

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

**Return of Organization Exempt From Income Tax**  
**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**

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

OMB No 1545-0047  
**2012**  
**Open to Public Inspection**

**A For the 2012 calendar year, or tax year beginning 07-01-2012, 2012, and ending 06-30-2013**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization PLANNED PARENTHOOD FEDERATION OF AMERICA INC  Doing Business As  Number and street (or P O box if mail is not delivered to street address) Room/suite 434 WEST 33RD STREET  City or town, state or country, and ZIP + 4 NEW YORK, NY 100012601	<b>D</b> Employer identification number  13-1644147  <b>E</b> Telephone number  (212) 541-7800  <b>G</b> Gross receipts \$ 171,051,383
<b>F</b> Name and address of principal officer CECILE RICHARDS 434 WEST 33RD STREET NEW YORK, NY 100012601		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ WWW.PLANNEDPARENTHOOD.ORG		
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1922 <b>M</b> State of legal domicile NY

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities <u>LEADERSHIP AND ADVOCACY IN THE FIELD OF REPRODUCTIVE HEALTH - SEE SCHEDULE O</u>				
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>		31	
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>		31	
<b>5</b>	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>		494	
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>		50	
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<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)	<b>Prior Year</b>		<b>Current Year</b>	
	<b>9</b> Program service revenue (Part VIII, line 2g)	155,090,170		132,739,759	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,435,014		1,799,101	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,341,260		2,437,167	
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,595,436		2,393,031	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	159,461,880		139,369,058	
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	42,135,565		45,839,132	
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0		0	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	34,793,890		40,609,798	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶24,520,514	3,894,257		7,260,458	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	44,590,994		44,126,265	
	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	125,414,706		137,835,653	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	34,047,174		1,533,405		
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>		<b>End of Year</b>	
	<b>21</b> Total liabilities (Part X, line 26)	302,321,522		307,429,404	
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	73,029,459		72,207,067	
		229,292,063		235,222,337	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including 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

<b>Sign Here</b>	Signature of officer  WALLACE D'SOUZA CHIEF FINANCIAL OFFICER Type or print name and title	
<b>Paid Preparer Use Only</b>	Prnt/Type preparer's name	Preparer's signature
	Firm's name ▶ KPMG LLP	
	Firm's address ▶ 345 PARK AVENUE NEW YORK, NY 101540102	

May the IRS discuss this return with the preparer shown above? (see instructions)

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

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

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 64,316,416 including grants of \$ 31,947,076 ) (Revenue \$ 1,155,186 )

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

**4b** (Code ) (Expenses \$ 18,436,958 including grants of \$ 8,934,205 ) (Revenue \$ 969,901 )

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

**4c** (Code ) (Expenses \$ 12,163,872 including grants of \$ 4,579,822 ) (Revenue \$ 156,870 )

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

(Code ) (Expenses \$ 3,136,484 including grants of \$ 218,000 ) (Revenue \$ 3,483 )

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

























(Code ) (Expenses \$ 1,492,152 including grants of \$ 160,029 ) (Revenue \$ 11,243 )

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

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 4,628,636 including grants of \$ 378,029 ) (Revenue \$ 14,726 )

**4e Total program service expenses** 99,545,882

**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)? <i>If "Yes," complete Schedule A</i> 	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	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? <i>If "Yes," complete Schedule C, Part I</i> 		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> 	Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> 		No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 		No
<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? <i>If "Yes," complete Schedule D, Part II</i> 		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 		No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	Yes	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 		No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 		No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> 	Yes	
<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? <i>If "Yes," complete Schedule F, Parts II and IV</i> 	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? <i>If "Yes," complete Schedule F, Parts III and IV</i> 		No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> 	Yes	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> 	Yes	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> 		No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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

<b>21</b>	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>	Yes	
<b>22</b>	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> . . . . .	<b>24a</b>	Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		No
<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>24c</b>		No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		No
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>		No
<b>26</b>	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	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> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		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> . . . . .	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>	Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes	
<b>b</b>	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	Yes	
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
<b>1c</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, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 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 (see instructions)	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
<b>3b</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 <b>SU, KE, NI</b> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
<b>6b</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>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</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>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		No
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (31); 1b Enter the number of voting members included in line 1a, above, who are independent (31); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed: AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, WA, WV, WI
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [X] Own website, [ ] Another's website, [X] Upon request, [ ] Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, 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 (212) 541-7800

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							2,929,623	522,190	421,195	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶**98

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
O'BRIEN MCCONNELL & PEARSON 1133 19TH STREET NW WASHINGTON DC 20036	CONSULTING	6,502,455
GRASSROOTS CAMPAIGNS INC 1321 15TH STREET SUITE 100 DENVER CO 80202	TELEMARKETING	3,706,819
SEIU-CC LLC PO BOX 2238 NEW YORK NY 10108	TELEMARKETING	1,067,934
WCG INC 60 FRANCISCO STREET SAN FRANCISCO CA 94133	BRAND DEVELOPMENT CONSULTING	889,061
BLACKBAUD INC PO BOX 930256 ATLANTA GA 31193	CONSULTING	848,998

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶**63



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b> 728,779					
	<b>b</b> Membership dues . . . . . <b>1b</b>					
	<b>c</b> Fundraising events . . . . . <b>1c</b> 337,665					
	<b>d</b> Related organizations . . . . . <b>1d</b>					
	<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> 131,673,315					
	<b>g</b> Noncash contributions included in lines 1a-1f \$ 21,310,355					
	<b>h Total.</b> Add lines 1a-1f . . . . .	132,739,759				
<b>Program Service Revenue</b>	<b>2a</b> MEETING REVENUE	900099	847,497	847,497		
	<b>b</b> NATIONAL CALL CENTER	900099	569,954	569,954		
	<b>c</b> RESEARCH	900099	215,564	215,564		
	<b>d</b> SMART 800	900099	166,086	166,086		
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f . . . . .	1,799,101				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		1,365,214		1,365,214	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .		138,852		138,852	
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	31,354,407			
		(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses	30,282,454			
		<b>c</b> Gain or (loss)	1,071,953			
	<b>d</b> Net gain or (loss) . . . . .		1,071,953		1,071,953	
	<b>8a</b> Gross income from fundraising events (not including \$ 337,665 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	75,245			
		<b>b</b> Less direct expenses . . . . . <b>b</b>	290,043			
<b>c</b> Net income or (loss) from fundraising events . . . . .			-214,798		-214,798	
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	1,607,410				
	<b>b</b> Less cost of goods sold . . . . . <b>b</b>	1,109,828				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .		497,582	497,582		
Miscellaneous Revenue	Business Code					
<b>11a</b> OVERHEAD FEES	900099	1,028,330		1,028,330		
<b>b</b> ARMS COST SHARING REIMBURSEMENT	900099	386,705		386,705		
<b>c</b> MED INSURANCE REFUND	900099	164,524		164,524		
<b>d</b> All other revenue . . . . .		391,836		391,836		
<b>e Total.</b> Add lines 11a-11d . . . . .		1,971,395				
<b>12 Total revenue.</b> See Instructions . . . . .		139,369,058	2,296,683	0	4,332,616	

**Part IX Statement of Functional Expenses**

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

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

<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 United States. See Part IV, line 21	40,462,050	40,462,050		
<b>2</b>	Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	5,377,082	5,377,082		
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees	2,119,903	794,853	774,444	550,606
<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)				
<b>7</b>	Other salaries and wages	31,127,004	19,172,951	5,467,322	6,486,731
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,092,285	667,930	187,357	236,998
<b>9</b>	Other employee benefits	4,037,877	2,527,452	673,553	836,872
<b>10</b>	Payroll taxes	2,232,729	1,292,323	428,938	511,468
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management				
<b>b</b>	Legal	654,198	442,782	118,651	92,765
<b>c</b>	Accounting	237,698	142,100	44,385	51,213
<b>d</b>	Lobbying	49,766	40,934		8,832
<b>e</b>	Professional fundraising services. See Part IV, line 17	7,260,458			7,260,458
<b>f</b>	Investment management fees	205,671		205,671	
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	14,495,476	11,327,849	1,992,936	1,174,691
<b>12</b>	Advertising and promotion	1,550,974	1,464,978	77,638	8,358
<b>13</b>	Office expenses	4,548,213	2,738,407	939,632	870,174
<b>14</b>	Information technology	1,205,028	384,324	577,839	242,865
<b>15</b>	Royalties				
<b>16</b>	Occupancy	2,296,159	1,428,900	402,659	464,600
<b>17</b>	Travel	4,126,284	3,388,423	289,139	448,722
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b>	Conferences, conventions, and meetings	2,159,508	1,664,564	284,138	210,806
<b>20</b>	Interest	1,229,960	732,380	231,021	266,559
<b>21</b>	Payments to affiliates				
<b>22</b>	Depreciation, depletion, and amortization	2,061,455	1,013,503	319,701	728,251
<b>23</b>	Insurance	525,426	323,824	107,770	93,832
<b>24</b>	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
<b>a</b>	OTHER FUNDRAISING EXPEN	5,521,588	2,337,840		3,183,748
<b>b</b>	OUTSIDE PRINTING & ARTW	1,173,658	739,580	83,643	350,435
<b>c</b>	BANK CHARGES & LOCKBOX	1,118,502	685,757	196,163	236,582
<b>d</b>	REPAIRS & MAINTENANCE	413,953	115,408	210,885	87,660
<b>e</b>	All other expenses	552,748	279,688	155,772	117,288
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	137,835,653	99,545,882	13,769,257	24,520,514
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	12,941,704	5,479,207	0	7,462,497

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,800	<b>1</b>	13,330,753
	<b>2</b> Savings and temporary cash investments . . . . .	23,330,449	<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	93,079,633	<b>3</b>	70,113,681
	<b>4</b> Accounts receivable, net . . . . .	2,975,879	<b>4</b>	2,840,258
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	649,844	<b>8</b>	993,775
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,068,584	<b>9</b>	1,114,737
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	<b>10a</b> 68,249,578		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 14,431,071	54,414,995	<b>10c</b> 53,818,507
	<b>11</b> Investments—publicly traded securities . . . . .	121,431,236	<b>11</b>	157,066,358
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	2,108,451	<b>12</b>	4,745,314
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	3,260,651	<b>15</b>	3,406,021
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	302,321,522	<b>16</b>	307,429,404	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	15,273,889	<b>17</b>	14,722,152
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	1,284,746
	<b>20</b> Tax-exempt bond liabilities . . . . .	37,595,000	<b>20</b>	35,570,000
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<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 to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .	20,160,570	<b>25</b>	20,630,169
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	73,029,459	<b>26</b>	72,207,067
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	88,306,836	<b>27</b>	105,174,370
	<b>28</b> Temporarily restricted net assets . . . . .	121,192,015	<b>28</b>	107,458,892
	<b>29</b> Permanently restricted net assets . . . . .	19,793,212	<b>29</b>	22,589,075
	<b>Organizations that do not follow SFAS 117 (ASC 958), 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 . . . . .	229,292,063	<b>33</b>	235,222,337	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	302,321,522	<b>34</b>	307,429,404	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	139,369,058
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	137,835,653
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	1,533,405
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	229,292,063
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	3,250,013
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	1,146,856
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	235,222,337

**Part XII Financial Statements and Reporting**

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

		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 _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>2c</b>	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<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>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 13-1644147

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALEXIS MCGILL JOHNSON CHAIRPERSON STARTING 4/27/13	1 00	X		X				0	0	0
CECILIA BOONE CHAIRPERSON THRU 4/27/13	1 00	X		X				0	0	0
NAOMI ABERLY VICE CHAIR STARTING 4/27/13	1 00	X		X				0	0	0
LOU ZELLNER TREASURER	1 00	X		X				0	0	0
VERONICA DELA ROSA SECRETARY STARTING 4/27/12	1 00	X		X				0	0	0
KATHLEEN TAIT SECRETARY THRU 4/27/13	1 00	X		X				0	0	0
SHERI BONNER DIRECTOR	1 00	X						0	0	0
KAREN CAMPBELL DIRECTOR	1 00	X						0	0	0
CINDY CHAVEZ DIRECTOR	1 00	X						0	0	0
ANDREINA CORDOVA DIRECTOR	1 00	X						0	0	0
DHARMA CORTES DIRECTOR STARTING 4/27/13	1 00	X						0	0	0
ANNETTE CUMMING DIRECTOR THRU 4/27/13	1 00	X						0	0	0
STEPHEN DEBERRY DIRECTOR STARTING 4/27/13	1 00	X						0	0	0
BRIAN FELDMAN DIRECTOR THRU 4/27/13	1 00	X						0	0	0
JUANITA FRANCIS DIRECTOR	1 00	X						0	0	0
LINDA GRUBER DIRECTOR	1 00	X						0	0	0
CATHY HAMPTON DIRECTOR	1 00	X						0	0	0
SASHA HEINZ DIRECTOR	1 00	X						0	0	0
MARYANA ISKANDER DIRECTOR STARTING 4/27/13	1 00	X						0	0	0
KATE JHAVERI DIRECTOR STARTING 4/27/13	1 00	X						0	0	0
DR PAULA JOHNSON DIRECTOR	1 00	X						0	0	0
JILL LAFER DIRECTOR	1 00	X						0	0	0
KEN LAMBRECHT DIRECTOR STARTING 4/27/13	1 00	X						0	0	0
DIANNE LUBY DIRECTOR THRU 4/27/13	1 00	X						0	0	0
ELENA MARKS DIRECTOR THRU 4/27/13	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
REV TIMOTHY MCDONALD DIRECTOR	1 00	X						0	0	0	
MARGOT MILLIKEN DIRECTOR STARTING 4/27/13	1 00	X						0	0	0	
MICHAEL NEWTON DIRECTOR	1 00	X						0	0	0	
ANNA QUINDLEN DIRECTOR	1 00	X						0	0	0	
DALE REISS DIRECTOR	1 00	X						0	0	0	
SHAMINA SINGH DIRECTOR THRU 4/27/13	1 00	X						0	0	0	
JOE SOLMONESE DIRECTOR STARTING 4/27/13	1 00	X						0	0	0	
JENNIFER ALLAN SOROS DIRECTOR	1 00	X						0	0	0	
DAYLE STEINBERG DIRECTOR	1 00	X						0	0	0	
JUDY TABAR DIRECTOR	1 00	X						0	0	0	
AISHA TYLER DIRECTOR	1 00	X						0	0	0	
CECILE RICHARDS PRESIDENT	33 00			X				396,866	25,331	101,419	
WALLACE D'SOUZA CFO STARTING 4/9/12	33 00 2 00			X				153,382	4,744	23,185	
LINNEA DORIN FORMER CHIEF ADMINISTRATIVE OFFICER	35 00 0 00				X			321,464	0	25,356	
LISA DAVID CHIEF OPERATING OFFICER	35 00 0 00				X			340,410	0	43,825	
SANDRA SEDACCA CHIEF DEVELOPMENT OFFICER	33 00 2 00				X			278,777	14,673	34,120	
THOMAS SUBAK CHIEF INFORMATION OFFICER	35 00 0 00				X			252,406	0	33,054	
DAWN LAGUENS CHIEF EXPERIENCE OFFICER	28 00 7 00				X			219,286	146,190	33,629	
JENNIE THOMPSON MANAGING DIRECTOR OF DEVEL	33 00 2 00					X		231,743	4,730	22,687	
MOLLY EAGAN VP OF AFFILIATE SERVICES	35 00 0 00					X		234,632	0	47,144	
KAREN RUFFATTO VP OF OPERATIONS & AFFILIATE RELATIONS	35 00 0 00					X		356,603	0	31,297	
DANA SINGISER VP OF GOVERNMENT AFFAIRS	18 00 17 00					X		120,654	115,922	11,326	
ANN MCGUINESS SR PRINCIPAL GIFTS OFFICER	4 00 31 00					X		23,400	210,600	14,153	

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2012**

**Open to Public Inspection**

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

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

**Name of the organization**

PLANNED PARENTHOOD FEDERATION OF AMERICA INC

**Employer identification number**

13-1644147

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I   b  Type II   c  Type III - Functionally integrated   d  Type III - Non-functionally integrated
- 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 supported organization?  
 (ii) A family member of a person described in (i) above?  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

(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 monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	105,522,820	81,406,695	179,504,200	155,090,170	132,739,759	654,263,644
<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 lines 1 through 3	105,522,820	81,406,695	179,504,200	155,090,170	132,739,759	654,263,644
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						182,247,730
<b>6 Public support.</b> Subtract line 5 from line 4						472,015,914

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4	105,522,820	81,406,695	179,504,200	155,090,170	132,739,759	654,263,644
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,102,592	600,122	630,852	687,132	1,504,066	4,524,764
<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.)	1,856,794	1,580,125	1,423,121	1,205,209	2,046,640	8,111,889
<b>11 Total support</b> (Add lines 7 through 10)						666,900,297
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	12,956,550
<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 type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	70.780%
<b>15</b> Public support percentage for 2011 Schedule A, Part II, line 14	<b>15</b>	71.270%
<b>16a 33 1/3% support test—2012.</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% support test—2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2012.</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—2011.</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 a 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 Section 509(a)(2)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 June 30, 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"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2012</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2011</b> Schedule A, Part III, line 17	<b>18</b>	

- 19a 33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2011.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

<b>Facts And Circumstances Test</b>

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

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2012

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
See separate instructions.

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

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

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)	215,357	215,357												
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	497,451	497,451												
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	712,808	712,808												
<b>d</b>	Other exempt purpose expenditures	124,340,798	128,680,143												
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	125,053,606	129,392,951												
<b>f</b>	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000												
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000												
<b>h</b>	Subtract line 1g from line 1a If zero or less, enter -0-	0	0												
<b>i</b>	Subtract line 1f from line 1c If zero or less, enter -0-	0	0												
<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 2a through 2f on page 4.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
<b>2a</b> Lobbying nontaxable 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	497,278	985,977	990,098	712,808	3,186,161
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures	173,842	155,077	107,020	215,357	651,296

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)
	Yes	No	Amount
<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 1c through 1i)?			
<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 similar means?			
<b>i</b> Other activities?			
<b>j</b> Total Add 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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	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 carry over lobbying and political expenditures from the prior year?	<b>3</b>	

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

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
PART IV, SUPPLEMENTAL INFORMATION		AFFILIATES INCLUDED IN PART II-A, LINE 1D(B)AND 1E (B) PLANNED PARENTHOOD FOUNDATION 13-3772613 434 WEST 33RD STREET NEW YORK, NY 10001 EXPENSES \$75,677 VOXENT 61-1541009 72960 FRED WARING DRIVE PALM DESERT, CA 92260 EXPENSES \$4,263,668 PPFA 21ST CENTURY INC 16-1681541 434 WEST 33RD STREET NEW YORK, NY 10001 EXPENSES \$0 THE ABOVE ORGANIZATIONS HAVE NOT MADE THE 501(H) ELECTION

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization

PLANNED PARENTHOOD FEDERATION OF AMERICA INC

Employer identification number

13-1644147

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

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

Table with 2 columns: Description, Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses incurred..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIII, describe how the organization reports conservation easements...

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

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

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

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

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

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

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

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

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

**b** If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	48,304,508	37,243,759	32,559,226	30,011,505	35,755,268
<b>b</b> Contributions	36,037,595	12,468,491	54,510	285,287	157,946
<b>c</b> Net investment earnings, gains, and losses	4,483,364	-445,583	5,236,474	2,262,434	-5,137,961
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	977,998	962,159	606,452		763,748
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	87,847,469	48,304,508	37,243,758	32,559,226	30,011,505

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

- a** Board designated or quasi-endowment  67.300 %
  - b** Permanent endowment  25.700 %
  - c** Temporarily restricted endowment  7.000 %
- The percentages in lines 2a, 2b, and 2c should equal 100%

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

	Yes	No
<b>(i)</b> unrelated organizations	Yes	
<b>(ii)</b> related organizations		No

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		29,700,000		29,700,000
<b>b</b> Buildings		12,072,491	452,718	11,619,773
<b>c</b> Leasehold improvements		15,038,080	5,083,316	9,954,764
<b>d</b> Equipment		11,439,007	8,895,037	2,543,970
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				53,818,507

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) must 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) must 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
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
DUE TO RELATED ORGANIZATIONS	4,118,087
LIABILITY UNDER SPLIT INTEREST AGREEMENTS	12,562,915
AMOUNTS HELD ON BEHALF OF AFFILIATES	3,949,167
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25)	20,630,169

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



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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	144,670,084
<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>	3,250,013
<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 XIII ) . . . . .	<b>2d</b>	1,146,856
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	4,396,869
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	140,273,215
<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>	205,671
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	-1,109,828
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	-904,157
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	139,369,058

**Part XII 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>	138,739,810
<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>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	1,109,828
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	1,109,828
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	137,629,982
<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>	205,671
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	205,671
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	137,835,653

**Part XIII Supplemental Information**

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE PURPOSE OF THE ENDOWMENT FUND IS TO PROVIDE FUTURE INCOME FOR PPFA'S OPERATIONS THE BOARD DESIGNATED ENDOWMENT DOES SO AS WELL, AS A MEANS OF DIVERSIFYING PPFA'S REVENUE BASE, WHICH OTHERWISE RELIES LARGELY ON ANNUAL FUNDRAISING THE BOARD DESIGNATED ENDOWMENT ALSO HAS TWO OTHER PURPOSES (1) TO GIVE PPFA BALANCE SHEET STRENGTH TO SUPPORT TAX-EXEMPT BOND FINANCING, AND (2) TO MAKE OTHER, KEY LONG-TERM PROGRAMMATIC AND OPERATIONAL INVESTMENTS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE FIN 48 FOOTNOTE PER THE AUDITED FINANCIAL STATEMENTS STATES THAT THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED
PART XI, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 935,382 GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUST 145,370 GAIN ON HEDGED INTEREST RATE SWAP AGREEMENTS 184,426 LOSS ON CONTRIBUTIONS RECEIVABLE -118,322
PART XI, LINE 4B - OTHER ADJUSTMENTS		COST OF GOODS SOLD -1,109,828
PART XII, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD 1,109,828

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PLANNED PARENTHOOD FEDERATION OF AMERICA INC

**Employer identification number**  
13-1644147

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.
- 3** Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
<b>3a</b> Sub-total	3	30			7,384,750
<b>b</b> Total from continuation sheets to Part I	0	0			1,741,599
<b>c Totals</b> (add lines 3a and 3b)	3	30			9,126,349

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

<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)
See Add'l Data								

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . 63

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

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

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of non-cash assistance	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

Identifier	ReturnReference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 INTERNATIONAL GRANT PROCESS - AT THE DEVELOPMENT PHASE OF EACH PROJECT, PLANNED PARENTHOOD FEDERATION OF AMERICA, INC'S GLOBAL DIVISION STAFF AND THE GRANTEE ORGANIZATION DEVELOP AND DOCUMENT THE AGREED UPON PROJECT OBJECTIVES, OUTPUT AND KEY ACTIVITIES, WORK PLAN AND BUDGET THESE DOCUMENTS BECOME THE TOOLS THAT ARE USED TO MEASURE AND MONITOR THE PROGRESS OF THE PROJECT THE GRANTEE ORGANIZATION IS REQUIRED TO SUBMIT A PROGRESS AND FINANCIAL REPORT EVERY FOUR MONTHS EACH FINANCIAL REPORT IS REVIEWED TO DETERMINE THAT PROJECTS ARE CONDUCTED IN ACCORDANCE WITH THE WORK PLAN AND BUDGET IN ADDITION, ON-SITE MONITORING OF FINANCIAL AND PROGRAMMATIC ACTIVITIES IS PERFORMED MULTIPLE TIMES ANNUALLY
METHOD USED TO ACCCOUNT FOR EXPENDITURES		SCHEDULE F, PART I, LINE 3 INVESTMENTS ARE RECORDED AT YEAR END BOOK VALUE AND EXPENDITURES ARE REPORTED ON THE ACCRUAL METHOD OF ACCOUNTING

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-1644147

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
CENTRAL AMERICA/CARIBBEAN	0	4	PROGRAM SERVICES	REPRODUCTIVE HEALTH	250,258
CENTRAL AMERICA/CARIBBEAN	0	0	GRANTS		644,525
SOUTH AMERICA	0	1	PROGRAM SERVICES	REPRODUCTIVE HEALTH	267,277

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	0	GRANTS		861,469
SUB-SAHARAN AFRICA	3	24	PROGRAM SERVICES	REPRODUCTIVE HEALTH	1,439,458
SUB-SAHARAN AFRICA	0	0	GRANTS		3,771,087



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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	1	PROGRAM SERVICES	REPRODUCTIVE HEALTH	50,676
NORTH AMERICA	0	0	GRANTS		100,000
CENTRAL AMERICA/CARIBBEAN	0	0	INVESTMENT		1,741,599

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	29,333	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	78,368	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	58,020	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	36,507	WIRE TRANSFER	0		

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	88,305	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	136,737	WIRE TRANSFER	3,500	COMMODITIES	COST
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	32,709	WIRE TRANSFER	10,600	COMMODITIES	COST
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	25,680	WIRE TRANSFER	0		

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	77,871	WIRE TRANSFER	7,000	COMMODITIES	COST
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	24,505	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	24,611	WIRE TRANSFER	10,416	COMMODITIES	COST
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	36,656	WIRE TRANSFER	9,692	COMMODITIES	COST

<b>Form 990 Schedule F Part II - Grants or Entities Outside The United States</b>								
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	409,913	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	275,265	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	483,042	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	846,600	WIRE TRANSFER	0		

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	529,938	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	191,061	WIRE TRANSFER	14,128	COMMODITIES	COST
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	24,877	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	25,335	WIRE TRANSFER	0		

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	23,239	WIRE TRANSFER	0	COMMODITIES	COST
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	11,560	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	24,965	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	25,930	WIRE TRANSFER	7,400	COMMODITIES	COST

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	61,910	WIRE TRANSFER	24,245	COMMODITIES	COST
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	27,205	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	27,055	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	26,390	WIRE TRANSFER	0		



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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	27,090	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	24,945	WIRE TRANSFER	14,400	COMMODITIES	COST
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	55,465	WIRE TRANSFER	0		
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	50,693	WIRE TRANSFER	0		

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	37,200	WIRE TRANSFER	0		
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	66,391	WIRE TRANSFER	34,809	COMMODITIES	COST
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	50,902	WIRE TRANSFER	5,258	COMMODITIES	COST
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	35,040	WIRE TRANSFER	2,276	COMMODITIES	COST

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	24,099	WIRE TRANSFER	0		
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	29,985	WIRE TRANSFER	0		
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	33,724	WIRE TRANSFER	6,755	COMMODITIES	COST
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	43,202	WIRE TRANSFER	0		

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	25,000	WIRE TRANSFER	3,681	COMMODITIES	COST
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	50,565	WIRE TRANSFER	54,757	COMMODITIES	COST
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	32,669	WIRE TRANSFER	0		
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	23,903	WIRE TRANSFER	0		

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	29,688	WIRE TRANSFER	0		
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	90,792	WIRE TRANSFER	0		
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	20,672	WIRE TRANSFER	0		
		NORTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	100,000	WIRE TRANSFER	0		

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	40,000	WIRE TRANSFER	0		
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	102,622	WIRE TRANSFER	3,082	COMMODITIES	COST
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	108,819	WIRE TRANSFER	9,000	COMMODITIES	COST
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	24,500	WIRE TRANSFER	0		

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	35,000	WIRE TRANSFER	0		
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	40,020	WIRE TRANSFER	0		
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	63,647	WIRE TRANSFER	6,317	COMMODITIES	COST
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	29,752	WIRE TRANSFER	0		

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	80,794	WIRE TRANSFER	7,805	COMMODITIES	COST
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	57,270	WIRE TRANSFER	0		
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	20,160	WIRE TRANSFER	0		
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	142,650	WIRE TRANSFER	0		



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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	31,683	WIRE TRANSFER	0		
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	28,948	WIRE TRANSFER	0		
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	53,325	WIRE TRANSFER	0		

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization  
PLANNED PARENTHOOD FEDERATION OF AMERICA INC

**Employer identification number**  
13-1644147

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |   |  |
|---|--|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations               | <b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants                |
| <b>c</b> <input checked="" type="checkbox"/> Phone solicitations              | <b>g</b> <input checked="" type="checkbox"/> Special fundraising events            |
| <b>d</b> <input checked="" type="checkbox"/> In-person solicitations          |  |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
O'BRIEN MCCONNELL & PEARSON 1133 19TH STREET NW WASHINGTON, DC 20036	CONSULTING		No	31,179,067	6,228,233	24,950,834
MR STRATEGIC SERVICES INC 1901 L STREET NW STE 800 WASHINGTON, DC 20036	CONSULTING		No	3,943,438	286,428	3,657,010
GRASSROOTS CAMPAIGNS INC 59 TEMPLE PLACE BOSTON, MA 02111	TELEMARKETING		No	1,849,612	3,493,461	-1,643,849
DONOR SERVICES GROUP 6715 SUNSET BLVD LOS ANGELES, CA 90028	TELEMARKETING		No	1,326,867	661,539	665,328
INTEGRAL RESOURCES INC 1972 MASSACHUSETTS AVE CAMBRIDGE, MA 02140	TELEMARKETING		No	1,026,418	839,878	186,540
TELEFUND PO BOX 120557 BOSTON, MA 02112	TELEMARKETING		No	607,104	327,381	279,723
GORDON SCHWENKMEYER INC 360 N SEPULVEDA BLVD EL SEGUNDO, CA 90245	TELEMARKETING		No	478,698	656,659	-177,961
SD&A TELESERVICES 5757 W CENTURY BLVD LOS ANGELES, CA 90045	TELEMARKETING		No	169,024	88,729	80,295
ARIA 717 WEST ST GERMAIN ST ST CLOUD, MN 56301	TELEMARKETING		No	165,444	81,477	83,967
HARRIS DIRECT 6800 OWENSMOUTH AVE CANOGA PARK, CA 91303	TELEMARKETING		No	111,976	76,987	34,989
<b>Total . . . . .</b>				40,857,648	12,740,772	28,116,876

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>ANNUAL GALA</u> (event type)	<u>ANN AT LINCOLN CENTER</u> (event type)	(total number)	(add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	388,675	24,235		412,910
	<b>2</b> Less Contributions . . . . .	334,905	2,760		337,665
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	53,770	21,475		75,245
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	138,307	18,025		156,332
	<b>7</b> Food and beverages . . . . .	29,484	4,293		33,777
	<b>8</b> Entertainment . . . . .	58,855			58,855
	<b>9</b> Other direct expenses . . . . .	40,407	672		41,079
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				(290,043)
<b>11</b> Net income summary Combine line 3, column (d), and line 10 . . . . . ▶				-214,798	

**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) . . . . . ▶					

**9** Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

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

**b** If "No," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**b** If "Yes," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does the organization operate gaming activities with nonmembers?  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

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

<b>a</b> The organization's facility	<b>13a</b>
<b>b</b> An outside facility	<b>13b</b>

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

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

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

**c** If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

**16** Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

Director/officer       Employee       Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

Identifier	Return Reference	Explanation
EXPLANATION OF FUNDRAISING PAYMENTS	SCHEDULE G, PART I, LINE 2B, COLUMN (V)	AMOUNTS PAID TO SELECT TELEMARKETERS, SUCH AS GRASSROOTS CAMPAIGNS, INC , RESULTED IN A CURRENT YEAR LOSS BUT SECURED FUTURE DONORS
OTHER FUNDRAISING EXPENSES	LINE 24	IN ADDITION TO PROFESSIONAL FUNDRAISER EXPENSES INCLUDED ON LINE 11E AND 11G, \$5,521,588 OF OTHER REIMBURSED EXPENSES WERE PAID DIRECTLY TO PROFESSIONAL FUNDRAISERS FOR DIRECT POSTAGE/FREIGHT (\$2,521,389), PRINTING (\$1,731,965),MAIL HOUSE COSTS (\$709,602), LIST USAGE (421,324) AND OTHER COSTS (\$137,308)

Schedule I (Form 990)

OMB No 1545-0047

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

2012

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

Attach to Form 990

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization PLANNED PARENTHOOD FEDERATION OF AMERICA INC

Employer identification number 13-1644147

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

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

See Additional Data Table

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. The table is currently empty.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 101
3 Enter total number of other organizations listed in the line 1 table . . . . . 7

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

Part III can be duplicated if additional space is needed.

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

**Part IV Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD ACTION FUND 434 WEST 33RD ST NEW YORK, NY 10001	13-3539048	501C (4)	4,000,000				TO SUPPORT ADVOCACY EFFORTS THIS GRANT PROHIBITS LOBBYING AND ELECTORAL ACTIVITY
PP OF ILLINOIS 18 S MICHIGAN AV 6TH FLOOR CHICAGO, IL 60603	36-2170901	501C (3)	2,475,580				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP OF SOUTHEASTERN PENNSYLVANIA1144 LOCUST ST PHILADELPHIA, PA 19107	23-1352509	501C (3)	2,360,535				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF THE SOUTHEAST75 PIEDMONT AVE NE SUITE 800 ATLANTA, GA 30303	58-6045874	501C (3)	1,607,997				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP OF ARIZONA 5651 N 7TH ST PHOENIX, AZ 85014	86-0146520	501C (3)	1,497,064				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF THE ROCKY MOUNTAINS 7155 E 38TH AVE DENVER, CO 80207	84-0404253	501C (3)	1,373,533				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP OF THE HEARTLAND 1171 7TH ST SEATTLE, WA 98122	42-0727488	501C (3)	1,133,730				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP CENTER FOR CHOICE 4600 GULF FREEWAY HOUSTON, TX 77023	68-0610636	501C (3)	1,086,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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

<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 GREATER TEXAS 7424 GREENVILLE AVE 206 DALLAS, TX 75231	52-1243220	501C (3)	958,895				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF METROPOLITAN WASHINGTON DC1108 16TH STNW WASHINGTON, DC 20036	53-0204621	501C (3)	933,822				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP HEALTH SYSTEMS INC 100 S BOYLAN AVE RALEIGH, NC 27603	56-1282557	501C (3)	923,348				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP GULF COAST 4600 GULF FREEWAY HOUSTON, TX 77023	74-1100163	501C (3)	907,897				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP OF SOUTH FLORIDA AND THE TREASURE COAST INC2300 N FLORIDA MANGO ROAD WEST PALM BEACH, FL 33409	59-1391115	501C (3)	907,767				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF SOUTHWEST & CENTRAL FLORIDA INC736 CENTRAL AVE SARASOTA, FL 34236	59-1274328	501C (3)	880,074				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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PP OF THE ST LOUIS REGION & SW MISSOURI 4251 FOREST PARK AVE ST LOUIS, MO 63108	43-0652666	501C (3)	825,084				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF MIDDLE AND EAST TENNESSEE50 VANTAGE WAY SUITE 102 NASHVILLE, TN 37228	62-6050064	501C (3)	807,640				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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PP OF NEW YORK CITY INC 26 BLEECKER ST NEW YORK, NY 10012	13-2621497	501C (3)	768,590				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF WISCONSIN302 N JACKSON ST MILWAUKEE, WI 53202	39-0863391	501C (3)	746,185				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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PP OF MID AND SOUTH MICHIGAN3100 PROFESSIONAL DR PO BOX 3673 ANN ARBOR, MI 48104	38-1707521	501C (3)	743,215				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF KANSAS & MID-MISSOURI4401 WEST 109TH STREET 200 OVERLAND PARK, KS 66211	44-0565390	501C (3)	712,704				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT



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PP MAR MONTE1691 THE ALAMEDA SAN JOSE,CA 95126	94-1583439	501C (3)	707,851				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF SOUTHWEST OHIO REGION2314 AUBURN AVE CINCINNATI,OH 45219	31-0536688	501C (3)	678,300				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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PP OF THE GREAT NORTHWEST 2001 E MADISON ST SEATTLE, WA 98122	91-0686012	501C (3)	654,243				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP COLUMBIA 3727 NE WILLAMETTE MARTIN LUTHER KINGS JR BLVD PORTLAND, OR 97212	93-6031270	501C (3)	639,205				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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PP OF CENTRAL NORTH CAROLINA 1765 DOBBINS DRIVE PO BOX 3258 CHAPEL HILL, NC 27514	58-1484820	501C (3)	546,154				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF INDIANA 200 S MERIDIAN ST SUITE 400 INDIANAPOLIS, IN 46225	35-0874276	501C (3)	519,731				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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VOXENT72960 FRED WARING DRIVE PALM DESERT, CA 92260	61-1541009	501C (3)	516,390				TO PROVIDE TECHNOLOGY SUPPORT TO PP AFFILIATES
PP OF GREATER OHIO 206 EAST STATE ST COLUMBUS, OH 43215	31-4379502	501C (3)	498,349				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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PP OF NORTHEAST MID-PENN & BUCKS CO5920 HAMILTON BLVD ALLENTOWN,PA 18106	23-2450112	501C (3)	489,461				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF GREATER ORLANDO 726 SOUTH TAMPA AVE ORLANDO,FL 32805	59-3092996	501C (3)	466,452				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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PP SHASTA PACIFIC 2185 PACHECO STREET CONCORD, CA 94520	94-1575233	501C (3)	444,590				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF MINNESOTA NORTH DAKOTA SOUTH DAKOTA 671 VANDALIA ST ST PAUL, MN 55114	41-0948382	501C (3)	430,334				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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PP LEAGUE OF MASSACHUSETTS1055 COMMONWEALTH AVE BOSTON, MA 02215	04-0610636	501C (3)	429,319				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF NORTHERN NEW ENGLAND128 LAKESIDE AVE 301 BURLINGTON,VT 05401	03-0222941	501C (3)	400,612				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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PP OF SOUTHERN NEW ENGLAND INC CT345 WHITNEY AVE NEW HAVEN,CT 06511	06-0263565	501C (3)	386,547				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF LOS ANGELES400 WEST 30TH ST LOS ANGELES,CA 05401	95-2408623	501C (3)	351,322				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT



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PP OF THE GREATER MEMPHIS REGION 2430 POPLAR AVE SUITE 100 MEMPHIS, TN 38112	62-6073178	501C (3)	338,645				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF WESTERN PENNSYLVANIA 933 LIBERTY AVE PITTSBURGH, PA 15222	25-0965474	501C (3)	322,135				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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PP OF WEST TEXAS314 SECOR ST MIDLAND, TX 79701	75-1229350	501C (3)	312,902				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
REPRODUCTIVE HEALTH SERVICES OF PPSLR4251 FOREST PARK AVE ST LOUIS, MO 63108	43-1848056	501C (3)	302,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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PP OF DELAWARE625 SHIPLEY ST WILMINGTON,DE 19801	51-0066725	501C (3)	287,338				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
VIRGINIA LEAGUE FOR PP INC201 N HAMILTON ST RICHMOND,VA 23221	54-0505973	501C (3)	268,870				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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PP OF THE PACIFIC SOUTHWEST 1075 CAMINO DEL RIO SOUTH SAN DIEGO, CA 92108	95-6111785	501C (3)	236,474				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
THE EDUCATION FUND OF FAMILY PLANNING 17 ELK ST ALBANY, NY 12207	22-2757367	501C (3)	231,750				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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BETTER HEALTH PARTNERSHIP1144 LOCUST ST PHILADELPHIA, PA 19107	23-3084482	501C (3)	226,509				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS TECHNICAL SUPPORT
PP HUDSON PECONIC4 SKYLINE DRIVE HAWTHORNE, NY 10532	11-2454790	501C (3)	213,906				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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BALLOT INITIATIVE STRATEGY CENTER FOUNDATION 1825 K STREET NW 411 WASHINGTON, DC 20006	04-3454684	501C (3)	200,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP TRUST OF SOUTH TEXAS 104 BABCOCK ROAD SAN ANTONIO, TX 78201	47-1297211	501C (3)	193,415				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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PP ASSOCIATION OF UTAH654 SOUTH 900 EAST SALT LAKE CITY, UT 84102	87-0288909	501C (3)	187,087				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF GREATER NORTHERN NEW JERSEY 196 SPEEDWELL AVE MORRISTOWN, NJ 07960	22-1643997	501C (3)	175,656				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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PP OF SOUTHEASTERN VIRGINIA 515 NEWTOWN ROAD VIRGINIA BEACH, VA 23462	54-0929058	501C (3)	173,578				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF ARKANSAS AND EASTERN OKLAHOMA 5921 WEST 12TH STREET STE C LITTLE ROCK, AR 72204	73-0685955	501C (3)	158,852				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT



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PP OF ORANGE & SAN BERNARDINO COUNTIES 700 S TUSTIN ST ORANGE, CA 92866	95-6152773	501C (3)	139,893				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF METROPOLITAN NEW JERSEY 151 WASHINGTON ST NEWARK, NJ 07102	22-1539559	501C (3)	138,342				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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PP OF MARYLAND330 NORTH HOWARD ST BALTIMORE, MD 21201	52-0607930	501C (3)	131,843				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF THE TEXAS CAPITAL REGION201 EAST BEN WHITE BLVD BLDG B AUSTIN, TX 78704	74-1005756	501C (3)	124,013				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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PP OF CENTRAL PENNSYLVANIA728 SOUTH BEAVER ST YORK,PA 17401	23-1580959	501C (3)	115,451				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
VOTE NO ON 6736 CENTRAL AVE SARASOTA,FL 34236	45-5297902	501C (4)	115,000				TO SUPPORT ADVOCACY AGAINST BALLOT MEASURE THIS GRANT PROHIBITS LOBBYING AND ELECTORAL ACTIVITY

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PP ADVOCATES OF OHIO 206 EAST STATE ST COLUMBUS, OH 21201	31-0937837	501C (4)	107,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH THIS GRANT PROHIBITS LOBBYING AND ELECTORAL ACTIVITY
PP ASSOCIATION OF MERCER AREA 437 EAST STATE ST UNIT 1 TRENTON, NJ 08608	21-0723248	501C (3)	106,819				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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PP OF COLLIER COUNTY 1425 CREECH ROAD NAPLES, FL 34103	65-0450515	501C (3)	105,495				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP ASSOCIATION OF LUBBOCK INCBRIERCOFT OFFICE PARK BLDG 14 LUBBOCK, TX 79401	75-1220739	501C (3)	95,560				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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PP OF NASSAU COUNTY 540 FULTON AVE HEMPSTEAD, NY 11550	11-1776035	501C (3)	89,006				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF MONTANA 2525 4TH AVE NORTH SUITE 201 BILLINGS, MT 59101	81-0307201	501C (3)	88,528				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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PP OF SANTA BARBARA VENTURA & SAN LUIS OBISPO COUNTIES INC 518 GARDEN ST SANTA BARBARA, CA 93101	95-2319356	501C (3)	87,957				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP PASADENA & SAN GABRIEL VALLEY INC 2233 LAKE AVE 2ND FLOOR ALTADENA, CA 91001	95-1916050	501C (3)	86,894				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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PP SOUTHWESTERN OREGON 3579 FRANKLIN BLVD EUGENE, OR 97403	93-0573822	501C (3)	79,996				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF NORTH FLORIDA INC 3850 BEACH BLVD JACKSONVILLE, FL 32207	59-1061757	501C (3)	76,005				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT



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FLORIDA ALLIANCE OF PLANNED PARENTHOOD 736 CENTRAL AVE SARASOTA, FL 34236	59-3142119	501C (3)	75,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
SIX RIVERS PP 3225 TIMBER FALL COURT EUREKA, CA 95503	94-2333653	501C (3)	61,636				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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PP OF GREATER WASHINGTON AND NORTH IDAHO 123 E INDIAN AVE SUITE 100 SPOKANE, WA 99207	91-6071384	501C (3)	52,264				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP ASSOCIATION OF HIDALGO COUNTY 916 EAST HACKBERRY SUITE A SAN DIEGO, CA 92108	74-1655329	501C (3)	52,190				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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PP AFFILIATES OF MICHIGAN 425 CHERRY ST SE GRAND RAPIDS, MI 49503	38-2346424	501C (3)	48,972				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF MID-HUDSON VALLEY 178 CHURCH ST POUGHKEEPSIE, NY 12601	14-1344810	501C (3)	45,005				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP TRUST SAN ANTONIO 104 BABCOCK ROAD SAN ANTONIO, TX 78201	74-1297211	501C (3)	44,299				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
LABORATORY SERVICES COOPERATIVE 2001 E MADISON SEATTLE, WA 98122	26-3613271	501C (3)	40,777				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP OF SOUTHERN NEW JERSEY 317 BROADWAY CAMDEN, NJ 08103	21-6008381	501C (3)	40,327				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF HAWAII 1350 S KING ST SUITE 309 HONOLULU, HI 96814	99-6012377	501C (3)	39,617				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP OF THE ROCHESTERSYRACUSE REGION INC114 UNIVERSITY AVE ROCHESTER, NY 14605	16-0743085	501C (3)	38,245				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
NEW YORK STATE AFFILIATES OF PP406 JAMESVILLE AVE SYRACUSE, NY 13210	13-3834672	501C (3)	37,741				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARLES VANDALIA LLC 671 VANDALI ST ST PAUL, MN 55114	26-0142749	LLC	37,245				TO PROVIDE TECHNOLOGY SUPPORT TO PP AFFILIATES
PP OF NEW MEXICO719 SAN MATEO NE ALBUQUERQUE, NM 87108	85-0197745	501C (3)	33,077				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP OF THE UPPER HUDSON INC855 CENTRAL AVE ALBANY, NY 12206	14-6000805	501C (3)	31,168				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
NATIONAL ASSOCIATION ADV OF COLORED PEOPLE 4805 MOUNT HOPE DRIVE BALTIMORE, MD 21215	13-1084135	501C (3)	25,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH



**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
IMPLEXHEALTH LLC 145 HICKS ST A-54 BROOKLYN, NY 11201	74-3159952	LLC	25,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF WESTERN NEW YORK 2697 MAIN ST BUFFALO, NY 14214	16-0746860	501C (3)	24,200				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP MOHAWK HUDSON1424 GRENESEE ST UTICA, NY 13502	14-6004167	501C (3)	23,287				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
MT BAKER PLANNED PARENTHOOD1509 CORNWALL AVE BELLINGHAM, WA 98225	91-0846274	501C (3)	22,281				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IPASPO BOX 9990 CHAPEL HILL, NC 27515	56-1071085	501C (3)	22,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF THE SOUTHERN FINGER LAKES314 W STATE ST ITHACA, NY 14850	16-0953368	501C (3)	21,685				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP OF KENTUCKY1025 S 2ND ST LOUISVILLE, KY 40203	61-0481704	501C (3)	21,232				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
MEDICAL DIRECTORS COUNCIL40950 WOODWARD AVE SUITE 306 BLOONFIELD HILLS, MI 48304	20-0363930	501C (3)	20,000				TO SUPPORT PROGRAMS REGARDING 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
INTERNATIONAL PLANNED PARENTHOOD FEDERATION 2001 L ST NW 2ND FLOOR WASHINGTON, DC 20036	20-4365831	501C (3)	20,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF SOUTH CENTRAL NEW YORK INC 117 HAWLEY STREET BINGHAMTON, NY 13901	16-1552690	501C (3)	17,981				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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

<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 THE NORTH COUNTRY 160 STONE STREET WATERTOWN, NY 13601	16-0919175	501C (3)	17,036				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
LEADERSHIP CENTER FOR THE COMMON GOOD 11 DUPONT CIRCLE NW 2ND FLOOR WASHINGTON, DC 20036	27-2163366	501C (3)	15,220				TO SUPPORT PROGRAMS REGARDING 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
HUMAN RIGHTS CAMPAIGN 1640 RHODE ISLAND AVE NW WASHINGTON, DC 20036	52-1481896	501C (3)	12,700				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
NFPRHA1627 K STREET NW 12TH FLOOR WASHINGTON, DC 20006	23-7323629	501C (3)	12,200				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP OF WEST AND NORTHERN MICHIGAN 425 CHERRY ST SE GRAND RAPIDS, MI 49503	38-1782520	501C (3)	11,749				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF WACO FAMILY PLANNING AND SURGICAL 1121 ROSS AVE SUITE A WACO, TX 76706	74-2329031	501C (3)	11,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LEADERSHIP CONFERENCE EDUCATION FUND1629 K STREET NW 10TH FLOOR WASHINGTON,DC 20006	23-7026895	501C (3)	10,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
WOMEN'S INFORMATION NETWORK2 DOWNING STREET ROME,GA 30161	58-1992969	501C (3)	10,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

**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
MEXICAN AMERICAN LEGAL DEFENSE 634 S SPRINGS STREET 12 LOS ANGELES, CA 90014	74-1563270	501C (3)	8,500				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
CENTER FOR AMERICAN PROGRESS 1333 H STREET NW 10TH FLOOR WASHINGTON, DC 20005	30-0126510	501C (3)	6,400				TO SUPPORT PROGRAMS REGARDING 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
NARAL PRO-CHOICE AMERICA FOUNDATION 1156 15TH ST NW SUITE 700 WASHINGTON,DC 20005	13-2630359	501C (4)	6,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH THIS GRANT PROHIBITS LOBBYING AND ELECTORAL ACTIVITY
ALLIANCE FOR JUSTICE11 DUPONT CIRCLE NW SUITE 200 WASHINGTON,DC 20036	52-1009973	501C (3)	6,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP OF CENTRAL OKLAHOMA 619 NW 23RD STREET OKLAHOMA CITY, OK 73103	73-0660035	501C (3)	5,683				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
HEKTOEN INSTITUTE LLC 2240 WOGDEN AVE 2ND FLOOR CHICAGO, IL 60612	36-2244897	LLC	5,330				TO SUPPORT RESEARCH STUDY REGARDING REPRODUCTIVE HEALTH

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2012**

**Open to Public Inspection**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PLANNED PARENTHOOD FEDERATION OF AMERICA INC

Employer identification number

13-1644147

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

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

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

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

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

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

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

	Yes	No
<b>1b</b>		No
<b>2</b>		No
<b>4a</b>	Yes	
<b>4b</b>	Yes	
<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
<b>9</b>		

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

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

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINES 4A-B	KAREN RUFFATTO'S EMPLOYMENT AS VICE PRESIDENT OF OPERATIONS AND AFFILIATE RELATIONS ENDED ON 10/1/2012 AND SHE RECEIVED A SEVERANCE PAYMENT OF \$160,697 WHICH INCLUDED \$12,374 OF A COBRA LUMP SUM PAYMENT. THE PRESIDENT, CECILE RICHARDS, PARTICIPATED IN A 457 (F) PLAN BEGINNING IN CALENDAR YEAR 2011. TOTAL AMOUNT DEFERRED TO THIS PLAN FOR THE CALENDAR YEAR AMOUNTED TO \$85,260, WHICH WAS FUNDED IN NOVEMBER 2012.

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				
CECILE RICHARDS	(i)	396,138	0	728	91,888	3,446	492,200	0
	(ii)	25,285	0	46	5,865	220	31,416	0
WALLACE D'SOUZA	(i)	153,171	0	211	0	22,489	175,871	0
	(ii)	4,737	0	7	0	696	5,440	0
LINNEA DORIN	(i)	321,066	0	398	0	25,356	346,820	0
	(ii)	0	0	0	0	0	0	0
LISA DAVID	(i)	339,636	0	774	13,393	30,432	384,235	0
	(ii)	0	0	0	0	0	0	0
SANDRA SEDACCA	(i)	278,041	0	736	7,125	25,289	311,191	0
	(ii)	14,634	0	39	375	1,331	16,379	0
THOMAS SUBAK	(i)	252,136	0	270	7,500	25,554	285,460	0
	(ii)	0	0	0	0	0	0	0
DAWN LAGUENS	(i)	219,124	0	162	251	19,927	239,464	0
	(ii)	146,082	0	108	167	13,284	159,641	0
JENNIE THOMPSON	(i)	230,579	0	1,164	11,164	11,069	253,976	0
	(ii)	4,706	0	24	228	226	5,184	0
MOLLY EAGAN	(i)	234,452	0	180	14,806	32,338	281,776	0
	(ii)	0	0	0	0	0	0	0
KAREN RUFFATTO	(i)	195,084	0	161,519	11,040	20,257	387,900	0
	(ii)	0	0	0	0	0	0	0
DANA SINGISER	(i)	120,562	0	92	254	5,522	126,430	0
	(ii)	115,834	0	88	244	5,306	121,472	0
ANN MCGUINESS	(i)	23,400	0	0	1,404	11	24,815	0
	(ii)	210,600	0	0	12,636	102	223,338	0



**Schedule K  
(Form 990)**

OMB No 1545-0047

**Supplemental Information on Tax Exempt Bonds**

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

**2012**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PLANNED PARENTHOOD FEDERATION OF AMERICA INC

Employer identification number  
13-1644147

**Part I Bond Issues**

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

**Part II Proceeds**

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

**Part III Private Business Use**

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

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property?		X						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?		X						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0%		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
<b>6</b> Total of lines 4 and 5		0%		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test?		X						
<b>8a</b> Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

**Part IV Arbitrage**

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

**Part IV Arbitrage (Continued)**

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

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

**Part VI Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier	Return Reference	Explanation
PART III, LINE 9, PART IV, LINE 7 & PART V	WRITTEN PROCEDURES	PPFA IS UPDATING ITS EXISTING PROCEDURES TO SPECIFICALLY INCLUDE REMEDIATION, SECTION 148 AND THE VOLUNTARY CLOSING AGREEMENT PROGRAM

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization PLANNED PARENTHOOD FEDERATION OF AMERICA INC

Employer identification number 13-1644147

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Row 9 shows Securities—Publicly traded with value 21,310,355 and method FAIR MARKET VALUE.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 0

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

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

Identifier

Return Reference

Explanation

Schedule M (Form 990) (2012)

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization  
PLANNED PARENTHOOD FEDERATION OF AMERICA INC

Employer identification number

13-1644147

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	SHAMINA SINGH RENTED AN APARTMENT FROM MARYANA ISKANDER (A CURRENT DIRECTOR AND A FORMER KEY EMPLOYEE)
	FORM 990, PART VI, SECTION A, LINE 6	PLANNED PARENTHOOD FEDERATION OF AMERICA, INC ("PPFA") IS A NOT-FOR-PROFIT MEMBERSHIP ORGANIZATION THE MEMBERS OF PPFA ARE ITS SEPARATELY INCORPORATED AFFILIATES (ALL 501(C) (3) PUBLIC CHARITIES) AND THE PPFA BOARD OF DIRECTORS EACH AFFILIATE SHALL HAVE THREE (3) MEMBERSHIP VOTES, AND EACH MEMBER OF THE BOARD OF DIRECTORS SHALL HAVE ONE (1) MEMBERSHIP VOTE
	FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS OF PLANNED PARENTHOOD FEDERATION OF AMERICA ELECT THE BOARD OF DIRECTORS
	FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBERSHIP APPROVES CHANGES IN THE BYLAWS
	FORM 990, PART VI, SECTION B, LINE 11	PLANNED PARENTHOOD FEDERATION OF AMERICA, INC'S FORM 990 IS PREPARED BY THE ORGANIZATION'S FINANCE STAFF AND REVIEWED INTERNALLY BY THE CHIEF FINANCIAL OFFICER AND THE LEGAL DEPARTMENT THE DRAFT FORM 990 IS THEN REVIEWED EXTERNALLY BY AN INDEPENDENT PAID TAX PREPARER ANY REVISIONS ARE PRESENTED TO THE ORGANIZATION AND ONCE REVISED, THE FINAL DRAFT FORM 990 IS REVIEWED BY THE ORGANIZATION'S AUDIT COMMITTEE ONCE THE DRAFT 990 IS APPROVED BY THE AUDIT COMMITTEE, COPIES OF THE COMPLETED FORM 990 ARE PROVIDED TO EACH VOTING MEMBER OF THE GOVERNING BOARD PRIOR TO SUBMISSION AND FILING WITH THE INTERNAL REVENUE SERVICE
	FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY - PLANNED PARENTHOOD FEDERATION OF AMERICA, INC ("PPFA") ASKS ITS KEY EMPLOYEES, OFFICERS AND OTHER BOARD MEMBERS TO REVIEW AND SIGN A CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS PPFA'S LEGAL COUNSEL FOLLOWS UP TO RESOLVE ANY DISCLOSED CONFLICTS IF A CONFLICT IS IDENTIFIED, THE INTERESTED INDIVIDUAL MAY NOT VOTE ON THE RELATED MATTER
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION REVIEW PROCESS - PLANNED PARENTHOOD FEDERATION OF AMERICA, INC ("PPFA") HAS A COMPENSATION SETTING BODY (THE "BODY") THAT REVIEWS AND APPROVES THE COMPENSATION OF THE LEADERSHIP STAFF OF PPFA INCLUDING THE PRESIDENT, CHIEF FINANCIAL OFFICER, CHIEF OPERATING OFFICER, AND OTHER MEMBERS OF THE EXECUTIVE TEAM THIS INDEPENDENT BODY IS COMPRISED OF THE OFFICERS OF THE PPFA BOARD, WITH THE CHAIR OF THE BOARD SERVING AS ITS CHAIR THE ANNUAL REVIEW AND APPROVAL OF THE SALARIES OF THESE EMPLOYEES USES COMPARABILITY DATA SUCH AS INDUSTRY SURVEYS, DOCUMENTED COMPENSATION OF PERSONS HOLDING SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS, AND/OR INDEPENDENT COMPENSATION STUDIES RESULTS ARE DOCUMENTED CONTEMPORANEOUSLY IN MINUTES
	FORM 990, PART VI, SECTION C, LINE 19	PLANNED PARENTHOOD FEDERATION OF AMERICA'S ANNUAL REPORT AND FORM 990 ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND ARE AVAILABLE UPON REQUEST
EXECUTIVE COMMITTEE	FORM 990, PART VI, SECTION A, LINE 1A	PPFA BYLAWS PROVIDE FOR AN EXECUTIVE COMMITTEE WHICH IS RESPONSIBLE TO THE BOARD AND HAS FULL POWER TO ACT IN THE OPERATION AND MANAGEMENT OF PPFA IF AN URGENT MATTER ARISES BETWEEN BOARD MEETINGS THE COMMITTEE MUST REQUEST THAT THE BOARD RATIFY THE COMMITTEE'S DECISIONS AT THE NEXT REGULARLY SCHEDULED BOARD MEETING ALL MEMBERS OF THE EXECUTIVE COMMITTEE ARE MEMBERS OF THE BOARD OF DIRECTORS
FEE FOR SERVICES - OTHER	FORM 990, PART IX, LINE 11G	OTHER FEES FOR SERVICES CONSIST OF CONSULTANT FEES (\$7,324,275), REIMBURSED EXPENSES (\$515,985), SECURITY EXPENSES (\$479,758), RECRUITMENT FEES (\$438,777), MARKETING RESEARCH (\$216,754), TEMPORARY HELP (\$38,217) AND OTHER PROFESSIONAL FEES (\$5,481,710)
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 935,382 GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUST 145,370 GAIN ON HEDGED INTEREST RATE SWAP AGREEMENTS 184,426 LOSS ON CONTRIBUTIONS RECEIVABLE -118,322

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2012**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PLANNED PARENTHOOD FEDERATION OF AMERICA INC

**Employer identification number**  
13-1644147

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) 434W33CHC LLC C/O PPFA 434 WEST 33RD ST NEW YORK, NY 10001 13-1644147	REAL ESTATE	VA	0	0	PPFA
(2) PROPER ATTIRE LLC C/O PPFA 434 WEST 33RD ST NEW YORK, NY 10001 27-1986483	CONDOM SALES	DE	691,207	902,125	PPFA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) PLANNED PARENTHOOD ACTION FUND INC (PPAF) 434 WEST 33RD STREET NEW YORK, NY 10001 13-3539048	ADVOCACY	NY	501(C)(4)	N/A	PPFA	Yes	
(2) PLANNED PARENTHOOD FOUNDATION 434 WEST 33RD STREET NEW YORK, NY 10001 13-3772613	SUPPORTING	NY	501(C)(3)	LINE 11A, I	PPFA	Yes	
(3) PLANNED PARENTHOOD VOTES 434 WEST 33RD STREET NEW YORK, NY 10001 13-4128897	POLITICAL ACTIVITIES	NY	527	N/A	PLANNED PARENTHOOD ACTION FUND INC	Yes	
(4) PLANNED PARENTHOOD ACTION FUND INC PAC 434 WEST 33RD STREET NEW YORK, NY 10001 13-3885199	POLITICAL ACTIVITIES	NY	527	N/A	PLANNED PARENTHOOD ACTION FUND INC	Yes	
(5) VOXENT 72960 FRED WARING DRIVE PALM DESERT, CA 92260 61-1541009	TECHNOLOGY SUPPORT	CA	501(C)(3)	LINE 11A, I	PPFA	Yes	
(6) PPFA 21ST CENTURY INC 434 WEST 33RD STREET NEW YORK, NY 10001 16-1681541	SUPPORTING	DC	501(C)(3)	LINE 11A, I	PPFA	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
<b>(1)</b> CHARITABLE REMAINDER TRUST (13)	CHARITABLE REMAINDER TRUSTS	NY	PPFA	T					No
<b>(2)</b> CHARITABLE LEAD TRUST (2)	CHARITABLE LEAD TRUSTS	NY	PPFA	T					No
<b>(3)</b> POOLED INCOME FUND	POOLED INCOME FUND	MO	PPFA	T					No



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

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

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

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

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

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

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

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

	Yes	No
<b>1a</b>	Yes	
<b>1b</b>	Yes	
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>	Yes	
<b>1m</b>		No
<b>1n</b>	Yes	
<b>1o</b>	Yes	
<b>1p</b>	Yes	
<b>1q</b>	Yes	
<b>1r</b>		No
<b>1s</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	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

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

**Part VII Supplemental Information**

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

Identifier	Return Reference	Explanation
DIRECT CONTROL OVER SECTION 527 ORGANIZATIONS	PART 11	PLANNED PARENTHOOD FEDERATION OF AMERICA DOES NOT DIRECTLY CONTROL PLANNED PARENTHOOD VOTES OR PLANNED PARENTHOOD ACTION FUND PAC, INC DIRECT CONTROL OVER THESE ENTITIES IS EXERCISED BY PLANNED PARENTHOOD ACTION FUND, INC

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
PLANNED PARENTHOOD ACTION FUND INC	A	19,949	ESTIMATE BASED ON USAGE
PLANNED PARENTHOOD ACTION FUND INC	B	4,000,000	ACTUAL AMOUNT DISBURSED
VOXENT	B	516,390	ACTUAL AMOUNT DISBURSED
PLANNED PARENTHOOD ACTION FUND INC	L	592,556	ESTIMATE BASED ON USAGE
PLANNED PARENTHOOD ACTION FUND INC	N	405,967	ESTIMATE BASED ON USAGE
PLANNED PARENTHOOD ACTION FUND INC	O	6,478,145	ESTIMATE BASED ON USAGE
PLANNED PARENTHOOD ACTION FUND INC	Q	7,496,617	ACTUAL AMOUNT DISBURSED