

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

# Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

# 2008

**Open to Public Inspection**

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

**A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009**

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

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
 PLANNED PARENTHOOD FEDERATION OF AMERICA INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite  
 434 WEST 33RD STREET

City or town, state or country, and ZIP + 4  
 NEW YORK, NY 10001

**D** Employer identification number  
 13-1644147

**E** Telephone number  
 (212) 541-7800

**G** Gross receipts \$ 214,124,947

**F** Name and address of Principal Officer  
 Cecile Richards  
 434 West 33rd Street  
 New York, NY 10001

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** Are all affiliates included?  Yes  No  
 (If "No," attach a list See instructions )

**H(c)** Group Exemption Number ▶

**I** Tax-exempt status  501(c) ( 3 ) (Insert no )  4947(a)(1) or  527

**J** Web site: ▶ WWW.PLANNEDPARENTHOOD.ORG

**K** Type of organization  Corporation  trust  association  other ▶

**L** Year of Formation 1922 **M** State of legal domicile NY

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities Planned Parenthood Federation of America Inc is the nation's leading sexual and reproductive health care provider and advocate serving women, men, teens and families		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	29
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	29
	<b>5</b>	Total number of employees (Part V, line 2a)	<b>5</b>	356
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	61
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	0
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g)	68,540,177	105,535,832
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,774,666	454,217
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,109,250	-2,025,949
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	334,223	2,393,696
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	12,943,118	29,249,254
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	25,959,634	25,192,439
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	1,947,104	2,080,221
	<b>b</b>	(Total fundraising expenses, Part IX, column (D), line 25 <u>10,213,571</u> )		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	28,479,352	28,062,313
	<b>18</b>	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	69,329,208	84,584,227
<b>19</b>	Revenue less expenses Subtract line 18 from line 12	16,429,108	21,773,569	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	Beginning of Year	End of Year
	<b>21</b>	Total liabilities (Part X, line 26)	126,358,636	132,204,945
	<b>22</b>	Net assets or fund balances Subtract line 21 from line 20	38,669,513	35,849,620
			87,689,123	96,355,325

**Part II Signature Block**

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

Signature of officer: \_\_\_\_\_ Date: 2010-01-22

Maria Acosta CFO  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: KPMG LLP Date: \_\_\_\_\_ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4: KPMG LLP, 345 Park Avenue, New York, NY 101540102

Preparer's PTIN (See Gen Inst ) \_\_\_\_\_  
 EIN ▶ \_\_\_\_\_  
 Phone no ▶ (212) 758-9700

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

**Part III Statement of Program Service Accomplishments** (See the instructions.)

**1** Briefly describe the organization's mission  
See Additional Data Table

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting or make significant changes in how it conducts any program services?  Yes  No  
If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses  
Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 45,280,600 including grants of \$ 25,011,342 ) (Revenue \$ )  
GRANTS AND SERVICES TO AFFILIATES - USA DOMESTIC CENTERED PROGRAMS DESIGNED TO ASSIST THE FEDERATION'S AFFILIATES IN THEIR EFFORTS TO PROVIDE OUTSTANDING SERVICES TO PATIENTS AND THE COMMUNITIES THEY SERVE

**4b** (Code ) (Expenses \$ 14,654,469 including grants of \$ 2,504,737 ) (Revenue \$ )  
SERVICE TO THE FIELD OF FAMILY PLANNING - USA DOMESTIC-CENTERED PROGRAMS DESIGNED TO ENSURE THE FEDERATION'S LEADERSHIP IN SERVICE TO THE ENTIRE FIELD OF FAMILY PLANNING AND REPRODUCTIVE CHOICE, INCLUDING ADVOCACY, MEDICAL SERVICES AND EDUCATION

**4c** (Code ) (Expenses \$ 6,218,347 including grants of \$ 1,733,175 ) (Revenue \$ )  
INTERNATIONAL ASSISTANCE - FAMILY PLANNING - PROGRAMS DESIGNED TO ADVANCE THE REPRODUCTIVE HEALTH AND THE RIGHTS OF WOMEN AND THEIR FAMILIES OUTSIDE THE UNITED STATES









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

**4e** Total program service expenses \$ 66,153,416 *Must equal Part IX, Line 25, column (B).*

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
<b>4</b> Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	Yes	
<b>5</b> Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
<b>6</b> Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<b>9</b> Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	Yes	
<b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	Yes	
<b>12</b> Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII		No
<b>13</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U S ?	Yes	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	Yes	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		No
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	Yes	
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	Yes	
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
<b>20</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		No
<b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		No
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		No

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

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . . 		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . . 		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . . 		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . . 	Yes	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . 		No
<b>36</b>	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> . . . . . 	Yes	
<b>37</b>	Did the organization conduct more than 5 percent 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> . . . . . 		No

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .		
	<b>1a</b> 213		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .		
	<b>2a</b> 356		
<b>b</b>	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .		No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	Yes	
<b>b</b>	If "Yes," enter the name of the foreign country <u>TH, SU, KE, NI</u> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		No
<b>c</b>	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ? . . . . .		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible? . . . . .		No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<i>Organizations that may receive deductible contributions under section 170(c).</i>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? . . . . .	Yes	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	Yes	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		No
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		
<b>8</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<i>Section 501(c)(7) organizations.</i> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .		
<b>11</b>	<i>Section 501(c)(12) organizations.</i> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .		
<b>12a</b>	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041? . . . . .		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .		
	<b>12b</b>		

**Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body . . . . .		
<b>1b</b>	Enter the number of voting members that are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .		No
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		No
<b>6</b>	Does the organization have members or stockholders? . . . . .	Yes	
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	Yes	
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	the governing body? . . . . .	Yes	
<b>8b</b>	each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .	Yes	
<b>9b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	Yes	
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	Yes	
<b>11</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		No

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No", go to line 13 . . . . .	Yes	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	Yes	
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	Yes	
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	Yes	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
<b>15a</b>	The organization's CEO, Executive Director, or top management official? . . . . .	Yes	
<b>15b</b>	Other officers or key employees of the organization? . . . . . Describe the process in Schedule O	Yes	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		No
<b>16b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

<b>17</b>	List the States with which a copy of this Form 990 is required to be filed	AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, WA, WV, WI
<b>18</b>	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> own website <input checked="" type="checkbox"/> another's website <input checked="" type="checkbox"/> upon request	
<b>19</b>	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table	
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ELZBIETA SZAFRAN-BODZIONY CO PPFA 434 WEST 33RD STREET NEW YORK, NY 10001 (212) 541-7800	

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

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

- 1a** Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- \* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- \* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(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			

**Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 13-1644147

**Name:** PLANNED PARENTHOOD FEDERATION OF AMERICA INC

**Form 990, Part VII - Section Aaa**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
Kenetta Bailey , Director	1 0	X						0	0	0
Rev Mark Bigelow , Director	1 0	X						0	0	0
Cecilia Boone , Director	1 0	X						0	0	0
Tara Broderick , Director	1 0	X						0	0	0
Karen Campbell , Director	1 0	X						0	0	0
Harry Carter , Director	1 0	X						0	0	0
Cindy Chavez , Director	1 0	X						0	0	0
Ellen Chesler PhD , Director	1 0	X						0	0	0
Lida L Coleman , Director	1 0	X		X				0	0	0
Vicki Cowart , Director	1 0	X						0	0	0
Annette Cumming , Director	1 0	X						0	0	0
Amanda Dealey , Director	1 0	X						0	0	0
Brian Feldman , Director	1 0	X						0	0	0
Bennie Fleming EdD , Director	1 0	X						0	0	0
Elizabeth Hannley , Director	1 0	X						0	0	0
Sasha Heinz , Director	1 0	X						0	0	0
Bryan Howard , Director	1 0	X						0	0	0
Jill June , Director	1 0	X						0	0	0
Sally Beauchamp Kagerer , Director	1 0	X						0	0	0
Elena Marks , Director	1 0	X		X				0	0	0
Rev Kelvin Sauls , Director	1 0	X						0	0	0
Philip Riguer , Director	1 0	X						0	0	0
Sonal Shah , Director	1 0	X						0	0	0
Genevieve Shiroma , Director	1 0	X						0	0	0
Shamina Singh , Director	1 0	X						0	0	0
Jennifer Allan Soros , Director	1 0	X						0	0	0
Kathleen Tait , Director	1 0	X						0	0	0
Lillian A Tamayo , Director	1 0	X						0	0	0
Carolyn L Westhoff MD , Director	1 0	X						0	0	0
Lou Zellner , Director	1 0	X						0	0	0



**Form 990, Part VII - Section Aaa**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Teree Caldwell Johnson , Secretary term ended 3/09	1 0	X		X				0	0	0
Valerie McCarthy , Chairperson	1 0	X		X				0	0	0
Lyn Schollett , Vice Chairperson	1 0	X		X				0	0	0
Deborah De Witt , Treasurer	1 0	X		X				0	0	0
Matthew Oppenheimer , Secretary term started 4/09	1 0	X		X				0	0	0
Cecile Richards , President	32 0			X				337,066	37,452	10,244
Maria Acosta , CFO	33 0			X				89,691	5,725	2,362
Maryana Iskander , Chief Operating Officer	35 0				X			245,814	0	23,696
Kim Meredith , Vice President of Development	32 0				X			220,427	24,492	24,076
Ellen Golombek , National Politic and Field Dir	33 0					X		203,843	10,729	15,288
Vanessa Cullins , VP of Medical Affair	35 0					X		248,251	0	15,600
Barbara E Otten , VP of General counsel	33 0					X		219,210	11,537	39,074
Karen Ruffatto , VP of Oper and Affiliate Relat	35 0					X		211,120	0	29,894
Ronald E Mason , VP of Human Resources	35 0					X		209,131	0	32,846
Julia Nelson , Former CFO	33 0						X	181,980	11,615	8,806

**Part VII Continued**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Total</b>								2,166,533	101,550	201,886

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **57**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
O BRIEN MCCONNELL PEARSON 1133 19TH STREET NW WASHINGTON, DC 20036	FUNDRAISING	1,754,770
ML Printing 5 BROOKE HOLLOW LANE PEEKSKILL, NY 10566	PRINTING	696,293
TELEFUND P O BOX 2366 DENVER, CO 80201	TELEMARKETING	682,724
SHARE GROUP INC 73 CHAPEL STREET NEWTON, MA 02458	TELEMARKETING	511,574
Get Active Software Inc PO Box 671625 Dallas, TX 75267	ONLINE GIFT MNGT	367,955
<b>2</b> Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization . . . . .		35

**Part VIII Statement of Revenue**

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b> 512,851					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>					
	<b>d</b>	Related organizations . . . . . <b>1d</b> 100,000					
	<b>e</b>	Government grants (contributions) <b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> 104,922,981					
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ 28,758,107					
	<b>h</b>	<b>Total (Add lines 1a-1f)</b> . . . . . 105,535,832					
<b>Program Service Revenue</b>	<b>2a</b>	MEETING REVENUE Business Code 900,099	454,217	454,217			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total. Add lines 2a-2f</b> . . . . . \$ 454,217					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest other similar amounts) . . . . .	948,375			948,375	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .	0				
	<b>5</b>	Royalties . . . . .	0				
	<b>6a</b>		(i) Real				
			(ii) Personal				
		<b>b</b>	Gross Rents				
		<b>c</b>	Less rental expenses				
	<b>d</b>	Rental income or (loss)					
	<b>d</b>	Net rental income or (loss) . . . . .					
	<b>7a</b>		(i) Securities				
			(ii) Other				
		<b>b</b>	Gross amount from sales of assets other than inventory 103,638,675				
<b>c</b>		Less cost or other basis and sales expenses 106,612,999					
<b>d</b>	Gain or (loss) -2,974,324						
<b>d</b>	Net gain or (loss) . . . . . -2,974,324				-2,974,324		
<b>8a</b>		Gross income from fundraising events (not including \$ 278,700 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 . . . . . <b>a</b>					
	<b>b</b>	Less direct expenses . . . . . <b>b</b> 91,971					
	<b>c</b>	Net income or (loss) from fundraising events . . . . .	186,729			186,729	
<b>9a</b>		Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 . . . . . <b>a</b>					
	<b>b</b>	Less direct expenses . . . . . <b>b</b>					
	<b>c</b>	Net income or (loss) from gaming activities . . . . .	0				
<b>10a</b>		Gross sales of inventory, less returns and allowances . . . . . <b>a</b> 1,536,837					
	<b>b</b>	Less cost of goods sold . . . . . <b>b</b> 1,062,181					
	<b>c</b>	Net income or (loss) from sales of inventory . . . . .	474,656	474,656			
	Miscellaneous Revenue	Business Code					
<b>11a</b>		MEDICAL REFUND 900,099	440,796			440,796	
	<b>b</b>	PPF/PPAF ADMIN/OCCUPANCY FEE 900,099	140,400			140,400	
	<b>c</b>	LIST RENTAL 900,099	154,217			154,217	
	<b>d</b>	All other revenue _____	996,898			996,898	
<b>e</b>	<b>Total. Add lines 11a-11d</b> . . . . . \$ 1,732,311						
<b>12</b>	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .	106,357,796	928,873	0	-106,909		

**Part IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.**

**All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	27,516,079	27,516,079		
<b>2</b>	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
<b>3</b>	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	1,733,175	1,733,175		
<b>4</b>	Benefits paid to or for members	0			
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	1,091,824	450,422	403,360	238,042
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b>	Other salaries and wages	19,648,970	13,722,205		2,376,274
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	750,646	524,227	135,639	90,780
<b>9</b>	Other employee benefits . . . . .	2,349,592	1,769,468	268,194	311,930
<b>10</b>	Payroll taxes . . . . .	1,351,407	923,455	252,500	175,452
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .	0			
<b>b</b>	Legal . . . . .	876,091	555,052	251,841	69,198
<b>c</b>	Accounting . . . . .	291,895	116,800	175,095	0
<b>d</b>	Lobbying . . . . .	108,412	98,633		9,779
<b>e</b>	Professional fundraising See Part IV, line 17 . . . . .	2,080,221			2,080,221
<b>f</b>	Investment management fees . . . . .	129,470		129,470	
<b>g</b>	Other . . . . .	7,975,896	6,081,965	909,704	984,227
<b>12</b>	Advertising and promotion . . . . .	80,939	31,696	42,570	6,673
<b>13</b>	Office expenses . . . . .	7,146,081	3,844,711	737,291	2,564,079
<b>14</b>	Information technology . . . . .	306,653	232,051	43,816	30,786
<b>15</b>	Royalties . . . . .	0			
<b>16</b>	Occupancy . . . . .	4,901,792	3,606,061	624,072	671,659
<b>17</b>	Travel . . . . .	1,961,144	1,702,821	126,025	132,298
<b>18</b>	Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . .	0			
<b>19</b>	Conferences, conventions and meetings . . . . .	951,630	822,330	83,118	46,182
<b>20</b>	Interest . . . . .	343,818	250,967	44,720	48,131
<b>21</b>	Payments to affiliates . . . . .	0			
<b>22</b>	Depreciation, depletion, and amortization . . . . .	1,815,716	1,325,473	236,043	254,200
<b>23</b>	Insurance . . . . .	400,499	311,352	53,342	35,805
<b>24</b>	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
<b>a</b>	SUBSCRIPTION & REFERENCE PUB	120,170	94,556	9,834	15,780
<b>b</b>	MISCELLANEOUS EXPENSES	652,107	439,917	140,115	72,075
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>d</b>					
<b>e</b>					
<b>e</b>					
<b>f</b>	All other expenses				
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	84,584,227	66,153,416	8,217,240	10,213,571
<b>26</b>	<b>Joint Costs.</b> Check <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	7532880	3,312,427		4,220,453

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	2,200	<b>1</b>	1,435
	<b>2</b> Savings and temporary cash investments . . . . .	5,954,738	<b>2</b>	4,685,706
	<b>3</b> Pledges and grants receivable, net . . . . .	28,744,493	<b>3</b>	10,394,498
	<b>4</b> Accounts receivable, net . . . . .	2,623,838	<b>4</b>	2,087,773
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i> . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i> . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	523,978	<b>8</b>	750,198
	<b>9</b> Prepaid expenses and deferred charges . . . . .	653,021	<b>9</b>	869,159
	<b>10a</b> Land, buildings, and equipment cost basis	<b>10a</b> 21,672,865		
	<b>b</b> Less accumulated depreciation <i>Complete Part VI of Schedule D</i> . . . . .	<b>10b</b> 8,134,438	15,015,198	<b>10c</b> 13,538,427
	<b>11</b> Investments—publicly traded securities . . . . .	65,389,909	<b>11</b>	94,855,782
	<b>12</b> Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i> . . . . .	4,059,146	<b>12</b>	2,209,922
	<b>13</b> Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i> . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i> . . . . .	3,392,115	<b>15</b>	2,812,045
<b>16 Total assets. Add lines 1 through 15 (must equal line 34)</b>	126,358,636	<b>16</b>	132,204,945	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	10,327,145	<b>17</b>	8,893,197
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .	11,815,000	<b>20</b>	10,940,000
	<b>21</b> Escrow account liability <i>Complete Part IV of Schedule D</i> . . . . .		<b>21</b>	
	<b>22</b> Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable . . . . .		<b>24</b>	
	<b>25</b> Other liabilities <i>Complete Part X of Schedule D</i> . . . . .	16,527,368	<b>25</b>	16,016,423
	<b>26 Total liabilities. Add lines 17 through 25</b>	38,669,513	<b>26</b>	35,849,620
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	29,167,161	<b>27</b>	30,821,451
	<b>28</b> Temporarily restricted net assets . . . . .	39,610,429	<b>28</b>	47,067,928
	<b>29</b> Permanently restricted net assets . . . . .	18,911,533	<b>29</b>	18,465,946
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	87,689,123	<b>33</b>	96,355,325	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	126,358,636	<b>34</b>	132,204,945	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .		No
<b>c</b>	If "Yes" to lines 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? . . . . .		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		No
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? . . . . .		

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.  
Attach to Form 990 or Form 990-EZ. See separate instructions.

**Name of the organization**

PLANNED PARENTHOOD FEDERATION OF AMERICA INC

**Employer identification number**

13-1644147

**Part I Reason for Public Charity Status** (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization )

- 1  A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i)**.
- 2  A school described in **Section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii)**. (Attach Schedule H )
- 4  A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II )
- 8  A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **Section 509(a)(4)**. (See instructions )
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III - Functionally Integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
<b>11g(i)</b>		No
<b>11g(ii)</b>		No
<b>11g(iii)</b>		No

h Provide the following information about the organizations the organization supports

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

**Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	62,064,424	57,135,488	90,632,340	68,540,177	105,535,832	383,908,261
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add line 1-3	62,064,424	57,135,488	90,632,340	68,540,177	105,535,832	383,908,261
<b>5</b> The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						56,274,166
<b>6 Public Support</b> subtract line 5 from line 4						327,634,095

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	62,064,424	646,940	90,632,340	68,540,177	105,535,832	383,908,261
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	541,172	646,940	650,536	1,236,967	948,375	4,023,990
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )		1,382,878	335,347	146,227	278,700	2,143,152
<b>11 Total Support</b> (Add lines 7 through 10)						390,075,403
<b>12</b> Gross receipts from related activities, etc (See instructions )					<b>12</b>	16,611,449
<b>13 First Five Years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						<input checked="" type="checkbox"/>

**Computation of Public Support Percentage**

<b>14</b> Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	<b>83.993 %</b>
<b>15</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	<b>91.621 %</b>
<b>16a 33 1/3% Test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
<b>b 33 1/3% Test - 2007.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>17a 10% Facts and Circumstances Test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>b 10% Facts and Circumstances Test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>18 Private Foundation.</b> If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Total of lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total Support</b> (Add lines 9, 10c, 11 and 12)						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	

**Computation of Investment Income Percentage**

<b>17</b> Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	

- 19a 33 1/3% Tests - 2008.** 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% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions



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

<b>Facts and Circumstances Test</b>

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)

- 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 To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

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

Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred in 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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3). See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt function activities \$
3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

**Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

- A** Check  if the filing organization belongs to an affiliated group  
**B** Check  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures—</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>	<b>(a)</b> Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)	157,689	
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	625,185	
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)	782,874	
<b>d</b> Other exempt purpose expenditures	73,587,782	
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)	74,370,656	
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns— <b>If the amount on line 1e, column (a) or (b) is:</b>	1,000,000	
Not over \$500,000	<b>The lobbying nontaxable amount is:</b> 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	
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
<b>h</b> Subtract line 1g from line 1a Enter -0- if line g is more than line a		
<b>i</b> Subtract line 1f from line 1c Enter -0- if line f is more than line c		
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**4-Year Averaging Period Under Section 501(h)**  
**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
<b>2a</b> Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	208,540	336,296	832,238	782,874	2,159,948
<b>d</b> Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures	144,729	85,126	116,565	157,689	504,109

**Part II-A To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

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

**Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

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

**Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

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

**Part IV Supplemental Information**

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

Identifier	Return Reference	Explanation

**Part IV** Supplemental Information

Identifier	Return Reference	Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2008

Open to Public Inspection

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Department of the Treasury Internal Revenue Service

Name of the organization PLANNED PARENTHOOD FEDERATION OF AMERICA INC

Employer identification number 13-1644147

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, grants, and value, and questions about donor advisement.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, acreage, and monitoring details.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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

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

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

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

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

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9 or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain why in Part XIV and complete the following table

Table with 2 columns: Description (1c-1f) and Amount

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows 1a-1g.

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

- a Board designated or quasi-endowment 41%, b Permanent endowment 59%, c Term endowment

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

Table with 3 columns: Description (3a(i), 3a(ii), 3b) and Yes/No

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

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

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Depreciation, (d) Book value. Rows 1a-1e and Total.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other ALTERNATIVE INVESTMENTS	1,403,619	F
Other NONPUBLICLY HELD SECURITIES	806,303	F
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12 ) ▶		

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

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

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

(a) Description	(b) Book value
PERPETUAL TRUST	2,812,045
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.) . . . . . ▶	

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
AMTS HELD ON BEHALF OF AFFILIATES	1,952,813
LIABILITY UNDER SPLIT INTEREST	11,719,493
DUE TO RELATED ORGANIZATIONS	2,344,117
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	16,016,423

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48



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

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	106,357,796
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	84,584,227
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	21,773,569
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	-3,374,812
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	-9,732,555
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	-13,107,367
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	8,666,202

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	94,183,140
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	-3,374,812
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	-9,732,555
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-13,107,367
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	107,290,507
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	129,470
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	-1,062,181
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-932,711
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12)	<b>5</b>	106,357,796

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	85,516,938
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Losses reported on Form 990, Part IX, line 25	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	1,062,181
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,062,181
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	84,454,757
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	129,470
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	129,470
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18)	<b>5</b>	84,584,227

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Endowment Purpose	Schedule D, Part V	The Purpose of the Endowment Fund is to provide future income for PPFA's operations. The Quasi-endowment does so as well, as a means of diversifying PPFA's revenue base, which otherwise relies largely on annual fundraising. The Quasi-Endowment also has two other purposes: (1) to give PPFA balance sheet strength to support tax-exempt bond financing, and (2) to make other, key long-term programmatic and operational investments.
RECONCILING ITEMS	PART XI, XII, XIII	PART XI, Line 8 - Other Changes in Net Assets Change in Value of Split Interest Agreements \$(2,771,906) Loss on Beneficial Interest in Perpetual Trust \$(580,070) Loss on Hedged Interest Rate Swap Agreements \$(367,835) Loss on Contributions Receivable \$(6,012,744) Total \$(9,732,555) ===== PART XII, Line 2d - Revenue on Audit F/S, but not on tax return Change in Value of Split Interest Agreements \$(2,771,906) Loss on Beneficial Interest in Perpetual Trust \$(580,070) Loss on Hedged Interest Rate Swap Agreements \$(367,835) Loss on Contributions Receivable \$(6,012,744) Total \$(9,732,555) ===== PART XII, Line 4B - Revenue on tax return but not on Audit F/S Cost of Goods Sold \$(1,062,181) ===== PART XIII, Line 2d - Expenses on Audit F/S, but not on tax return Cost of Goods Sold \$1,062,181 =====
FIN 48 - Uncertain Tax Positions		IN JUNE 2006, THE FASB ISSUED FASB INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AN INTERPRETATION OF FASB STATEMENT NO 109 (FIN 48), WHICH ADDRESSES THE ACCOUNTING FOR UNCERTAINTIES IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS AND PRESCRIBES A THRESHOLD OF MORE-LIKELY-THAN-NOT FOR RECOGNITION AND DE-RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. FIN 48 ALSO PROVIDES RELATED GUIDANCE ON MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, AND DISCLOSURE. THERE WAS NO SIGNIFICANT IMPACT TO THE PLANNED PARENTHOOD Federation of America'S FINANCIAL STATEMENTS AS A RESULT OF THE ADOPTION OF FIN 48.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2008

Open to Public Inspection

Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Department of the Treasury Internal Revenue Service

Name of the organization PLANNED PARENTHOOD FEDERATION OF AMERICA INC

Employer identification number 13-1644147

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance...
2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States
3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees or agents in region, (d) Activities conducted in region (by type), (e) If activity listed in (d) is a program service, describe specific type of service(s) in region, (f) Total expenditures in region. Rows include Central America and the Caribbean, South America, East Asia and the Pacific, South Asia, Sub-Saharan Africa, North America, and Totals.

**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. Check this box if no one recipient received more than \$5,000 . . . . .   
 Use Schedule F-1 if additional space is needed.

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)

**2** Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . .  \_\_\_\_\_ **49**

**3** Enter total number of other organizations or entities . . . . .  \_\_\_\_\_ **0**

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Use Schedule F-1 (Form 990) 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)

**Part IV Supplemental Information**

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

Identifier	ReturnReference	Explanation
International Grant Process	Schedule F	At the development phase of each project, Planned Parenthood Federation of America International Division staff and the grantee organization develop and document the agreed upon project objectives, output and key activities, work plan and budget. These documents become the tools that are used to measure and monitor the progress of the project. The grantee organization is required to submit a progress and financial report every four months. Each financial report is reviewed to determine that projects are conducted in accordance with the work plan and budget. In addition, on-site monitoring of financial and programmatic activities is performed multiple times annually.

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

## Form 990 Schedule F Part II - Grants and Other Assistance to Organizations 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)
		Cent America/Caribbean	Repro Health	40,810	Wire Transfe			
		Cent America/Caribbean	Repro Health	35,695	Wire Transfe	171	commodities	COST
		Cent America/Caribbean	Repro Health	45,178	Wire Transfe	16,965	commodities	COST
		Cent America/Caribbean	Repro Health	41,388	Wire Transfe	2,302	commodities	COST
		Cent America/Caribbean	Repro Health	49,683	Wire Transfe	1,582	commodities	COST
		Cent America/Caribbean	Repro Health	12,100	Wire Transfe	1,290	commodities	COST
		Cent America/Caribbean	Repro Health	30,615	Wire Transfe	280	commodities	COST
		Cent America/Caribbean	Repro Health	30,270	Wire Transfe	402	commodities	COST
		Cent America/Caribbean	Repro Health	7,130	Wire Transfe			
		Cent America/Caribbean	Repro Health	53,800	Wire Transfe			
		Cent America/Caribbean	Repro Health	10,000	Wire Transfe			
		Cent America/Caribbean	Repro Health	93,725	Wire Transfe	24,574	commodities	COST
		Cent America/Caribbean	Repro Health	17,785	Wire Transfe			
		Cent America/Caribbean	Repro Health	80,450	Wire Transfe	2,672	commodities	COST
		South America	Repro Health	200,304	Wire Transfe			
		South America	Repro Health	43,760	Wire Transfe			
		South America	Repro Health	50,736	Wire Transfe	13,382	commodities	COST
		South America	Repro Health	110,574	Wire Transfe			
		East Asia and the pacifi	Repro Health	77,915	Wire Transfe			
		East Asia and the pacifi	Repro Health	54,840	Wire Transfe			
		East Asia and the pacifi	Repro Health	19,910	Wire Transfe			
		East Asia and the pacifi	Repro Health	9,875	Wire Transfe			
		East Asia and the pacifi	Repro Health	11,245	Wire Transfe			
		South Asia	Repro Health	10,440	Wire Transfe			
		South Asia	Repro Health	17,360	Wire Transfe			
		South Asia	Repro Health	28,090	Wire Transfe			
		Sub-Saharan Africa	Repro Health	41,735	Wire Transfe			
		Sub-Saharan Africa	Repro Health	29,695	Wire Transfe			
		Sub-Saharan Africa	Repro Health	12,720	Wire Transfe			
		Sub-Saharan Africa	Repro Health	16,755	Wire Transfe			

(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	Repro Health	17,005	Wire Transfe	1,644	commodities	COST
		Sub-Saharan Africa	Repro Health	71,400	Wire Transfe	6,093	commodities	cost
		Sub-Saharan Africa	Repro Health	18,230	Wire Transfe	4,482	commodities	COST
		Sub-Saharan Africa	Repro Health	5,665	Wire Transfe	1,239	commodities	COST
		Sub-Saharan Africa	Repro Health	23,255	Wire Transfe	4,533	commodities	COST
		Sub-Saharan Africa	Repro Health	14,145	Wire Transfe			
		Sub-Saharan Africa	Repro Health	5,450	Wire Transfe			
		Sub-Saharan Africa	Repro Health	8,710	Wire Transfe			
		Sub-Saharan Africa	Repro Health	9,360	Wire Transfe			
		Sub-Saharan Africa	Repro Health	9,955	Wire Transfe	3,675	commodities	COST
		Sub-Saharan Africa	Repro Health	9,423	Wire Transfe			
		Sub-Saharan Africa	Repro Health	9,080	Wire Transfe			
		Sub-Saharan Africa	Repro Health	30,085	Wire Transfe	3,770	commodities	COST
		Sub-Saharan Africa	Repro Health	14,240	Wire Transfe			
		Sub-Saharan Africa	Repro Health	53,970	Wire Transfe	11,153	commodities	COST
		Sub-Saharan Africa	Repro Health	17,635	Wire Transfe	3,292	commodities	COST
		Sub-Saharan Africa	Repro Health	16,770	Wire Transfe	3,382	commodities	COST
		Sub-Saharan Africa	Repro Health	30,560	Wire Transfe	3,083	commodities	COST
		Sub-Saharan Africa	Repro Health	61,162	Wire Transfe			

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

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.**

Name of the organization  
PLANNED PARENTHOOD FEDERATION OF AMERICA INC

**Employer identification number**  
13-1644147

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

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

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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
O'Brien McConnell and Pears	Consulting		No	14,249,149	559,499	13,689,650
Donor Services Group	Telemarket		No	549,508	426,913	122,595
Telefund	telemarket		No	663,495	404,707	258,788
Harris Direct	telemarket		No	576,397	363,976	212,421
The Share Group	telemarket		No	225,870	151,004	74,866
Watershed	Consulting		No	1,794,446	66,183	1,728,263
Gordon Schwenkmeyer Inc	telemarket		No	66,380	57,482	8,898
Direct Advantage Marketing	telemarket		No	133,056	27,285	105,771
SD and A Teleservices	telemarket		No	19,946	20,162	-216
Aria Communications	telemarket		No	7,064	3,010	4,054
<b>Total</b>						

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

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



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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>GALA</u> (event type)	<u>Choice Art</u> (event type)	<u>1</u> (total number)	(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	266,900	7,500	4,300	278,700
	<b>2</b> Less Charitable contributions . . . . .				
	<b>3</b> Gross revenue (line 1 minus line 2) . . . . .	266,900	7,500	4,300	278,700
<b>Direct Expenses</b>	<b>4</b> Cash Prizes . . . . .				
	<b>5</b> Non-cash Prizes . . . . .				
	<b>6</b> Rent/Facility costs . . . . .				
	<b>7</b> Other direct expenses . . . . .	85,971	6,000	0	91,971
	<b>8</b> Direct expense summary Add lines 4 through 7 in column (d) . . . . . ▶				91,971
<b>9</b> Net income summary Combine lines 3 and 8 in column (d) . . . . . ▶				186,729	

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
		<b>1</b> Gross revenue . . . . .			
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b> 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		
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶					

		Yes	No
<b>9</b>	Enter the state(s) in which the organization operates gaming activities _____		
<b>a</b>	Is the organization licensed to operate gaming activities in each of these states? . . . . .	<b>9a</b>	
<b>b</b>	If "No," Explain _____ _____		
<b>10a</b>	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<b>10a</b>	
<b>b</b>	If "Yes," Explain _____ _____		
<b>11</b>	Does the organization operate gaming activities with nonmembers? . . . . .	<b>11</b>	
<b>12</b>	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? . . . . .	<b>12</b>	

**13** Indicate the percentage of gaming activity operated in

- a** The organization's facility . . . . . **13a**
- b** An outside facility . . . . . **13b**

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .

**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 ▶ \$ \_\_\_\_\_

**Yes** **No**

**15a**

**17a**

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

2008

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000.

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.

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

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

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

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

Identifier	Return Reference	Explanation
Grants	Form 990, SCH I, Part I, Line 2	The Organization's management monitors, on a continuing basis, the usage of grants to ensure such grants are used for intended purposes

Software ID:

Software Version:

EIN: 13-1644147

Name: PLANNED PARENTHOOD FEDERATION OF AMERICA INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Advocates for Youth 2000 M St NW STE 750 Washington, DC 20036	52-1173590	501C(3)	15,284				Reproductive Health
Arabella Legacy Fund 734 15th St STE 600 Washington, DC 20005	20-5806345	501C(3)	15,000				Reproductive Health
California Planned Parenthood Education Fund 555 Capitol Mall 510 Sacramento, CA 95814	68-0358026	501C(3)	160,000				Reproductive Health
Family Violence Prevention Fund 383 Rhode Island 304 Sacramento, CA 94103	94-3110973	501C(3)	10,000				Reproductive Health
Guttmacher Institute 125 Maiden Lane 7th Fl New York, NY 10038	13-2890727	501C(3)	250,000				Reproductive Health
Mt Baker Planned Parenthood 2300 James St STE 207 Bellingham, WA 98225	91-0846274	501C(3)	8,247				Reproductive Health
National Latina Institute for Reproductive Health 50 Broad Street Ste 1825 New York, NY 10004	52-1891734	501C(3)	30,000				Reproductive Health
Northern Adirondack Planned Parenthood Inc 66 Brinkerhoff St Plattsburgh, NY 12901	23-7165566	501C(3)	16,587				Reproductive Health
PLANNED PARENTHOOD ACTION FUND 434 WEST 33RD ST NEW YORK, NY 10001	13-3693391	501C(4)	4,509,223				Reproductive Health
Planned Parenthood Los Angeles 400 W 30th Street Los Angeles, CA 90007	95-2408623	501C(3)	150,541				Reproductive Health

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Planned Parenthood of Arizona 2255 North Wyatt Drive Tucson, AZ 85712	86-0146520	501C(3)	994,422				Reproductive Health
Planned Parenthood of Central Ohio 206 East State Street Columbus, OH 43219	31-4379502	501C(3)	140,249				Reproductive Health
Planned Parenthood of Delaware 625 Shipley Street Wilmington, DE 19801	51-0066725	501C(3)	217,428				Reproductive Health
Planned Parenthood of Georgia 75 Piedmont Ave STE 800 Atlanta, GA 30303	58-6045874	501C(3)	280,444				Reproductive Health
Planned Parenthood of Montana 100 W Wicks Lane Billings, MT 59105	81-0307201	501C(3)	31,273				Reproductive Health
Planned Parenthood of the Great Northwest 2001 East Madison Street Seattle, WA 98225	91-0686012	501C(3)	153,000				Reproductive Health
Planned Parenthood Shasta Diablo 101 Broadway Richmond, CA 94804	94-1575233	501C(3)	42,363				Reproductive Health
PP Assoc of Mercer Area 437 E State St Trenton, NJ 08608	21-0723248	501C(3)	23,000				Reproductive Health
PP Association of Bucks County 610 Louis Drive Warminster, PA 18974	23-1651210	501C(3)	57,021				Reproductive Health
PP Association of Pennsylvania 300 N 2nd St STE 400 Harrisburg, PA 17101	23-1989400	501C(3)	7,500				Reproductive Health

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PP Association of the Mercer Area 437 E State Street Trenton, NJ 08608	21-0723248	501C(3)	8,258				Reproductive Health
PP Association of Utah 654 South 900 East Salt Lake City, UT 84102	87-0288909	501C(3)	28,118				Reproductive Health
PP Center of El Paso Inc 1801 Wyoming Ste 202 El Paso, TX 79902	74-1157987	501C(3)	7,500				Reproductive Health
PP Centers of West Michigan 425 Cherry Street SE Grand Rapids, MI 49503	38-1782520	501C(3)	6,179				Reproductive Health
PP of the Columbia Williamette Inc 3231 SE 50th ST Portland, OR 97206	93-6031270	501C(3)	103,763				Reproductive Health
PP Health Services of Southwestern Oregon 1670 High Street Eugene, OR 97401	93-0573822	501C(3)	12,465				Reproductive Health
PP Health Systems Inc 100 S Boylan Avenue Raleigh, NC 27603	56-1282557	501C(3)	759,395				Reproductive Health
PP League of Massachusetts 1055 Commonwealth Ave Boston, MA 02215	04-2698497	501C(3)	214,766				Reproductive Health
PP Mar Monte 1691 The Alameda San Jose, CA 95126	94-1583439	501C(3)	211,226				Reproductive Health
PP Metropolitan Washington DC Inc 1108 16th Street NW Washington, DC 20036	53-0204621	501C(3)	367,597				Reproductive Health

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PP Minnesota SO Dakota NO Dakota1965 Ford Parkway St Paul, MN 55116	41-0948382	501C(3)	820,224				Reproductive Health
PP Mohawk Hudson1424 Genesse Street Utica, NY 13502	14-6004167	501C(3)	7,092				Reproductive Health
PP North East Mid Pennsylvania6900 Hamilton Blvd Trexeltown, PA 18087	23-2450112	501C(3)	98,810				Reproductive Health
PP Northeast Ohio444 West Exchange Street Akron, OH 44302	34-1015976	501C(3)	360,601				Reproductive Health
PP of Arkansas and Eastern Oklahoma5780 S Peoria Tulsa, OK 74105	73-0685955	501C(3)	110,079				Reproductive Health
PP of Waco Family Planning and Surgical Service1121 Ross Ave Waco, TX 76703	74-2329031	501C(3)	141,000				Reproductive Health
PP of Alabama Inc1211 S 27 Place South Birmingham, AL 35205	63-0341404	501C(3)	360,145				Reproductive Health
PP of Alaska4001 Lake Otis Parkway Anchorage, AK 99508	23-7033773	501C(3)	17,600				Reproductive Health
PP of Central NJ69 E Newman Springs RD Shrewsbury, NJ 07702	21-0658062	501C(3)	15,045				Reproductive Health
PP of Central North Carolina1765 Dobbins Ave Chapel Hill, NC 27514	58-1484820	501C(3)	504,030				Reproductive Health



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PP of Central Pennsylvania Inc 728 S Beaver Street York, PA 17403	23-1580959	501C(3)	27,497				Reproductive Health
PP of Central Texas 1121 Ross Avenue PO 1518 Waco, TX 76703	74-1143143	501C(3)	23,185				Reproductive Health
PP of Central Washington 1117 Tieton Dr STE 1000 Yakima, WA 98902	91-6071384	501C(3)	14,004				Reproductive Health
PP of Chester County 8 South Wayne St West Chester, PA 19382	23-1683247	501C(3)	70,000				Reproductive Health
PP of Connecticut Inc 345 Whitney Ave New Haven, CT 06511	06-0263565	501C(3)	151,137				Reproductive Health
PP of East Central Iowa 3425 First AV SE 100 Cedar Rapids, IA 52402	42-1132892	501C(3)	12,825				Reproductive Health
PP of Golden Gate 815 Eddy St 100 San Francisco, CA 94109	94-6138828	501C(3)	175,022				Reproductive Health
PP of Greater Iowa 1171 7th Street Des Moines, IA 50314	42-0727488	501C(3)	501,906				Reproductive Health
PP of Greater Northern New Jersey 196 Speedwell Avenue Morristown, NJ 07960	22-1643997	501C(3)	28,521				Reproductive Health
PP of Greater Orlando 726 South Tampa Ave 1100 Orlando, FL 32805	59-3092996	501C(3)	373,913				Reproductive Health

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PP of Hawaii 1350 S King St 309 Honolulu, HI 96814	99-6012377	501C(3)	23,158				Reproductive Health RVE
PP of Houston and Southeast Texas Inc 3601 Fannin Street Houston, TX 77004	74-1100163	501C(3)	1,187,495				Reproductive Health
PP of Hudson Peconic Inc 4 Skyline Drive Hawthorne, NY 10532	11-2454790	501C(3)	98,048				Reproductive Health
PP of Idaho Inc 1109 Main Street STE 500 Boise, ID 83702	82-0297551	501C(3)	86,437				Reproductive Health
PP of Illinois 18 S Michigan Ave 6th Fl Chicago, IL 60603	36-2170901	501C(3)	1,148,453				Reproductive Health
PP of Indiana 200 S Meridian 400 Indianapolis, IN 46225	35-0874276	501C(3)	547,188				Reproductive Health
PP of Inland Northwest 123 E Indiana Avenue 100 Spokane, WA 99207	91-0885036	501C(3)	14,139				Reproductive Health
PP of Kansas AND Mid Missouri 4401 W 109 St 200 Overland Park, KS 66211	44-0565390	501C(3)	843,658				Reproductive Health
PP of Kentucky Inc 1025 South 2nd St Louisville, KY 40203	61-0481704	501C(3)	14,620				Reproductive Health
PP of Maryland 330 N Horward Street Baltimore, MD 21201	52-0607930	501C(3)	24,540				Reproductive Health

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PP of Metropolitan New Jersey 151 Washington Street Newark, NJ 07102	22-1539559	501C(3)	13,956				Reproductive Health
PP of Mid and South Michigan 3100 Professional Ann Arbor, MI 48106	38-1707521	501C(3)	269,962				Reproductive Health
PP of Middle and East Tennessee 50 Vantage Way Nashville, TN 37228	62-6050064	501C(3)	539,835				Reproductive Health
PP of Mid Hudson Valley 178 Church Street Poughkeepsie, NY 12601	14-1344810	501C(3)	14,481				Reproductive Health
PP of Nassau County 540 Fulton Ave Hempstead, NY 11550	11-1776035	501C(3)	29,667				Reproductive Health
PP of Nebraska AND Council Bluffs 4610 South 133 St Ste 109 Omaha, NE 68137	47-0391517	501C(3)	242,173				Reproductive Health
PP of New Mexico Inc 719 San Mateo NE Albuquerque, NM 87108	85-0197745	501C(3)	50,804				Reproductive Health
PP of New York City Inc 26 Bleecker Street New York, NY 10012	13-2621497	501C(3)	364,044				Reproductive Health
PP of North Florida Inc 3850 Beach Blvd Jacksonville, FL 32207	23-7400545	501C(3)	226,000				Reproductive Health
PP of North Texas Inc 7424 Greenville Ave 206 Dallas, TX 75231	52-1243220	501C(3)	484,584				Reproductive Health

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PP of Northeast Florida Inc 3850 Beach Boulevard Jacksonville, FL 32207	59-1061757	501C(3)	10,635				Reproductive Health
PP of Northern New England 183 Talcott Rd 101 Williston, VT 05495	03-0222941	501C(3)	197,947				Reproductive Health
PP of Rhode Island 111 Point St POB 41059 Providence, RI 02940	05-0258955	501C(3)	215,000				Reproductive Health
PP Trust of San Antonio and S Central Texas Inc 104 Babcock Road San Antonio, TX 78201	74-1297211	501C(3)	225,423				Reproductive Health
PP of San Diego AND Riverside Counties 1075 Camino del Rio S San Diego, CA 92108	95-6111785	501C(3)	113,114				Reproductive Health
PP of ST Barbara Ventura AND San Luis Obispo Cou 518 Garden St Santa Barbara, CA 93101	95-2319356	501C(3)	63,814				Reproductive Health
PP of South Central Michigan 4201 W Michigan AVE Kalamazoo, MI 49006	38-1811120	501C(3)	307,747				Reproductive Health
PP of South Central New York 37 Dietz Street Oneonta, NY 13820	16-1005972	501C(3)	5,998				Reproductive Health
PP of South Florida and the Treasure Coast Inc 2300 N Flor Mango West Palm Beach, FL 33409	59-1391115	501C(3)	23,000				Reproductive Health
PP Southeastern Pennsylvania 1144 Locust Street Philadelphia, PA 19107	23-1352509	501C(3)	1,017,775				Reproductive Health

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PP of Southeastern Virginia Inc403 Yale Drive Hampton, VA 23666	54-0929058	501C(3)	52,493				Reproductive Health
PP of Southwest AND Central Florida Inc736 Central Avenue Sarasota, FL 34236	59-1274328	501C(3)	947,740				Reproductive Health
PP of Southwest Ohio Region2314 Auburn Avenue Cincinnati, OH 45219	31-0536688	501C(3)	411,903				Reproductive Health
PP of the Greater Memphis Region1407 Union Ave STE 300 Memphis, TN 38104	62-6073178	501C(3)	277,485				Reproductive Health
PP of the Palm Beach AND Treasure Coast Area Inc2300 N Flor Mango West Palm Beach, FL 33409	59-1391115	501C(3)	53,595				Reproductive Health
PP of the Rochester Syracuse Region114 University Avenue Rochester, NY 14605	16-0743085	501C(3)	23,064				Reproductive Health
PP of the Rocky Mountains7155 E 38th Avenue Denver, CO 80207	84-0404253	501C(3)	1,096,593				Reproductive Health
PP of the Southern Finger Lakes314 West State Street Ithaca, NY 14850	16-0953368	501C(3)	15,135				Reproductive Health
PP of the St Louis Region 4251 Forest Park Avenue St Louis, MO 63108	43-0652666	501C(3)	809,952				Reproductive Health
PP of the Texas Capital Region201 East Ben White Blvd B Austin, TX 78704	74-1005756	501C(3)	535,480				Reproductive Health

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PP of West Texas910 B South Grant Odessa, TX 79761	75-1229350	501C(3)	279,037				Reproductive Health
PP of Western New York 2697 Main Street Buffalo, NY 14214	16-0746860	501C(3)	10,216				Reproductive Health
PP of Western Pennsylvania933 Liberty Ave 2nd Fl Pittsburgh, PA 15222	25-0965474	501C(3)	275,165				Reproductive Health
PP of Western Washington2001 E Madison Street Seattle, WA 98122	91-0686012	501C(3)	208,705				Reproductive Health
PP of Wisconsin302 N Jackson St Milwaukee, WI 53202	39-0863391	501C(3)	547,297				Reproductive Health
PP Pasadena and San Gabriel Valley Inc1045 North Lake Avenue Pasadena, CA 91104	95-1916050	501C(3)	25,195				Reproductive Health
PP Southern NJ317 Broadway Camden, NJ 08103	21-6008381	501C(3)	14,843				Reproductive Health
PP Southwestern Oregon 125 S Central Ave Ste 201 Medford, OR 97501	93-0573822	501C(3)	7,100				Reproductive Health
PP Orange AND San Bernardino Counties Inc 700 S Tustin Street Orange, CA 92866	95-6152773	501C(3)	18,186				Reproductive Health
Six Rivers PP3222 Timberfall Court Eureka, CA 95503	94-2333653	501C(3)	5,024				Reproductive Health

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
South Dakota Campaign for Healthy Families PO Box 1484 Sioux Falls, SD 57101	20-4531771	N/A	132,000				Reproductive Health
Tri Rivers Planned Parenthood 1032 B Kings Highway PO 359 Rolla, MO 65401	43-0965532	501C(3)	8,871				Reproductive Health
Upper Hudson PP Inc 259 Lark Street Albany, NY 12210	14-6000805	501C(3)	16,922				Reproductive Health
Virginia League for PP 201 N Hamilton St Richmond, VA 23221	54-0505973	501C(3)	88,145				Reproductive Health

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

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

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

PLANNED PARENTHOOD FEDERATION OF AMERICA INC

**Employer identification number**

13-1644147

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items
- |   |   |
|---|---|
| <input type="checkbox"/> First class or charter travel            | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                    | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account           | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)            |

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

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

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a

**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

**501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.**

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

**a** The organization?

**b** Any related organization?

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

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

**a** The organization?

**b** Any related organization?

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

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

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

	Yes	No
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>	Yes	
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No



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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Julia Nelson	(i)	119,857	0	62,123	3,547	4,731	190,258	181,979
	(ii)	8,311	0	3,304	226	302	12,143	9,679
Cecile Richards	(i)	268,279	31,500	37,287	7,861	1,358	346,285	196,457
	(ii)	29,809	3,500	4,143	873	151	38,476	10,324
Ellen Golombek	(i)	154,051	15,200	34,592	4,823	9,700	218,366	0
	(ii)	8,108	800	1,821	254	511	11,494	0
Vanessa Cullins	(i)	225,430	7,500	15,321	13,800	1,800	263,851	130,787
	(ii)	0	0	0	0	0	0	0
Barbara E Otten	(i)	182,569	16,720	19,921	12,692	24,428	256,330	134,997
	(ii)	9,609	880	1,048	668	1,286	13,491	0
Karen Ruffatto	(i)	184,663	14,400	12,057	11,664	18,230	241,014	0
	(ii)	0	0	0	0	0	0	0
Ronald E Mason	(i)	172,507	17,730	18,894	7,656	25,190	241,977	116,146
	(ii)	0	0	0	0	0	0	0
Maryana Iskander	(i)	196,759	17,900	31,155	13,428	10,268	269,510	133,344
	(ii)	0	0	0	0	0	0	0
Kim Meredith	(i)	209,413	10,620	394	5,891	15,777	242,095	132,877
	(ii)	23,268	1,180	44	655	1,753	26,900	0
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Julia Nelson	(i)	119,857	0	62,123	3,547	4,731	190,258	181,979
	(ii)	8,311	0	3,304	226	302	12,143	9,679
Cecile Richards	(i)	268,279	31,500	37,287	7,861	1,358	346,285	196,457
	(ii)	29,809	3,500	4,143	873	151	38,476	10,324
Ellen Golombek	(i)	154,051	15,200	34,592	4,823	9,700	218,366	0
	(ii)	8,108	800	1,821	254	511	11,494	0
Vanessa Cullins	(i)	225,430	7,500	15,321	13,800	1,800	263,851	130,787
	(ii)	0	0	0	0	0	0	0
Barbara E Otten	(i)	182,569	16,720	19,921	12,692	24,428	256,330	134,997
	(ii)	9,609	880	1,048	668	1,286	13,491	0
Karen Ruffatto	(i)	184,663	14,400	12,057	11,664	18,230	241,014	0
	(ii)	0	0	0	0	0	0	0
Ronald E Mason	(i)	172,507	17,730	18,894	7,656	25,190	241,977	116,146
	(ii)	0	0	0	0	0	0	0
Maryana Iskander	(i)	196,759	17,900	31,155	13,428	10,268	269,510	133,344
	(ii)	0	0	0	0	0	0	0
Kim Meredith	(i)	209,413	10,620	394	5,891	15,777	242,095	132,877
	(ii)	23,268	1,180	44	655	1,753	26,900	0

**Part III Supplemental Information**

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

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
For information on the compensation review process	Part VI Section B Line 15	See Schedule O
Schedule J, Line 4a	Severance	Julia Nelson, former Chief Financial Officer received severance of \$65,667
Form 990, SCH J-2		Maria Acosta, Chief Financial Officer, and Karen Ruffato, Vice President of Operations and Affiliate Relations, both received housing allowances per agreed upon relocation agreements The benefits were treated as taxable compensation and included in their W2s Change of Title/Term ===== Elena Marks, Chairperson, Term Ended 3/09 Elena Marks, Director , Term started 4/09 Deborah De Witt, Vice Chairperson, Term Ended 3/09 Deborah De Witt, Treasurer, Term Started 4/09 Julia Nelson, Former CFO, Term end 6/08 Lida L Coleman, Treasurer , Term Ended 3/09 Teree Caldwell Johnson, Secretary and Director, term ended 3/09 Valerie McCarthy, Chairperson, Term Started 4/09 Lyn Schollett, Vice Chairperson, Term Started 4/09 Matthew Oppenheimer, Secretary, Term Started 4/09 Matthew Oppenheimer, Director, Term ended 3/09 Rev Mark Bigelow, Director, Term Ended 3/09 Cecilia Boone, Director, Term Started 4/09 Tara Broderick, Director, Term Started 4/09 Jill June, Director, Term Ended 3/09 Sally Beauchamp Kagerer, Director, Term Ended 3/09 Rev Kelvin Sauls, Director, Term Started 4/09 Philip Riguer, Director, Term Ended 3/09 Sonal Shah, Director, Term Ended 3/09 Kathleen Tait, Director, Term Started 4/09 Maria Acosta, Chief Financial Officer, Term Started 8/08

SCHEDULE M (Form 990)

Non-Cash Contributions

OMB No 1545-0047

2008

Open to Public Inspection

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Department of the Treasury Internal Revenue Service

Name of the organization PLANNED PARENTHOOD FEDERATION OF AMERICA INC

Employer identification number 13-1644147

Part I Types of Property

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

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

29

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



**SCHEDULE O**  
(Form 990)

**Supplemental Information to Form 990**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

**Name of the organization**

PLANNED PARENTHOOD FEDERATION OF AMERICA INC

**Employer identification number**

13-1644147

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 10	BOARD REVIEW OF FORM 990	Planned Parenthood Federation of America, Inc 's Form 990 is prepared by the organization's finance staff and review ed internally by the chief financial officer and the legal department The draft Form 990 is then review ed externally by an independent paid tax preparer Any revisions are presented to the organization and once revised, the final draft Form 990 is review ed by the organization's Audit Committee Once the draft 990 is approved by the Audit Committee, copies of the complete Form 990 are provided to each voting member of the governing board prior to submission and filing w ith the Internal Revenue Service

Identifier	Return Reference	Explanation
FORM 990, PART IV, LINE 12	AUDITED FINANCIAL STATEMENTS	Planned Parenthood Federation of America, Inc is audited in combination w ith its related organizations Planned Parenthood Action Fund, Inc [EIN 13-3539048] and the Planned Parenthood Foundation [EIN 13-3772613] Although separate audited financial statements are not issued for Planned Parenthood Federation of America, Inc , a consolidated audited financial statement w as prepared in accordance w ith GAAP

Identifier	Return Reference	Explanation
Part VI Section A	Lines 6 and 7a	Planned Parenthood Federation of America, Inc is a not-for-profit membership organization The members of the Federation elect the Board of Directors

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY	Planned Parenthood Federation of America (PPFA) asks their employees and board members to review and sign a Conflict of Interest Policy on an annual basis PPFA's legal counsel follow s up to resolve any disclosed conflicts If a conflict is identified, the interested individual may not vote on the transaction

Identifier	Return Reference	Explanation
Part VI Section C Disclosure	Line 19	Planned Parenthood Federation of Americas Financial Report and Form 990 are available upon request

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15B	COMPENSATION REVIEW PROCESS	Planned Parenthood Federation of America has a compensation setting body (the body) that review s and approves the compensation of the follow ing members of PPFA Staff - President, Chief Operating Officer, Chief Financial Officer, General Counsel and the tw o highest paid staff members This independent body is comprised of the officers of the PPFA board, w ith the chair of the board serving as its chair The review and approval of the salaries of these employees takes place on an annual basis using comparability data such as industry surveys, documented compensation of persons holding similar positions in similar organizations, and/or independent compensation studies Results are documented contemporaneously in minutes

Identifier	Return Reference	Explanation
FORM 990, SCH R, PART II		Planned Parenthood Federation of America does not directly control Planned Parenthood Votes or Planned Parenthood Action Fund, Inc PAC Direct control over these entities is exercised by Planned Parenthood Action Fund, Inc

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

▶ **Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**  
▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
PLANNED PARENTHOOD FEDERATION OF AMERICA INC

**Employer identification number**  
13-1644147

**Part I Identification of Disregarded Entities**

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

**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
Planned Parenthood Action Fund Inc(PPAF) 434 West 33rd Street New York, NY10001 13-3539048	Advocacy	NY	501(c)(4)	N/A	NA
Planned Parenthood Foundation 434 West 33rd Street New York, NY10001 13-3772613	Supporting	NY	501(c)(3)	11, Type I	NA
PPFA 21st Century Inc c/o PPFA 434 W 33rd Street New York, NY10001 16-1681541	Supporting	NY	501(c)(3)	11, Type I	NA
PLANNED PARENTHOOD ACTION FUND INC PAC 434 WEST 33RD STREET NEW YORK, NY10001 13-3885199	POLITICAL ACT	NY	527	N/A	PPAF
PLANNED PARENTHOOD VOTES 434 WEST 33RD STREET new york, NY10001 13-4128897	POLITICAL ACT	NY	527	N/A	PPAF

**Part III Identification of Related Organizations Taxable as a Partnership**

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproportionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership



**Part V Transactions with Related Organizations**

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
  
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
  
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
  
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
  
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

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

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

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
<b>(1)</b> Planned Parenthood Action Fund Inc	a	2,321
<b>(2)</b> Planned Parenthood Action Fund Inc	b	4,509,223
<b>(3)</b> Planned Parenthood Foundation	c	100,000
<b>(4)</b> Planned Parenthood Action Fund Inc	m	96,000
<b>(5)</b> Planned Parenthood Foundation	m	6,000
<b>(6)</b> Planned Parenthood Action Fund Inc	n	2,674,481
<b>(7)</b> Planned Parenthood Action Fund Inc	q	89,098
<b>(1)</b> See Additional Data Table		
<b>(2)</b>		
<b>(3)</b>		
<b>(4)</b>		
<b>(5)</b>		
<b>(6)</b>		

**Part VI** **Unrelated Organizations Taxable as a Partnership**

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

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

**Form 990, Schedule R, Part V - Transactions with Related Organizations**

(A)	Name of other organization	(B)	Transaction type(a-r)	(C)	Amount Involved (\$)
(1)	Planned Parenthood Action Fund Inc	a	2,321		
(2)	Planned Parenthood Action Fund Inc	b	4,509,223		
(3)	Planned Parenthood Foundation	c	100,000		
(4)	Planned Parenthood Action Fund Inc	m	96,000		
(5)	Planned Parenthood Foundation	m	6,000		
(6)	Planned Parenthood Action Fund Inc	n	2,674,481		
(7)	Planned Parenthood Action Fund Inc	q	89,098		

**Form 990, Part III, Line 1 - Briefly describe the organization's mission:**

THE PURPOSE OF THE FEDERATION IS: (A) TO PROVIDE LEADERSHIP: - IN MAKING EFFECTIVE MEANS OF VOLUNTARY FERTILITY REGULATION, INCLUDING CONTRACEPTION, ABORTION, sterilization, AND INFERTILITY SERVICES, AVAILABLE AND FULLY ACCESSIBLE TO ALL AS A CENTRAL ELEMENT TO REPRODUCTIVE healthcare: - IN ACHIEVING, THROUGH INFORMED INDIVIDUAL CHOICE, A U.S. POPULATION OF STABLE SIZE IN AN OPTIMUM ENVIRONMENT; - IN STIMULATING AND SPONSORING RELEVANT BIOMEDICAL, SOCIO-ECONOMIC, AND DEMOGRAPHIC RESEARCH; - IN DEVELOPING APPROPRIATE INFORMATION, EDUCATION, AND TRAINING PROGRAMS. (B) TO SUPPORT AND ASSIST EFFORTS TO ACHIEVE SIMILAR GOALS IN THE UNITED STATES AND THROUGHOUT THE WORLD.

