii)	14,268	1,400	8	263	-	-	0
7 KIMBERLY CUSTER EXEC VP HEALTHCARE	(i)	276,451	74,515	280	11,356	40,038	402,640	0
	(ii)	0	0	0	0	-	-	0
8 JENNIE THOMPSON MANAGING DIRECTOR OF DEVEL	(i)	258,727	0	2,255	11,639	13,046	285,667	0
	(ii)	13,617	0	119	613	-	-	0
9 MOLLY EAGAN VP PLANNED PARENTHOOD EXPE	(i)	265,297	0	291	15,900	40,567	322,055	0
	(ii)	0	0	0	0	-	-	0
10 MARVIN RUSSELL CHIEF HUMAN RESOURCE OFFIC	(i)	73,067	0	312,982	3,496	23,329	412,874	0
	(ii)	0	0	0	0	-	-	0
11 LATANYA MAPP-FRETT VP & EXEC DIR OF PP GLOBAL	(i)	261,596	15,000	306	15,473	32,576	324,951	0
	(ii)	0	0	0	0	-	-	0
12 ROGER EVANS SR COUNSEL, LAW & POLICY	(i)	226,041	35,000	2,374	13,452	34,241	311,108	0
	(ii)	0	0	0	0	-	-	0
13 LISA DAVID FORMER CHIEF OPERATING OFFICER	(i)	0	0	337,530	0	0	337,530	0
	(ii)	0	0	0	0	-	-	0

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2015

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**

Name of the organization
PLANNED PARENTHOOD FEDERATION OF AMERICA INC

Employer identification number
13-1644147

Part I Types of Property

	(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
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	616	33,090,866	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II 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 O
(Form 990 or
990-EZ)**

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.

2015

**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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	PPFA BYLAWS 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 VI, SECTION A, LINE 6	PLANNED PARENTHOOD FEDERATION OF AMERICA, INC ("PPFA") IS A NOT-FOR-PROFIT MEMBERSHIP ORGANIZATION THE MEMBERS OF PPFA ARE ITS SEPARATELY INCORPORATED AFFILIATES (ALL 501(C)(3) PUBLIC CHARITIES) AND THE PPFA BOARD OF DIRECTORS EACH AFFILIATE HAS THREE (3) MEMBERSHIP VOTES, AND EACH MEMBER OF THE BOARD OF DIRECTORS HAS ONE (1) MEMBERSHIP VOTE

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 BYLAWS AND CHANGES TO THE DUES FORMULA FOR THE NATIONAL PROGRAM SUPPORT TO BE CONTRIBUTED BY THE MEMBERS OF PPFA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	PLANNED PARENTHOOD FEDERATION OF AMERICA, INC 'S FORM 990 IS PREPARED BY THE ORGANIZATION'S FINANCE STAFF AND REVIEWED INTERNALLY BY THE CHIEF FINANCIAL OFFICER AND THE LEGAL DEPARTMENT THE DRAFT FORM 990 IS THEN REVIEWED EXTERNALLY BY AN INDEPENDENT PAID TAX PREPARER ANY REVISIONS ARE PRESENTED TO THE ORGANIZATION AND ONCE REVISED, THE FINAL DRAFT FORM 990 IS REVIEWED BY THE ORGANIZATION'S AUDIT COMMITTEE ONCE THE DRAFT 990 IS APPROVED BY THE AUDIT COMMITTEE, COPIES OF THE COMPLETED FORM 990 ARE PROVIDED TO EACH VOTING MEMBER OF THE GOVERNING BOARD PRIOR TO SUBMISSION AND FILING WITH THE INTERNAL REVENUE SERVICE
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION REVIEW PROCESS - PLANNED PARENTHOOD FEDERATION OF AMERICA, INC ("PPFA") HAS A COMPENSATION SETTING BODY (THE "BODY") THAT REVIEWS AND APPROVES THE COMPENSATION OF THE 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VIII, LINE 7(II)A-C - OTHER NET GAIN	ON JULY 1, 2015, PPFA SOLD ITS OWNERSHIP OF A CONDOMINIUM UNIT THAT WAS BEING USED AS PPFA'S NEW YORK OFFICE FACILITY REALIZING A GAIN OF \$19,112,003
FORM 990, PART IX, LINE 11G	OTHER PROGRAM SERVICE EXPENSES 23,860,935 MANAGEMENT AND GENERAL EXPENSES 4,026,715 FUNDRAISING EXPENSES 716,272 TOTAL EXPENSES 28,603,922

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	\$28,603,922 OF OTHER FEES FOR SERVICES CONSISTED OF CONSULTANT FEES(\$18,297,172), OTHER PROFESSIONAL FEES (\$7,296,956), SECURITY (\$946,006), DEVELOPMENT DATABASE FEES (\$557,552), TEMPORARY HELP FROM EXTERNAL AGENCIES (\$375,514), ART & CREATIVE FEES (\$299,721), DIRECT MAIL PROCESSING (\$191,357), EXTERNAL RECRUITMENT FEES (\$187,617), MARKETING (\$146,887) AND OTHER MISCELLANEOUS (\$305,140)
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 490,137 LOSS ON BENEFICIAL INTEREST IN PERPETUAL TRUST -289,250 LOSS ON CONTRIBUTIONS RECEIVABLE -97,653

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

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 123 WILLIAM ST 10TH FL NEW YORK, NY 10038 13-1644147	REAL ESTATE	VA	0	0	PPFA
(2) PROPER ATTIRE LLC C/O PPFA 123 WILLIAM ST 10TH FL NEW YORK, NY 10038 27-1986483	CONDOM SALES	DE	417,529	529,275	PPFA
(3) COMMUNITY CONNECT LLC C/O PPFA 123 WILLIAM ST 10TH FL NEW YORK, NY 10038 46-3961161	AFFORDABLE CARE ACT CANVASSING	DE	279	34,539	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) 123 WILLIAM ST 10TH FL NEW YORK, NY 10038 13-3539048	ADVOCACY	NY	501(C)(4)	N/A	PPFA	Yes	
(2) PLANNED PARENTHOOD VOTES 123 WILLIAM ST 10TH FL NEW YORK, NY 10038 13-4128897	POLITICAL ACTIVITIES	NY	527	N/A	PLANNED PARENTHOOD ACTION FUND INC	Yes	
(3) PLANNED PARENTHOOD ACTION FUND INC PAC 123 WILLIAM ST 10TH FL NEW YORK, NY 10038 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 123 WILLIAM ST 10TH FL NEW YORK, NY 10038 16-1681541	SUPPORTING	DC	501(C)(3)	LINE 11A, I	PPFA	Yes	
(6) PLANNED PARENTHOOD GLOBAL INC 123 WILLIAM ST 10TH FL NEW YORK, NY 10038 47-5312115	GLOBAL SEXUAL HEALTH	NY	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 123 WILLIAM ST 10TH FL NEW YORK, NY 10038 46-5346839	COMMUNITY-BASED ORGANIZING, ADVOCACY AND CANVASSING	DE	PPAF	C					No
(2) CHARITABLE REMAINDER TRUST (18)	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?

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

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

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)

- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

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

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

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

Return Reference	Explanation
PART II	UNTIL APRIL 1, 2016, PPFA WAS THE SOLE MEMBER OF VOXENT, A CORPORATION INCORPORATED TO PROVIDE TECHNOLOGY SUPPORT SERVICES TO CERTAIN PLANNED PARENTHOOD AFFILIATES IN ACCORDANCE WITH THE BYLAWS OF VOXENT, PPFA RESIGNED AS, AND RELINQUISHED ALL RIGHTS AND OBLIGATIONS ACCRUING IN CONNECTION WITH BEING A SOLE MEMBER EFFECTIVE MARCH 31, 2016 IN CONNECTION WITH THE RESIGNATION, EACH OF THE INDIVIDUALS APPOINTED BY PPFA TO THE VOXENT BOARD RESIGNED EFFECTIVE AS OF THE SAME TIME AS SUCH, VOXENT IS NO LONGER AFFILIATED WITH PPFA ON SEPTEMBER 30, 2015, PLANNED PARENTHOOD GLOBAL, INC (PP GLOBAL) WAS INCORPORATED TO CONSOLIDATE OVERSIGHT AND MANAGEMENT OF PPFA'S INTERNATIONAL PROGRAMS AND TO FURTHER ITS MISSION TO SUPPORT EFFORTS TO ENSURE THAT WOMEN, MEN, AND YOUNG PEOPLE IN SOME OF THE WORLD'S MOST NEGLECTED AREAS HAVE ACCESS TO REPRODUCTIVE AND SEXUAL HEALTHCARE PP GLOBAL OPERATIONS COMMENCED IN JULY 2016
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 II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
PLANNED PARENTHOOD ACTION FUND INC (PPAF) 123 WILLIAM ST 10TH FL NEW YORK, NY 10038 13-3539048	ADVOCACY	NY	501(C)(4)	N/A	PPFA	Yes	
PLANNED PARENTHOOD VOTES 123 WILLIAM ST 10TH FL NEW YORK, NY 10038 13-4128897	POLITICAL ACTIVITIES	NY	527	N/A	PLANNED PARENTHOOD ACTION FUND INC	Yes	
PLANNED PARENTHOOD ACTION FUND INC PAC 123 WILLIAM ST 10TH FL NEW YORK, NY 10038 13-3885199	POLITICAL ACTIVITIES	NY	527	N/A	PLANNED PARENTHOOD ACTION FUND INC	Yes	
VOXENT 72960 FRED WARING DRIVE PALM DESERT, CA 92260 61-1541009	TECHNOLOGY SUPPORT	CA	501(C)(3)	LINE 11A, I	PPFA	Yes	
PPFA 21ST CENTURY INC 123 WILLIAM ST 10TH FL NEW YORK, NY 10038 16-1681541	SUPPORTING	DC	501(C)(3)	LINE 11A, I	PPFA	Yes	
PLANNED PARENTHOOD GLOBAL INC 123 WILLIAM ST 10TH FL NEW YORK, NY 10038 47-5312115	GLOBAL SEXUAL HEALTH	NY	501(C)(3)	LINE 11A, I	PPFA	Yes	

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
(1) PLANNED PARENTHOOD ACTION FUND INC	A	50,299	ESTIMATE BASED ON USAGE
(1) PLANNED PARENTHOOD ACTION FUND INC	B	3,000,000	ACTUAL AMOUNT DISBURSED
(2) PLANNED PARENTHOOD ACTION FUND INC	C	81,000	ACTUAL AMOUNT DISBURSED
(3) PLANNED PARENTHOOD ACTION FUND INC	L	790,998	ESTIMATE BASED ON USAGE
(4) VOXENT	M	422,233	ACTUAL AMOUNT DISBURSED
(5) COMMUNITY OUTREACH GROUP INC	M	2,717,332	ACTUAL AMOUNT DISBURSED
(6) PLANNED PARENTHOOD ACTION FUND INC	N	343,571	ESTIMATE BASED ON USAGE
(7) PLANNED PARENTHOOD ACTION FUND INC	O	5,945,863	ESTIMATE BASED ON USAGE
(8) PLANNED PARENTHOOD ACTION FUND INC	Q	7,130,731	ACTUAL AMOUNT DISBURSED