

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

**2008**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A For the 2008 calendar year, or tax year beginning** \_\_\_\_\_ **and ending** \_\_\_\_\_

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

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

**C Name of organization**  
**PLANNED PARENTHOOD OF NEW YORK CITY, INC**  
 Doing Business As \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**26 BLEECKER STREET**  
 City or town, state or country, and ZIP + 4  
**NEW YORK, NY 10012**

**D Employer identification number**  
**13-2621497**

**E Telephone number**  
**2129657022**

**F Name and address of principal officer: JOAN MALIN**  
**SAME AS C ABOVE**

**G Gross receipts \$** **26,959,647.**

**H(a) Is this a group return for affiliates?**  Yes  No  
**H(b) Are all affiliates included?**  Yes  No  
 If "No," attach a list. (see instructions)

**H(c) Group exemption number** ▶ \_\_\_\_\_

**I Tax-exempt status:**  501(c) ( **3** ) ◀ (insert no.)  4947(a)(1) or  527

**J Website:** ▶ **WWW.PPNYC.ORG**

**K Type of organization:**  Corporation  Trust  Association  Other ▶ \_\_\_\_\_

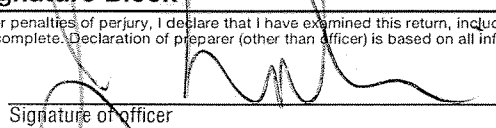
**L Year of formation:** **1968** **M State of legal domicile:** **NY**

**Part I Summary**


Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>PPNYC IS A ORGANIZATION PROVIDING A WIDE RANGE OF REPRODUCTIVE HEALTH SERVICES, INFORMATION,</b>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 35
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 35
	5	Total number of employees (Part V, line 2a)	5 379
	6	Total number of volunteers (estimate if necessary)	6 127
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 14,116,407. Current Year 14,512,174.
	9	Program service revenue (Part VIII, line 2g)	10,418,377. 10,364,423.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,160,975. 1,741,508.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	586,476. 179,622.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,282,235. 26,797,727.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
	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)	17,132,303. 19,410,901.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	94,500.
	17	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,227,049.</b>	
Net Assets or Fund Balances	18	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	12,617,237. 11,370,995.
	19	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	29,749,540. 30,876,396.
	20	Revenue less expenses. Subtract line 18 from line 12	-2,467,305. -4,078,669.
	21	Total assets (Part X, line 16)	Beginning of Year 107,592,259. End of Year 84,937,340.
	22	Total liabilities (Part X, line 26)	1,666,111. 3,357,736.
	22	Net assets or fund balances. Subtract line 21 from line 20	105,926,148. 81,579,604.

**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 ▶  Date \_\_\_\_\_  
**JOAN MALIN, CEO**  
 Type of print name and title

Paid Preparer's Use Only

Preparer's signature ▶  Date **11/6/09** Check if self-employed  Preparer's identification number (see instructions) **P00298053**

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **RSM MCGLADREY, INC.**  
**1185 AVENUE OF THE AMERICAS**  
**NEW YORK, NY 10036-2602**

EIN ▶ **41-1944416**  
 Phone no. ▶ **212-372-1000**

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

Part III Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission:  
TO EMPOWER INDIVIDUALS TO MAKE INDEPENDENT INFORMED DECISIONS ABOUT THEIR SEXUAL AND REPRODUCTIVE LIVES, WE PROVIDE INFORMATION AND HEALTH CARE AND PROMOTE PUBLIC POLICIES THAT MAKE THOSE SERVICES AVAILABLE TO ALL.
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
 If "Yes", describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
 If "Yes", describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 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 \$ 21,086,282. including grants of \$ ) (Revenue \$ 10,364,423. )  
CLINICAL SERVICES - PROVIDES STATE-OF-THE-ART REPRODUCTIVE HEALTH CARE AND ACCURATE INFORMATION TO ENSURE THAT ALL INDIVIDUALS CAN MAKE INFORMED DECISIONS ABOUT THEIR REPRODUCTIVE LIVES. SERVICES INCLUDE FAMILY PLANNING, GYNECOLOGICAL EXAMS, PREGNANCY TESTING, EMERGENCY CONTRACEPTION, MEDICATION AND SURGICAL ABORTION, MALE SERVICES, STI AND HIV TESTING AND COUNSELING, AND SCREENING FOR REPRODUCTIVE CANCERS AND INTIMATE PARTNER VIOLENCE. DURING 2008, MORE THAN 45,500 INDIVIDUALS VISITED PPNYC'S THREE HEALTH CENTERS FOR A COMPREHENSIVE ARRAY OF SERVICES, AND WERE SERVED REGARDLESS OF THEIR ABILITY TO PAY.

4b (Code: ) (Expenses \$ 2,257,640. including grants of \$ ) (Revenue \$ 0. )  
EDUCATION AND TRAINING PROGRAM - ENGAGES TEENS, PARENTS, AND COMMUNITY PARTNERS IN A COMBINED EFFORT TO REDUCE ADOLESCENT PREGNANCY AND RISK-TAKING BEHAVIORS. PROGRAMMING TARGETS AREAS OF NEW YORK CITY THAT HAVE DISPROPORTIONATELY HIGH RATES OF ADOLESCENT PREGNANCY AND HIV/STI INFECTION. WE PROVIDE INNOVATIVE SEX EDUCATION WORKSHOPS, PEER EDUCATION, TECHNICAL ASSISTANCE, AND PROFESSIONAL TRAINING TO COMMUNITIES THROUGHOUT NEW YORK CITY. THE ORGANIZATION ALSO RESEARCHES AND PILOTS SEXUALITY EDUCATION IN COMMUNITIES AND CLASSROOMS.

4c (Code: ) (Expenses \$ 349,168. including grants of \$ ) (Revenue \$ 0. )  
INTERNATIONAL PROGRAM - WORKS TOWARD A WORLD WHERE HEALTHY SEXUALITY, REPRODUCTIVE CHOICE, AND GENDER EQUITY ARE A WAY OF LIFE. THROUGH REGIONAL OFFICES IN JOHANNESBURG, SOUTH AFRICA AND SANTO DOMINGO, THE DOMINICAN REPUBLIC, PROVIDES SPECIALIZED TRAINING AND TAILORED TECHNICAL ASSISTANCE SO THAT GRASSROOTS ORGANIZATIONS IN THESE COUNTRIES CAN DEVELOP THEIR OWN CULTURALLY SENSITIVE PROGRAMS, PARTICULARLY AROUND HIV/AIDS AND GENDER-BASED VIOLENCE PREVENTION. COLLABORATES IN THESE AREAS AND IN COALITION WITH A WIDE RANGE OF PARTNERS INCLUDING YOUTH ASSOCIATIONS, FAMILY PLANNING ORGANIZATIONS, WOMEN'S GROUPS, HIV/AIDS PREVENTION PROGRAMS, RELIGIOUS LEADERS, AND GOVERNMENT AGENCIES.

4d Other program services. (Describe in Schedule O.)  
 (Expenses \$ 1,718,750. including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► \$ 25,411,840. (Must equal Part IX, Line 25, column (B).)

