

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2009** calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

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	Please use IRS label or print or type. See Specific Instructions.	C Name of organization PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.		D Employer identification number 13-1644147
		Doing Business As		E Telephone number (212) 541-7800
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 434 WEST 33RD STREET	G Gross receipts \$ 132,577,026.	
		City or town, state or country, and ZIP + 4 NEW YORK, NY 10001-2601		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: CECILE RICHARDS SAME AS C ABOVE		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ WWW.PLANNEDPARENTHOOD.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1922 M State of legal domicile: NY	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: LEADERSHIP AND ADVOCACY IN THE FIELD OF REPRODUCTIVE HEALTH - SEE SCHEDULE O	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 31
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 31
	5 Total number of employees (Part V, line 2a)	5 342
	6 Total number of volunteers (estimate if necessary)	6 45
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 0.
b Net unrelated business taxable income from Form 990-T, line 34	7b 0.	

Revenue			Prior Year	Current Year	
	8 Contributions and grants (Part VIII, line 1h)			105,535,832.	81,406,695.
9 Program service revenue (Part VIII, line 2g)			454,217.	534,318.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)			-2,025,949.	1,526,898.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			2,393,696.	2,155,395.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			106,357,796.	85,623,306.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			29,249,254.	25,965,825.
	14 Benefits paid to or for members (Part IX, column (A), line 4)				
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			25,192,439.	24,991,097.
	16a Professional fundraising fees (Part IX, column (A), line 11e)			2,080,221.	2,800,316.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,085,719.				
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			28,062,313.	26,239,312.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			84,584,227.	79,996,550.	
19 Revenue less expenses. Subtract line 18 from line 12			21,773,569.	5,626,756.	

Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)			132,204,945.
21 Total liabilities (Part X, line 26)			35,849,620.	36,661,557.
22 Net assets or fund balances. Subtract line 21 from line 20			96,355,325.	103,850,562.

Part II Signature Block

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

Sign Here	Signature of officer _____ Date _____	
	MARIA ACOSTA, CHIEF FINANCIAL OFFICER Type or print name and title	
Paid Preparer's Use Only	Preparer's signature ▶ _____	Date _____
	Firm's name (or yours if self-employed), address, and ZIP + 4 KPMG LLP 345 PARK AVENUE NEW YORK, NY 10154-0102	Check if self-employed <input type="checkbox"/> EIN ▶ _____ Phone no. ▶ (212) 758-9700

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O

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

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

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

4a (Code:) (Expenses \$ 43359552. including grants of \$ 23212441.) (Revenue \$ 534,318.) GRANTS AND SERVICES TO AFFILIATES - USA DOMESTIC-CENTERED PROGRAMS DESIGNED TO ASSIST THE FEDERATION'S AFFILIATES IN THEIR EFFORTS TO PROVIDE OUTSTANDING SERVICES TO PATIENTS AND THE COMMUNITIES THEY SERVE.

4b (Code:) (Expenses \$ 9,757,074. including grants of \$ 1,003,424.) (Revenue \$ 513,976.) SERVICE TO THE FIELD OF FAMILY PLANNING - USA DOMESTIC-CENTERED PROGRAMS DESIGNED TO ENSURE THE FEDERATION'S LEADERSHIP IN SERVICE TO THE ENTIRE FIELD OF FAMILY PLANNING AND REPRODUCTIVE CHOICE, INCLUDING ADVOCACY, MEDICAL SERVICES AND EDUCATION.

4c (Code:) (Expenses \$ 6,106,142. including grants of \$ 1,749,960.) (Revenue \$ 0.) INTERNATIONAL ASSISTANCE - FAMILY PLANNING - PROGRAMS DESIGNED TO ADVANCE THE REPRODUCTIVE HEALTH AND THE RIGHTS OF WOMEN AND THEIR FAMILIES OUTSIDE THE UNITED STATES.

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

4e Total program service expenses \$ 59,222,768.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• 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>		
	• 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>		
	• 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>		
	• 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>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC.

Form 990 (2009)

13-1644147 Page 4

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Form 990 (2009)

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.

Form 990 (2009)

13-1644147 Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 156		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
2a	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		
	2a 342		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	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)?	X	
	4a		
b	If "Yes," enter the name of the foreign country: THAILAND, SUDAN, KENYA, NIGERIA See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	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?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a	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?	X	
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10 Section 501(c)(7) organizations.	Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations.	Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts.	Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Form 990 (2009)

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
	1a 31		
b	Enter the number of voting members that are independent		
	1b 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?		X
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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	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?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ELZBIETA SZAFRAN-BODZIONY C/O PFFA - 212(541-7800) 434 WEST 33RD STREET, NEW YORK, NY 10001

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
VALERIE MCCARTHY CHAIRPERSON	1.00	X		X				0.	0.	0.
LYN SCHOLLETT VICE CHAIRPERSON	1.00	X		X				0.	0.	0.
DEBORAH DE WITT TREASURER	1.00	X		X				0.	0.	0.
MATTHEW OPPENHEIMER SECRETARY	1.00	X		X				0.	0.	0.
KENETTA BAILEY DIRECTOR	1.00	X						0.	0.	0.
CECILIA BOONE DIRECTOR	1.00	X						0.	0.	0.
TARA BRODERICK DIRECTOR	1.00	X						0.	0.	0.
KAREN CAMPBELL DIRECTOR	1.00	X						0.	0.	0.
HARRY CARTER DIRECTOR	1.00	X						0.	0.	0.
CINDY CHAVEZ DIRECTOR	1.00	X						0.	0.	0.
ELLEN CHESLER PHD DIRECTOR	1.00	X						0.	0.	0.
LIDA COLEMAN DIRECTOR	1.00	X						0.	0.	0.
VICKI COWART DIRECTOR	1.00	X						0.	0.	0.
ANNETTE CUMMING DIRECTOR	1.00	X						0.	0.	0.
AMANDA DEALEY DIRECTOR	1.00	X						0.	0.	0.
BRIAN FELDMAN DIRECTOR	1.00	X						0.	0.	0.
BENNIE FLEMING EDD DIRECTOR	1.00	X						0.	0.	0.

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.

Form 990 (2009)

13-1644147 Page 8

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ELIZABETH HANNLEY DIRECTOR	1.00	X						0.	0.	0.
SASHA HEINZ DIRECTOR	1.00	X						0.	0.	0.
BRYAN HOWARD DIRECTOR	1.00	X						0.	0.	0.
DIANNE LUBY DIRECTOR	1.00	X						0.	0.	0.
ELENA MARKS DIRECTOR	1.00	X						0.	0.	0.
ANNA QUINDLEN DIRECTOR	1.00	X						0.	0.	0.
DALE REISS DIRECTOR	1.00	X						0.	0.	0.
REV KELVIN SAULS DIRECTOR	1.00	X						0.	0.	0.
GENEVIEVE SHIROMA DIRECTOR	1.00	X						0.	0.	0.
SHAMINA SINGH DIRECTOR	1.00	X						0.	0.	0.
1b Total								1,865,680.	256,375.	195,434.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **58**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
O'BRIEN MCCONNELL PEARSON 1133 19TH STREET NW, WASHINGTON, DC 20036	CONSULTING	1,634,842.
HARRIS DIRECT, 6800 OWENSMOUTH AVENUE, CANOGA PARK, CA 91303	TELEMARKETING	429,907.
DONOR SERVICES GROUP, LLC, 11500 W. OLYMPIC BLVD #540, LOS ANGELES, CA 90064	TELEMARKETING	419,313.
TELEFUND PO BOX 2366, DENVER, CO 80201	TELEMARKETING	372,176.
ML PRINTING, INC. 5 BROOKE HOLLOW LANE, PEEKSKILL, NY 10566	PRINTING	340,496.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **36**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2009)

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.

Form 990 (2009)

13-1644147 Page 9

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a 613,684.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 80,793,011.				
	g Noncash contributions included in lines 1a-1f: \$	14,947,267.				
	h Total. Add lines 1a-1f		81,406,695.			
	Program Service Revenue	2 a MEETING REVENUE	Business Code 900099	534,318.	534,318.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			534,318.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		477,163.		477,163.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		122,959.		122,959.	
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	46,875,041.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	45,825,306.			
		c Gain or (loss)	1,049,735.			
	d Net gain or (loss)		1049735.		1,049,735.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	147324.			
		b Less: direct expenses	b 61,665.			
c Net income or (loss) from fundraising events			85,659.		85,659.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a	1,580,725.				
	b Less: cost of goods sold	b 1,066,749.				
	c Net income or (loss) from sales of inventory		513,976.	513,976.		
Miscellaneous Revenue		Business Code				
11 a ARMS COST SHARING REIM	900099	331,405.			331,405.	
b ATTORNEY FEES AWARDS	900099	172,609.			172,609.	
c MED INSURANCE REFUND	900099	167,886.			167,886.	
d All other revenue	900099	760,901.			760,901.	
e Total. Add lines 11a-11d		1432801.				
12 Total revenue. See instructions.		85,623,306.	1048294.	0.	3,168,317.	

PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC.

Form 990 (2009)

13-1644147 Page 10

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	24,215,865.	24,215,865.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	1,749,960.	1,749,960.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	870,711.	371,463.	448,142.	51,106.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	19,276,843.	13,798,696.	2,726,966.	2,751,181.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	880,182.	541,545.	227,843.	110,794.
9	Other employee benefits	2,654,254.	1,949,358.	382,473.	322,423.
10	Payroll taxes	1,309,107.	911,419.	211,214.	186,474.
11	Fees for services (non-employees):				
a	Management				
b	Legal	1,249,278.	803,436.	321,110.	124,732.
c	Accounting	255,111.	87,829.	167,282.	
d	Lobbying	62,690.	62,690.		
e	Professional fundraising services. See Part IV, line 17	2,800,316.			2,800,316.
f	Investment management fees	159,019.		159,019.	
g	Other	5,922,523.	4,216,740.	847,583.	858,200.
12	Advertising and promotion	64,201.	35,379.	21,787.	7,035.
13	Office expenses	3,552,320.	1,983,884.	736,454.	831,982.
14	Information technology	208,746.	134,737.	44,190.	29,819.
15	Royalties				
16	Occupancy	4,853,574.	3,393,145.	739,814.	720,615.
17	Travel	2,223,546.	1,959,020.	89,955.	174,571.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	948,656.	812,744.	75,717.	60,195.
20	Interest	295,700.	203,740.	40,149.	51,811.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,625,209.	1,186,403.	211,277.	227,529.
23	Insurance	431,353.	313,073.	77,336.	40,944.
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	OTHER FUNDRAISING EXPEN	3,298,868.			3,298,868.
b	MISCELLANEOUS EXPENSES	571,540.	141,740.	90,769.	339,031.
c	TAXES & LICENSES	392,227.	260,888.	59,107.	72,232.
d	SUBSCRIPTIONS & REFEREN	124,751.	89,014.	9,876.	25,861.
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	79,996,550.	59,222,768.	7,688,063.	13,085,719.
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC.

Form 990 (2009)

13-1644147 Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	1,435.	1	1,635.	
	2 Savings and temporary cash investments	4,685,706.	2	2,795,956.	
	3 Pledges and grants receivable, net	10,394,498.	3	10,187,500.	
	4 Accounts receivable, net	2,087,773.	4	2,190,779.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	750,198.	8	654,211.	
	9 Prepaid expenses and deferred charges	869,159.	9	1,081,821.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 21,340,361.			
	b Less: accumulated depreciation	10b 9,071,794.			
	11 Investments - publicly traded securities	13,538,427.	10c	12,268,567.	
	12 Investments - other securities. See Part IV, line 11	94,855,782.	11	105,870,835.	
	13 Investments - program-related. See Part IV, line 11	2,209,922.	12	2,472,710.	
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11	2,812,045.	14		
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,812,045.	15	2,988,105.		
	132,204,945.	16	140,512,119.		
Liabilities	17 Accounts payable and accrued expenses	8,893,197.	17	10,152,429.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities	10,940,000.	20	10,030,000.	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	16,016,423.	25	16,479,128.	
	26 Total liabilities. Add lines 17 through 25	35,849,620.	26	36,661,557.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	30,821,451.	27	44,761,350.	
	28 Temporarily restricted net assets	47,067,928.	28	40,161,220.	
	29 Permanently restricted net assets	18,465,946.	29	18,927,992.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	96,355,325.	33	103,850,562.	
34 Total liabilities and net assets/fund balances	132,204,945.	34	140,512,119.		

Form 990 (2009)

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	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?	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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.		

Form 990 (2009)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	57,135,488.	90,632,340.	68,540,177.	105,535,832.	81,406,695.	403,250,532.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	57,135,488.	90,632,340.	68,540,177.	105,535,832.	81,406,695.	403,250,532.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						70,413,163.
6 Public support. Subtract line 5 from line 4.						332,837,369.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	57,135,488.	90,632,340.	68,540,177.	105,535,832.	81,406,695.	403,250,532.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	646,940.	650,536.	1,236,967.	1,102,592.	600,122.	4,237,157.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,382,878.	335,347.	53,469.	1,856,794.	1,580,125.	5,208,613.
11 Total support. Add lines 7 through 10						412,696,302.
12 Gross receipts from related activities, etc. (see instructions)					12	15,605,850.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	80.65 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	83.66 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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. Provide any other additional information. See instructions.

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

SPECIAL EVENTS

AFFILIATE FEES AND OTHER

Multiple horizontal lines for providing supplemental information.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC.

Employer identification number

13-1644147

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions
for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.	Employer identification number 13-1644147
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 6,902,597.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 2,015,907.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 4,051,172.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 2,620,230.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 4,250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 3,004,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.	Employer identification number 13-1644147
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Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	DONATED STOCK _____ _____ _____	\$ 6,902,597.	02/19/10
2	DONATED STOCK _____ _____ _____	\$ 2,015,907.	05/25/10
3	DONATED STOCK _____ _____ _____	\$ 4,051,172.	06/01/10
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.	Employer identification number 13-1644147
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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), then

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

Name of organization PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.	Employer identification number 13-1644147
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009 LHA

**PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC.**

Schedule C (Form 990 or 990-EZ) 2009

13-1644147 Page 2

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	173,842.	173,842.												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	323,436.	323,436.												
c	Total lobbying expenditures (add lines 1a and 1b)	497,278.	497,278.												
d	Other exempt purpose expenditures	73400088.	74161948.												
e	Total exempt purpose expenditures (add lines 1c and 1d)	73897366.	74659226.												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	1,000,000.												
<table border="1"> <thead> <tr> <th align="left">If the amount on line 1e, column (a) or (b) is:</th> <th align="left">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	250,000.												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.	0.												
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.	0.												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	336,296.	832,238.	782,874.	497,278.	2,448,686.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	85,126.	116,565.	157,689.	173,842.	533,222.

Schedule C (Form 990 or 990-EZ) 2009

**PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC.**

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

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

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

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

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

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

Part IV Supplemental Information

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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

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.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	30,011,505.	35,755,268.			
b Contributions	285,287.	157,946.			
c Net investment earnings, gains, and losses	226,243.4.	-5,137,961.			
d Grants or scholarships					
e Other expenditures for facilities and programs		763,748.			
f Administrative expenses					
g End of year balance	32,559,226.	30,011,505.			

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment 38.70 %
 - b Permanent endowment 58.10 %
 - c Term endowment 3.20 %

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| (i) unrelated organizations | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		13,919,678.	3,410,229.	10,509,449.
d Equipment		7,420,683.	5,661,565.	1,759,118.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				12,268,567.

PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC.

Schedule D (Form 990) 2009

13-1644147 Page 4

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	85,623,306.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	79,996,550.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	5,626,756.
4	Net unrealized gains (losses) on investments	4	1,391,487.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	476,994.
9	Total adjustments (net). Add lines 4 through 8	9	1,868,481.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	7,495,237.

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

1	Total revenue, gains, and other support per audited financial statements	1	88,399,517.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,391,487.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	476,994.
e	Add lines 2a through 2d	2e	1,868,481.
3	Subtract line 2e from line 1	3	86,531,036.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	159,019.
b	Other (Describe in Part XIV.)	4b	-1,066,749.
c	Add lines 4a and 4b	4c	-907,730.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	85,623,306.

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

1	Total expenses and losses per audited financial statements	1	80,904,280.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	1,066,749.
e	Add lines 2a through 2d	2e	1,066,749.
3	Subtract line 2e from line 1	3	79,837,531.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	159,019.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	159,019.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	79,996,550.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE PURPOSE OF THE ENDOWMENT FUND IS TO PROVIDE FUTURE

INCOME FOR PPFA'S OPERATIONS. THE QUASI-ENDOWMENT DOES SO AS WELL, AS A

MEANS OF DIVERSIFYING PPFA'S REVENUE BASE, WHICH OTHERWISE RELIES LARGELY

ON ANNUAL FUNDRAISING. THE QUASI-ENDOWMENT ALSO HAS TWO OTHER PURPOSES:

(1) TO GIVE PPFA BALANCE SHEET STRENGTH TO SUPPORT TAX-EXEMPT BOND

FINANCING; AND (2) TO MAKE OTHER, KEY LONG-TERM PROGRAMMATIC AND

OPERATIONAL INVESTMENTS.

PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC.

Schedule D (Form 990) 2009

13-1644147 Page 5

Part XIV Supplemental Information (continued)

PART X: THERE WAS NO TAX FOOTNOTE IN THE ORGANIZATION'S
AUDITED CONSOLIDATED FINANCIAL STATEMENTS BECAUSE THERE WERE NO MATERIAL
UNCERTAIN TAX POSITIONS UNDER ASC 740 (FORMERLY FIN 48).

PART XI - LINE 8 - OTHER AND PART XII LINE 2D

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	717,067
GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUST	176,060
LOSS ON HEDGED INTEREST RATE SWAP AGREEMENTS	(108,083)
LOSS ON CONTRIBUTIONS RECEIVABLE	(308,050)
TOTAL OTHER	476,994

PART XII LINE 4B AND PART XIII LINE 2D:

COST OF GOODS SOLD	1,066,749
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**Schedule F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2009

Open to Public
Inspection

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 IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(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	0	PROGRAM SERVICES	REPRODUCTIVE HEALTH	196,921.
CENTRAL AMERICA/CARIBBEAN	0	0	GRANTS		674,568.
SOUTH AMERICA	0	0	PROGRAM SERVICES	REPRODUCTIVE HEALTH	13,925.
SOUTH AMERICA	0	0	GRANTS		551,360.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	REPRODUCTIVE HEALTH	211,688.
EAST ASIA AND THE PACIFIC	0	0	GRANTS		49,301.
SUB-SAHARAN AFRICA	3	15	PROGRAM SERVICES	REPRODUCTIVE HEALTH	842,281.
SUB-SAHARAN AFRICA	3	15	GRANTS		474,731.
Totals	6	30			3,064,175.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2009

PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC.

13-1644147

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	51,655.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	47,899.	WIRE TRANSFER	8,219.	COMMODITIES	COST
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	37,660.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	11,065.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	39,550.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	45,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	35,970.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	60,415.	WIRE TRANSFER	0.		

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 42

3 Enter total number of other organizations or entities

Part IV Supplemental Information

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

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

PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC.

Schedule F-1 (Form 990) 2009

13-1644147

Page 2

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	30,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	45,830.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	40,765.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	15,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	85,915.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	15,746.	WIRE TRANSFER	24,698.	COMMODITIES	COST
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	114,441.	WIRE TRANSFER	0.		
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	276,289.	WIRE TRANSFER	0.		
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	65,519.	WIRE TRANSFER	9,889.	COMMODITIES	COST

Schedule F-1 (Form 990) 2009

PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC.

13-1644147

Schedule F-1 (Form 990) 2009

Page 2

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	55,760.	WIRE TRANSFER	27,460.	COMMODITIES	COST
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	7,847.	WIRE TRANSFER	0.		
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	31,560.	WIRE TRANSFER	0.		
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	110,526.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	REPRODUCTIVE HEALTH PROGRAMS	22,765.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	REPRODUCTIVE HEALTH PROGRAMS	37,145.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	49,440.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	22,720.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	9,460.	WIRE TRANSFER	0.		

Schedule F-1 (Form 990) 2009

PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC.

13-1644147

Schedule F-1 (Form 990) 2009

Page 2

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	14,140.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	28,930.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	13,605.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	21,600.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	25,320.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	9,765.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	8,945.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	44,005.	WIRE TRANSFER	6,515.	COMMODITIES	COST
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	29,505.	WIRE TRANSFER	3,827.	COMMODITIES	COST

Schedule F-1 (Form 990) 2009

PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC.

13-1644147

Schedule F-1 (Form 990) 2009

Page 2

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	72,902.	WIRE TRANSFER	15,106.	COMMODITIES	COST
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	34,393.	WIRE TRANSFER	4,003.	COMMODITIES	COST
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	9,723.	WIRE TRANSFER	4,020.	COMMODITIES	COST
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	23,087.	WIRE TRANSFER	7,677.	COMMODITIES	COST
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	22,585.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	10,395.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	74,670.	WIRE TRANSFER	0.		

Schedule F-1 (Form 990) 2009

SCHEDULE G
(Form 990 or 990-EZ)

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2009

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

**Open To Public
Inspection**

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

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

2 a 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 of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
O'BRIEN MCCONNELL & PEARS	CONSULTING		X	15,320,830.	534,001.	14,786,829.
WATERSHED	CONSULTING		X	1752868.	198,306.	1554562.
GORDON SCHWENKMEYER INC	TELEMARKETING		X	865,646.	610,078.	255,568.
DONOR SERVICES GROUP	TELEMARKETING		X	538,718.	315,627.	223,091.
TELEFUND	TELEMARKETING		X	418,875.	149,838.	269,037.
THE SHARE GROUP	TELEMARKETING		X	350,980.	224,301.	126,679.
HARRIS DIRECT	TELEMARKETING		X	272,511.	224,654.	47,857.
SD&A TELESERVICES	TELEMARKETING		X	120,794.	43,987.	76,807.
GRASSROOTS CAMPAIGNS, INC.	TELEMARKETING		X	97,079.	370,874.	-273,795.
INTEGRAL RESOURCES, INC.	TELEMARKETING		X	93,504.	99,409.	-5,905.
Total				19,831,805.	2771075.	17,060,730.

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

**PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC.**

Schedule G (Form 990 or 990-EZ) 2009

13-1644147 Page 2

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GALA (event type)	CHOICE ART (event type)	1 (total number)		
Revenue	1	Gross receipts	132,260.	6,000.	9,064.	147,324.
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	132,260.	6,000.	9,064.	147,324.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	61,665.			61,665.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(61,665)
	11	Net income summary. Combine line 3, column (d), and line 10				85,659.

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

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

	Yes	No
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?	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

**PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC.**

13 Indicate the percentage of gaming activity operated in:

- a** The organization's facility

13a		%
13b		%
- b** An outside facility

13b		%
------------	--	---

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

Name ▶ _____
Address ▶ _____

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

- 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? **17a**
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

	Yes	No
15a		
17a		

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

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

Employer identification number
13-1644147

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD ACTION FUND 434 WEST 33RD ST NEW YORK, NY 10001	13-3539048	501(C)(4)	2,091,968.	0.			TO SUPPORT ADVOCACY EFFORTS. THIS GRANT PROHIBITS LOBBYING AND ELECTORAL ACTIVITY.
PP OF SOUTHEASTERN PA 1144 LOCUST ST PHILADELPHIA, PA 19107	23-1352509	501(C)(3)	1,284,243.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF HOUSTON AND SOUTHEAST TEXAS 3601 FANNIN ST HOUSTON, TX 77004	74-1100163	501(C)(3)	1,215,445.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF ARIZONA, INC 5651 N 7TH ST PHOENIX, AZ 85014	86-0146520	501(C)(3)	1,087,699.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF ILLINOIS 18 S. MICHIGAN AVE 6TH FL CHICAGO, IL 60603	36-2170901	501(C)(3)	1,044,307.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
N G H N, INC. 400 WEST 30TH ST LOS ANGELES, CA 90007	61-1541009	501(C)(3)	1,000,000.	0.			TO PROVIDE TECHNOLOGY SUPPORT TO AFFILIATES

- 2** Enter total number of section 501(c)(3) and government organizations ▶ **90.**
- 3** Enter total number of other organizations ▶ **2.**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC.**

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

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

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

SCHEDULE I, PART I, LINE 2: GRANT MONITORING PROCESS:

THE MAJORITY OF THE GRANTS ARE TO AFFILIATES FOR PROGRAMS 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 GRANTS FUNDS WERE SPENT.

PART II, LINE 1, COLUMN (H):

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
**▶ Attach to Form 990 to list additional information for
 Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

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

**Employer identification number
13-1644147**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP OF THE ROCKY MOUNTAINS 7155 E 38TH AVE DENVER, CO 80207	84-0404253	501(C)(3)	926,142.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP HEALTH SYSTEMS, INC. 100 S BOYLAN AVE RALEIGH, NC 27603	56-1282557	501(C)(3)	882,582.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF SOUTHWEST AND CENTRAL FLORIDA, INC - 736 CENTRAL AVE - SARASOTA, FL 34236	59-1274328	501(C)(3)	771,951.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF GREATER IOWA 1171 7TH ST DES MOINES, IA 50314	42-0727488	501(C)(3)	749,506.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF WISCONSIN 302 NORTH JACKSON ST MILWAUKEE, WI 53202	39-0863391	501(C)(3)	668,449.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF INDIANA, INC. 200 S MERIDIAN ST, SUITE 400 INDIANAPOLIS, IN 46225	35-0874276	501(C)(3)	627,072.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF KANSAS & MID-MISSOURI 4401 WEST 109TH ST ,#200 OVERLAND PARK, KS 66211	44-0565390	501(C)(3)	603,405.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF MIDDLE AND EAST TENNESSEE 50 VANTAGE WAY, #102 NASHVILLE, TN 37228	62-6050064	501(C)(3)	581,002.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

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

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP OF THE GREAT NORTHWEST 2001 E MADISON ST SEATTLE, WA 98122	91-0686012	501(C)(3)	456,920.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP SOUTHWEST OHIO REGION 2314 AUBURN AVE CINCINNATI, OH 45219	31-0536688	501(C)(3)	433,758.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF NORTH TEXAS, INC. 7424 GREENVILLE AVE #206 DALLAS, TX 75231	52-1243220	501(C)(3)	414,598.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP METROPOLITAN WASHINGTON, DC, INC. - 1108 16TH ST, NW - WASHINGTON, DC 20036	53-0204621	501(C)(3)	411,916.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF CENTRAL NORTH CAROLINA 1765 DOBBINS AVE CHAPEL HILL, NC 27514	58-1484820	501(C)(3)	385,008.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF THE TEXAS CAPITAL REGION 201 EAST BEN WHITE BLVD BLDG B AUSTIN, TX 78704	74-1005756	501(C)(3)	384,474.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP NORTHEAST OHIO 444 WEST EXCHANGE ST AKRON, OH 44302	34-1015976	501(C)(3)	363,897.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF GEORGIA, INC. 75 PIEDMONT AVE, SUITE 800 ATLANTA, GA 30303	58-6045874	501(C)(3)	354,511.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

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

**Employer identification number
13-1644147**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP OF GREATER ORLANDO 726 SOUTH TAMPA AVE ORLANDO, FL 32805	59-3092996	501(C)(3)	350,444.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP SOUTHERN NEW ENGLAND 345 WHITNEY AVE NEW HAVEN, CT 06511	06-0263565	501(C)(3)	342,725.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF THE ST. LOUIS REGION 4251 FOREST PARK AVE ST. LOUIS, MO 63108	43-0652666	501(C)(3)	328,034.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP GOLDEN GATE 815 EDDY ST, #100 SAN FRANCISCO, CA 94109	94-6138828	501(C)(3)	322,656.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF THE GREATER MEMPHIS REGION 1407 UNION AVE, SUITE 300 MEMPHIS, TN 38104	62-6073178	501(C)(3)	310,857.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF NEW YORK CITY, INC. 26 BLEECKER ST NEW YORK, NY 10012	13-2621497	501(C)(3)	306,172.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
REPRODUCTIVE HEALTH SERVICES OF PPSLR - 4251 FOREST PARK AVE - ST. LOUIS, MO 63108	43-1848056	501(C)(3)	303,300.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF SOUTH CENTRAL MICHIGAN 4201 W. MICHIGAN AVE KALAMAZOO, MI 49006	38-1811120	501(C)(3)	263,805.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
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OMB No. 1545-0047

2009

**Open to Public
Inspection**

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

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP OF ALABAMA, INC. 1211 S. 27TH PLACE SOUTH BIRMINGHAM, AL 35205	63-0341404	501(C)(3)	259,288.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF SOUTH FLORIDA AND THE TREASURE COAST, INC - 2300 N. FLORIDA MANGO RD - WEST PALM BEACH, FL 33409	59-1391115	501(C)(3)	250,367.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF SAN ANTONIO AND S. CENTRAL TEXAS, INC. - 104 BABCOCK RD - SAN ANTONIO, TX 78201	74-1297211	501(C)(3)	248,594.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PLANNED PARENTHOOD OF NEW ENGLAND 183 TALCOTT RD, #101 WILLISTON, VT 05495	03-0222941	501(C)(3)	245,521.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF DELAWARE 625 SHIPLEY ST WILMINGTON, DE 19801	51-0066725	501(C)(3)	244,441.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF WEST TEXAS, INC. 910-B SOUTH GRANT ODESSA, TX 79761	75-1229350	501(C)(3)	242,377.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF MID AND SOUTH MICHIGAN 3100 PROFESSIONAL DR, PO BOX 3673 ANN ARBOR, MI 48106	38-1707521	501(C)(3)	212,693.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF WESTERN PENNSYLVANIA 933 LIBERTY AVE, 2ND FLOOR PITTSBURGH, PA 15222	25-0965474	501(C)(3)	210,363.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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Department of the Treasury
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**Employer identification number
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PP LEAGUE OF MASSACHUSETTS 1055 COMMONWEALTH AVE BOSTON, MA 02215	04-2698497	501(C)(3)	199,783.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP MAR MONTE 1691 THE ALAMEDA SAN JOSE, CA 95126	94-1583439	501(C)(3)	185,345.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF MINNESOTA, N. DAKOTA, S. DAKOTA - 1965 FORD PARKWAY - ST. PAUL, MN 55116	41-0948382	501(C)(3)	150,364.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
GUTTMACHER INSTITUTE 125 MAIDEN LANE, 7TH FLOOR NEW YORK, NY 10038	13-2890727	501(C)(3)	150,000.	0.			TO SUPPORT POLICY ANALYSIS AND RESEARCH
PP OF ARKANSAS & EASTERN OKLAHOMA 5780 S PEORIA TULSA, OK 74105	73-0685955	501(C)(3)	147,024.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
VIGINIA LEAGUE FOR PP 201 N HAMILTON ST RICHMOND, VA 23221	54-0505973	501(C)(3)	130,811.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF WACO FAMILY PLANNING AND SURGICAL SERVICE - 1121 ROSS AVE - WACO, TX 76703	74-2329031	501(C)(3)	127,500.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF LOS ANGELES 400 WEST 30TH ST LOS ANGELES, CA 90007	95-2408623	501(C)(3)	126,142.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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PLANNED PARENTHOOD HUDSON PECONIC 4 SKYLINE DR HAWTHORNE, NY 10532	11-2454790	501(C)(3)	113,660.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF NORTH EAST PENNSYLVANIA 6900 HAMILTON BLVD, TREXLER MALL TREXELTOWN, PA 18087	23-2450112	501(C)(3)	111,285.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF CENTRAL OHIO, INC. 206 EAST STATE ST COLUMBUS, OH 43219	31-4379502	501(C)(3)	107,567.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF THE COLUMBIA/WILLIAMETTE, INC. - 3231 SE 50TH ST - PORTLAND, OR 97206	93-6031270	501(C)(3)	91,099.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF SAN DIEGO & RIVERSIDE COUNTIES - 1075 CAMINO DEL RIO S - SAN DIEGO, CA 92108	95-6111785	501(C)(3)	90,561.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP ASSOCIATION OF BUCKS COUNTY 610 LOUIS DR WARMINSTER, PA 18974	23-1651210	501(C)(3)	79,686.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF COLLIER COUNTY, INC. 1425 CREECH RD NAPLES, FL 34103	65-0450515	501(C)(3)	69,393.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF SANTA BARBARA, VENTURA & SAN LUIS OBISPO CTY - 518 GARDEN ST - SANTA BARBARA, CA 93101	95-2319356	501(C)(3)	63,314.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

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2009

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**Employer identification number
13-1644147**

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PP OF GREATER NORTHERN NEW JERSEY 196 SPEEDWELL AVE MORRISTOWN, NJ 07960	22-1643997	501(C)(3)	55,095.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP SHASTA DIABLO 2185 PACHECO ST CONCORD, CA 94520	94-1575233	501(C)(3)	51,431.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF MARYLAND, INC. 330 N HORWARD ST BALTIMORE, MD 21201	52-0607930	501(C)(3)	49,546.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP HEALTH SERVICES OF SOUTHWESTERN OREGON - 1670 HIGH ST - EUGENE, OR 97401	93-0573822	501(C)(3)	48,718.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF RHODE ISLAND 111 POINT ST, PO BOX 41059 PROVIDENCE, RI 02940	05-0258955	501(C)(3)	44,395.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF NEBRASKA & COUNCIL BLUFFS 4610 SOUTH 133 ST, STE 109 OMAHA, NE 68137	47-0391517	501(C)(3)	42,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF SOUTHEASTERN VIRGINIA, INC. 403 YALE DR HAMPTON, VA 23666	54-0929058	501(C)(3)	40,696.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF CENTRAL PENNSYLVANIA, INC. 728 S BEAVER ST YORK, PA 17403	23-1580959	501(C)(3)	38,192.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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PP OF MID-HUDSON VALLEY 7 COATES DRIVE GOSHEN, NY 10924	14-1344810	501(C)(3)	35,461.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
BETTER HEALTH PARTNERSHIP 1144 LOCUST ST PHILADELPHIA, PA 19107	23-3084482	501(C)(3)	35,000.	0.			TO SUPPORT THE DEVELOPMENT AND MAINTENANCE OF THE E-MEDSYS CLINICAL SYSTEM
PP OF NEW MEXICO 719 SAN MATEO NE ALBUQUERQUE, NM 87108	85-0197745	501(C)(3)	32,965.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF THE ROCHESTER/SYRACUSE REGION - 114 UNIVERSITY AVE - ROCHESTER, NY 14605	16-0743085	501(C)(3)	29,815.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF NASSAU COUNTY, INC. 540 FULTON AVE HEMPSTEAD, NY 11550	11-1776035	501(C)(3)	24,857.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP ASSOCIATION OF THE MERCER AREA 437 E. STATE ST TRENTON, NJ 08608	21-0723248	501(C)(3)	22,214.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF NORTHEAST FLORIDA, INC. 3850 BEACH BLVD JACKSONVILLE, FL 32207	59-1061757	501(C)(3)	21,732.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP ASSOCIATION OF UTAH 654 SOUTH 900 E SALT LAKE CITY, UT 84102	87-0288909	501(C)(3)	20,910.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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Schedule I-1 (Form 990) 2009

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(Form 990)**

Department of the Treasury
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PP OF WEST AND NORTHERN, MICHIGAN, INC. - 425 CHERRY STREET, SE - GRAND RAPIDS, MI 49503	38-1782520	501(C)(3)	20,036.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF CENTRAL WASHINGTON 1117 TIETON DR. YAKIMA, WA 98902	91-6071384	501(C)(3)	19,750.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF CENTRAL NEW JERSEY 69 EAST NEWMAN SPRINGS RD, PO BOX 9 SHREWSBURY, NJ 07702	21-0658062	501(C)(3)	19,521.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF THE SOUTHERN FINGER LAKES 314 WEST STATE ST ITHACA, NY 14850	16-0953368	501(C)(3)	19,321.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
UPPER HUDSON PP, INC. 259 LARK ST ALBANY, NY 12210	14-6000805	501(C)(3)	18,657.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF MONTANA, INC 2525 4TH AVE NORTH, BILLINGS, MT 59101	81-0307201	501(C)(3)	18,559.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP PASADENA AND SAN GABRIEL VALLEY, INC - 1045 NORTH LAKE AVE - PASADENA, CA 91104	95-1916050	501(C)(3)	18,203.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP ORANGE & SAN BERNARDINO COUNTIES, INC. - 700 S TUSTIN ST - ORANGE, CA 92866	95-6152773	501(C)(3)	17,207.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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PP AFFILIATES OF OHIO 206 EAST STATE ST COLUMBUS, OH 43215	31-0937837	501(C)(3)	17,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
MT. BAKER PLANNED PARENTHOOD 2300 JAMES ST, # 207 BELLINGHAM, WA 98225	91-0846274	501(C)(3)	15,952.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF HAWAII 1350 S KING ST, #309 HONOLULU, HI 96814	99-6012377	501(C)(3)	15,383.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF WESTERN NEW YORK 2697 MAIN ST BUFFALO, NY 14214	16-0746860	501(C)(3)	14,113.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF METROPOLITAN NEW JERSEY 151 WASHINGTON ST NEWARK, NJ 07102	22-1539559	501(C)(3)	12,135.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PPNYC ACTION FUND 26 BLECKER ST NEW YORK, NY 10012	13-3731867	501(C)(4)	12,082.	0.			TO SUPPORT EDUCATION AND ADVOCACY EFFORTS. THIS GRANT PROHIBITS LOBBYING AND ELECTORAL ACTIVITY.
PP OF KENTUCKY, INC 1025 SOUTH 2ND ST LOUISVILLE, KY 40203	61-0481704	501(C)(3)	12,034.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF NORTH FL 3850 BEACH BLVD JACKSONVILLE, FL 32207	23-7400545	501(C)(3)	10,624.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

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PP OF CENTRAL TEXAS, INC. 1121 ROSS AVE, PO BOX 1518 WACO, TX 76703	74-1143143	501(C)(3)	9,744.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP OF SOUTHERN NEW JERSEY 317 BROADWAY CAMDEN, NJ 08103	21-6008381	501(C)(3)	7,587.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP MOHAWK HUDSON, INC. 1424 GENESEE ST UTICA, NY 13502	14-6004167	501(C)(3)	6,970.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
SIX RIVERS PP 3222 TIMBERFALL COURT EUREKA, CA 95503	94-2333653	501(C)(3)	6,757.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
PP ASSOCIATION OF LUBBOCK, INC BRIERCROFT OFFICE PARK, BLDG 14 LUBBOCK, TX 79412	75-1220739	501(C)(3)	5,275.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT
MEDICAL DIRECTORS COUNCIL 3976 DEER GLENN DR ANN ARBOR, MI 48108	20-0363930	501(C)(3)	5,000.	0.			EDUCATIONAL GRANT FOR REPRODUCTIVE HEALTH

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: BETTER HEALTH PARTNERSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE DEVELOPMENT AND

MAINTENANCE OF THE E-MEDSYS CLINICAL SYSTEM APPLICATION ON BEHALF OF ALL

AFFILIATES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

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Employer identification number
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on 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	X	
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?	X	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?		X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X
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.		X
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization? If "Yes" to line 5a or 5b, describe in Part III.	5b	X
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?	6a	X
b Any related organization? If "Yes" to line 6a or 6b, describe in Part III.	6b	X
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	7	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

**PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC.**

Schedule J (Form 990) 2009

13-1644147

Page 2

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CECILE RICHARDS	(i)	306,076.	0.	373.	11,951.	845.	319,245.	0.
	(ii)	34,008.	0.	41.	1,328.	94.	35,471.	0.
MARIA ACOSTA	(i)	228,547.	0.	712.	2,516.	11,070.	242,845.	0.
	(ii)	19,874.	0.	62.	219.	963.	21,118.	0.
MARYANA ISKANDER	(i)	264,161.	0.	152.	14,113.	10,740.	289,166.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
VANESSA CULLINS	(i)	240,320.	0.	414.	14,442.	2,731.	257,907.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KAREN RUFFATTO	(i)	225,278.	0.	359.	10,792.	11,863.	248,292.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
LAURIE RUBINER	(i)	44,189.	0.	54.	831.	4,646.	49,720.	0.
	(ii)	176,755.	0.	216.	3,323.	18,585.	198,879.	0.
LISA DAVID	(i)	219,962.	0.	414.	1,817.	23,401.	245,594.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
BARBARA OTTEN	(i)	200,802.	0.	393.	12,540.	26,591.	240,326.	0.
	(ii)	10,568.	0.	21.	660.	1,399.	12,648.	0.
KIM MEREDITH	(i)	133,230.	0.	244.	4,044.	7,826.	145,344.	0.
	(ii)	14,803.	0.	27.	449.	870.	16,149.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A: KAREN RUFFATTO, VICE PRESIDENT OF OPERATIONS AND AFFILIATE
RELATIONS, RECEIVED A HOUSING ALLOWANCE PER AN AGREED UPON RELOCATION
AGREEMENT. THE BENEFITS WERE TREATED AS TAXABLE COMPENSATION AND INCLUDED
IN HER W2.

ADDITIONAL INFORMATION REGARDING DIRECTORS:

LILLIAN TAMAYO, DIRECTOR, TERM ENDED MARCH 2010

DIANNE LUBY, DIRECTOR, TERM STARTED MARCH 2010

ANNA QUINDLEN, DIRECTOR, TERM STARTED MARCH 2010

DALE REISS, DIRECTOR, TERM STARTED MARCH 2010

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the Organization **PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.**

Employer Identification number
13-1644147

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JENNIFER ALLAN SOROS DIRECTOR	1.00	X						0.	0.	0.
KATHLEEN TAIT DIRECTOR	1.00	X						0.	0.	0.
LILLIAN TAMAYO DIRECTOR	1.00	X						0.	0.	0.
CAROLYN WESTHOFF MD DIRECTOR	1.00	X						0.	0.	0.
LOU ZELLNER DIRECTOR	1.00	X						0.	0.	0.
CECILE RICHARDS PRESIDENT	32.00			X				306,449.	34,049.	13,321.
MARIA ACOSTA CHIEF FINANCIAL OFFICER	33.00			X				229,259.	19,936.	14,248.
MARYANA ISKANDER CHIEF OPERATING OFFICER	35.00				X			264,313.	0.	24,573.
VANESSA CULLINS VP OF MEDICAL AFFAIRS	35.00					X		240,734.	0.	16,381.
KAREN RUFFATTO VP OF OPERATIONS	35.00					X		225,637.	0.	22,295.
LAURIE RUBINER VP OF PUBLIC POLICY	7.00					X		44,243.	176,971.	27,224.
LISA DAVID VP OF AFFILIATES SD	35.00					X		220,376.	0.	24,946.
BARBARA OTTEN VP OF GENERAL COUNSEL	33.00					X		201,195.	10,589.	39,595.
KIM MEREDITH FORMER VP OF DEVELOPMENT	32.00						X	133,474.	14,830.	12,851.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	166	14,932,276.	FAIR MARKET VALUE
10 Securities - Closely held stock	X	1	14,991.	FAIR MARKET VALUE
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.	Employer identification number 13-1644147
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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION 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.

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 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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.	Employer identification number 13-1644147
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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 THEIR
EMPLOYEES AND BOARD MEMBERS TO REVIEW AND SIGN A CONFLICT OF INTEREST
POLICY ON AN ANNUAL BASIS. PPFA'S LEGAL COUNSEL FOLLOWS UP TO RESOLVE ANY
DISCLOSED CONFLICTS. IF A CONFLICT IS IDENTIFIED, THE INTERESTED
INDIVIDUAL MAY NOT VOTE ON THE RELATED MATTER.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION REVIEW PROCESS -
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. ("PPFA") HAS A COMPENSATION
SETTING BODY (THE "BODY") THAT REVIEWS AND APPROVES THE COMPENSATION OF THE
FOLLOWING MEMBERS OF PPFA STAFF - PRESIDENT, CHIEF OPERATING OFFICER, CHIEF
FINANCIAL OFFICER, GENERAL COUNSEL AND THE TWO HIGHEST PAID STAFF MEMBERS.
THIS INDEPENDENT BODY IS COMPRISED OF THE OFFICERS OF THE PPFA BOARD, WITH
THE CHAIR OF THE BOARD SERVING AS ITS CHAIR. THE REVIEW AND APPROVAL OF THE
SALARIES OF THESE EMPLOYEES TAKES PLACE ON AN ANNUAL BASIS USING
COMPARABILITY DATA SUCH AS INDUSTRY SURVEYS, DOCUMENTED COMPENSATION OF
PERSONS HOLDING SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS, AND/OR
INDEPENDENT COMPENSATION STUDIES. RESULTS ARE DOCUMENTED CONTEMPORANEOUSLY

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

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

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

FORM 990, PART VI, SECTION C, LINE 19: PLANNED PARENTHOOD FEDERATION OF AMERICA'S ANNUAL REPORT AND FORM 990 ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI - LINE 2C: OVERSIGHT OF THE AUDIT

THE ORGANIZATION DID NOT CHANGE ITS AUDIT OVERSIGHT PROCESS DURING THE YEAR.

SCHEDULE G

RECONCILIATION OF FEES PAID TO PROFESSIONAL FUNDRAISERS

SCHEDULE G REQUIRES LISTING THE 10 HIGHEST PAID INDIVIDUALS/ENTITIES THAT PROVIDED PROFESSIONAL FUNDRAISING SERVICES. DURING THE YEAR, THE ORGANIZATION USED MORE THAN 10 PROFESSIONAL FUNDRAISERS. THEREFORE, SCHEDULE G DOES NOT AGREE TO PART IX OF THE 990, LINE 11E.

TOTAL OF 10 HIGHEST PAID PER SCHEDULE G	2,771,075
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FEES PAID TO OTHER PROFESSIONAL FUNDRAISERS	29,241
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TOTAL PER PART IX, LINE 11E	2,800,316
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**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization	PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.	Employer identification number	13-1644147
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SCHEDULE G, PART 1, QUESTION 2B

AMOUNTS PAID TO SELECT FUNDRAISERS

SERVICES PROVIDED BY GRASSROOTS CAMPAIGNS, INC. AND INTEGRAL RESOURCES, INC. RESULTED IN A CURRENT YEAR LOSS BUT SECURED FUTURE DONORS AND IN THE LONG RUN WILL END UP RAISING FUNDS FOR THE ORGANIZATION.

FORM 990, SCHEDULE R, PART II

DIRECT CONTROL OVER SECTION 527 ORGANIZATIONS:

PLANNED PARENTHOOD FEDERATION OF AMERICA DOES NOT DIRECTLY CONTROL PLANNED PARENTHOOD VOTES OR PLANNED PARENTHOOD ACTION FUND, INC. PAC. DIRECT CONTROL OVER THESE ENTITIES IS EXERCISED BY PLANNED PARENTHOOD ACTION FUND, INC.

FORM 990, PART IX FUNCTIONAL EXPENSES, LINE 24 OTHER FUNDRAISING EXPENSES
THE FOLLOWING FUNDRAISING EXPENSES WERE PAID DIRECTLY TO A PROFESSIONAL FUNDRAISER:

DIRECT POSTAGE/FREIGHT	1,498,454
PRINTING	871,860
MAIL HOUSE COSTS	518,261
LIST USAGE	306,317
OTHER COSTS	103,976
	<u>3,298,868</u>

Related Organizations and Unrelated Partnerships

▶ **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.**

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 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
434W33CHC, LLC - 13-1644147 C/O PPFA 434 WEST 33RD ST NEW YORK, NY 10001	REAL ESTATE	VIRGINIA	0.	0.	N/A
PROPER ATTIRE LLC - 27-1986483 C/O PPFA 434 WEST 33RD ST NEW YORK, NY 10001	CONDOM SALES	NEW YORK	0.	0.	N/A

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
PLANNED PARENTHOOD ACTION FUND, INC. (PPAF) - 13-3539048, 434 WEST 33RD STREET, NEW YORK, NY 10001	ADVOCACY	NEW YORK	501(C)(4)	N/A	N/A
PLANNED PARENTHOOD FOUNDATION - 13-3772613 434 WEST 33RD STREET NEW YORK, NY 10001	SUPPORTING	NEW YORK	501(C)(3)	LINE 11A, I	N/A
PLANNED PARENTHOOD VOTES - 13-4128897 434 WEST 33RD STREET NEW YORK, NY 10001	POLITICAL ACTIVITIES	NEW YORK	527	N/A	PLANNED PARENTHOOD ACTION FUND, INC.
PLANNED PARENTHOOD ACTION FUND INC. PAC - 13-3885199, 434 WEST 33RD STREET, NEW YORK, NY 10001	POLITICAL ACTIVITIES	NEW YORK	527	N/A	PLANNED PARENTHOOD ACTION FUND, INC.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2009

**PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC.**

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

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

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

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

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

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) PLANNED PARENTHOOD ACTION FUND INC.	A	466.
(2) PLANNED PARENTHOOD ACTION FUND INC.	B	2,091,968.
(3) PLANNED PARENTHOOD ACTION FUND INC.	A	96,000.
(4) PLANNED PARENTHOOD FOUNDATION	A	6,000.
(5) NGHN, INC.	B	1,000,000.
(6)		

