** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning JUL 1, 2012 **and ending** JUN 30, 2013

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

C Name of organization
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.

Doing Business As

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

City, town, or post office, state, and ZIP code
NEW YORK, NY 10001-2601

D Employer identification number 13-1644147

E Telephone number (212)541-7800

G Gross receipts $ 171,051,383.

F Name and address of principal officer: CECILE RICHARDS
SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

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

J Website: ▶ WWW.PLANNEDPARENTHOOD.ORG

H(c) Group exemption number ▶

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] 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 ▶ [ ] 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 individuals employed in calendar year 2012 (Part V, line 2a)	5	494
6	Total number of volunteers (estimate if necessary)	6	50
7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	155,090,170.	132,739,759.
	9	Program service revenue (Part VIII, line 2g)	1,435,014.	1,799,101.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,341,260.	2,437,167.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,595,436.	2,393,031.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	159,461,880.	139,369,058.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	42,135,565.	45,839,132.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	34,793,890.	40,609,798.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	3,894,257.	7,260,458.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 24,520,514.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	44,590,994.	44,126,265.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	125,414,706.	137,835,653.
	19	Revenue less expenses. Subtract line 18 from line 12	34,047,174.	1,533,405.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	302,321,522.	307,429,404.
	21	Total liabilities (Part X, line 26)	73,029,459.	72,207,067.
	22	Net assets or fund balances. Subtract line 21 from line 20	229,292,063.	235,222,337.

Part II Signature Block

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

Sign Here

▶ Signature of officer | Date

▶ WALLACE D'SOUZA, CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
				P00501222

Firm's name ▶ KPMG LLP | Firm's EIN ▶ 13-5565207

Firm's address ▶ 345 PARK AVENUE
NEW YORK, NY 10154-0102 | Phone no. (212) 758-9700

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

Part III Statement of Program Service Accomplishments

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

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 [X] 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 [X] No

If "Yes," describe these changes on Schedule O.

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

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

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

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

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

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

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

4d Other program services (Describe in Schedule O.)

(Expenses $ 4,628,636. including grants of $ 378,029.) (Revenue $ 14,726.)

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

Part IV Checklist of Required Schedules

		Line	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	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? *If "Yes," complete Schedule F, Parts II and IV*	15	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? *If "Yes," complete Schedule F, Parts III and IV*	16		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? *If "Yes," complete Schedule G, Part I*	17	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? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	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? *If "Yes," complete Schedule I, Parts I and III*	22		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? *If "Yes," complete Schedule J*	23	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
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? *If "Yes," complete Schedule L, Part I*	25a		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? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		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? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36	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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	199			
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?			1c	X	
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	494			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		X
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)?			4a	X	
b	If "Yes," enter the name of the foreign country: ▶ SUDAN, KENYA, NIGERIA					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			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 as charitable contributions?			6a		X
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?			7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			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				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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.

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

Section A. Governing Body and Management

		Line	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year: 1a 31. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who 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?	2	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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	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*	9		X

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

		Line	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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	15a	X	
b	Other officers or key employees of the organization	15b	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?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

ELZBIETA SZAFRAN-BODZIONY C/O PPFA - (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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) ALEXIS MCGILL JOHNSON CHAIRPERSON STARTING 4/27/13	1.00	X		X				0.	0.	0.
(2) CECILIA BOONE CHAIRPERSON THRU 4/27/13	1.00	X		X				0.	0.	0.
(3) NAOMI ABERLY VICE CHAIR STARTING 4/27/13	1.00	X		X				0.	0.	0.
(4) LOU ZELLNER TREASURER	1.00	X		X				0.	0.	0.
(5) VERONICA DELA ROSA SECRETARY STARTING 4/27/12	1.00	X		X				0.	0.	0.
(6) KATHLEEN TAIT SECRETARY THRU 4/27/13	1.00	X		X				0.	0.	0.
(7) SHERI BONNER DIRECTOR	1.00	X						0.	0.	0.
(8) KAREN CAMPBELL DIRECTOR	1.00	X						0.	0.	0.
(9) CINDY CHAVEZ DIRECTOR	1.00	X						0.	0.	0.
(10) ANDREINA CORDOVA DIRECTOR	1.00	X						0.	0.	0.
(11) DHARMA CORTES DIRECTOR STARTING 4/27/13	1.00	X						0.	0.	0.
(12) ANNETTE CUMMING DIRECTOR THRU 4/27/13	1.00	X						0.	0.	0.
(13) STEPHEN DEBERRY DIRECTOR STARTING 4/27/13	1.00	X						0.	0.	0.
(14) BRIAN FELDMAN DIRECTOR THRU 4/27/13	1.00	X						0.	0.	0.
(15) JUANITA FRANCIS DIRECTOR	1.00	X						0.	0.	0.
(16) LINDA GRUBER DIRECTOR	1.00	X						0.	0.	0.
(17) CATHY HAMPTON DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) SASHA HEINZ DIRECTOR	1.00	X						0.	0.	0.
(19) MARYANA ISKANDER DIRECTOR STARTING 4/27/13	1.00	X						0.	0.	0.
(20) KATE JHAVERI DIRECTOR STARTING 4/27/13	1.00	X						0.	0.	0.
(21) DR. PAULA JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(22) JILL LAFER DIRECTOR	1.00	X						0.	0.	0.
(23) KEN LAMBRECHT DIRECTOR STARTING 4/27/13	1.00	X						0.	0.	0.
(24) DIANNE LUBY DIRECTOR THRU 4/27/13	1.00	X						0.	0.	0.
(25) ELENA MARKS DIRECTOR THRU 4/27/13	1.00	X						0.	0.	0.
(26) REV. TIMOTHY MCDONALD DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								2,929,623.	522,190.	421,195.
d Total (add lines 1b and 1c) ▶								2,929,623.	522,190.	421,195.

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

		Yes	No
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*	3		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*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		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. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(27) MARGOT MILLIKEN DIRECTOR STARTING 4/27/13	1.00	X						0.	0.	0.
(28) MICHAEL NEWTON DIRECTOR	1.00	X						0.	0.	0.
(29) ANNA QUINDLEN DIRECTOR	1.00	X						0.	0.	0.
(30) DALE REISS DIRECTOR	1.00	X						0.	0.	0.
(31) SHAMINA SINGH DIRECTOR THRU 4/27/13	1.00	X						0.	0.	0.
(32) JOE SOLMONESE DIRECTOR STARTING 4/27/13	1.00	X						0.	0.	0.
(33) JENNIFER ALLAN SOROS DIRECTOR	1.00	X						0.	0.	0.
(34) DAYLE STEINBERG DIRECTOR	1.00	X						0.	0.	0.
(35) JUDY TABAR DIRECTOR	1.00	X						0.	0.	0.
(36) AISHA TYLER DIRECTOR	1.00	X						0.	0.	0.
(37) CECILE RICHARDS PRESIDENT	33.00 2.00			X				396,866.	25,331.	101,419.
(38) WALLACE D'SOUZA CFO STARTING 4/9/12	33.00 2.00			X				153,382.	4,744.	23,185.
(39) LINNEA DORIN FORMER CHIEF ADMINISTRATIVE OFFICER	35.00 0.00				X			321,464.	0.	25,356.
(40) LISA DAVID CHIEF OPERATING OFFICER	35.00 0.00				X			340,410.	0.	43,825.
(41) SANDRA SEDACCA CHIEF DEVELOPMENT OFFICER	33.00 2.00				X			278,777.	14,673.	34,120.
(42) THOMAS SUBAK CHIEF INFORMATION OFFICER	35.00 0.00				X			252,406.	0.	33,054.
(43) DAWN LAGUENS CHIEF EXPERIENCE OFFICER	28.00 7.00				X			219,286.	146,190.	33,629.
(44) JENNIE THOMPSON MANAGING DIRECTOR OF DEVEL	33.00 2.00					X		231,743.	4,730.	22,687.
(45) MOLLY EAGAN VP OF AFFILIATE SERVICES	35.00 0.00					X		234,632.	0.	47,144.
(46) KAREN RUFFATTO VP OF OPERATIONS & AFFILIATE RELATIO	35.00 0.00					X		356,603.	0.	31,297.
Total to Part VII, Section A, line 1c										

232201
07-25-12

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(47) DANA SINGISER VP OF GOVERNMENT AFFAIRS	18.00 17.00					X		120,654.	115,922.	11,326.
(48) ANN MCGUINESS SR PRINCIPAL GIFTS OFFICER	4.00 31.00					X		23,400.	210,600.	14,153.
Total to Part VII, Section A, line 1c								2,929,623.	522,190.	421,195.

232201
07-25-12

Part VIII Statement of Revenue

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

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

Part IX Statement of Functional Expenses

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

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

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

Part X Balance Sheet

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

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

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] 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?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: [ ] Separate basis [X] Consolidated basis [ ] Both consolidated and separate basis			
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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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?	3a		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	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047
2012
Open to Public Inspection

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

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

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

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

a [ ] Type I **b** [ ] Type II **c** [ ] Type III - Functionally integrated **d** [ ] Type III - Non-functionally integrated

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	No	(v) Did you notify the organization in col. (i) of your support? Yes	No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	No	(vii) Amount of monetary support
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	105,522,820.	81,406,695.	179,504,200.	155,090,170.	132,739,759.	654,263,644.
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	105,522,820.	81,406,695.	179,504,200.	155,090,170.	132,739,759.	654,263,644.
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)						182,247,730.
6 **Public support.** Subtract line 5 from line 4.						472,015,914.

Section B. Total Support

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

12 Gross receipts from related activities, etc. (see instructions) — 12 — 12,956,550.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) — 14 — 70.78 %

15 Public support percentage from 2011 Schedule A, Part II, line 14 — 15 — 71.27 %

16a **33 1/3% support test - 2012.** 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 ▶ [X]

b **33 1/3% support test - 2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2012.** 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 ▶ ☐

b **10% -facts-and-circumstances test - 2011.** 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 ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	**15**	%
16	Public support percentage from 2011 Schedule A, Part III, line 15	**16**	%

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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

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

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2012

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

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 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

[X] 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, total 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 total 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 Part I, 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).

Name of organization: PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.

Employer identification number: 13-1644147

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 19,176,678.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution.)
2		$ 3,021,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
3		$ 5,600,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)

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

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	DONATED STOCK	$ 19,176,678.	03/11/13
		$	
		$	
		$	
		$	
		$	

Name of organization: PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.

Employer identification number: 13-1644147

Part III *Exclusively* **religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total 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.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(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)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then
- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▶ $

3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ 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 the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2012**

LHA

232041
01-07-13

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 ▶ [X] if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ [ ] if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	215,357.	215,357.
b Total lobbying expenditures to influence a legislative body (direct lobbying)	497,451.	497,451.
c Total lobbying expenditures (add lines 1a and 1b)	712,808.	712,808.
d Other exempt purpose expenditures	124,340,798.	128,680,143.
e Total exempt purpose expenditures (add lines 1c and 1d)	125,053,606.	129,392,951.
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	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.

	(a)	(b)
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?	[ ] Yes	[ ] No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
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	497,278.	985,977.	990,098.	712,808.	3,186,161.
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	173,842.	155,077.	107,020.	215,357.	651,296.

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) 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?			
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

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

AFFILIATES INCLUDED IN PART II-A, LINE 1D(B)AND 1E(B):

PLANNED PARENTHOOD FOUNDATION 13-3772613

434 WEST 33RD STREET

NEW YORK, NY 10001

EXPENSES: $75,677

Part IV Supplemental Information *(continued)*

VOXENT 61-1541009

72960 FRED WARING DRIVE

PALM DESERT, CA 92260

EXPENSES: $4,263,668

PPFA 21ST CENTURY INC. 16-1681541

434 WEST 33RD STREET

NEW YORK, NY 10001

EXPENSES: $0

THE ABOVE ORGANIZATIONS HAVE NOT MADE THE 501(H) ELECTION.

SCHEDULE D (Form 990)

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

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

Employer identification number: 13-1644147

Part I — 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? ☐ Yes ☐ 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? ☐ Yes ☐ 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).

- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

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, and not on a historic structure listed in the National Register	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 XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

(i) 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 (ASC 958) 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 XIII.

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

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

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

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

		Amount
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 XIII. Check here if the explanation has been provided in Part XIII ☐

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

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

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

a Board designated or quasi-endowment ▶ 67.30 %

b Permanent endowment ▶ 25.70 %

c Temporarily restricted endowment ▶ 7.00 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

		Yes	No
(i) unrelated organizations	3a(i)	X	
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

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

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO RELATED ORGANIZATIONS	4,118,087.
(3) LIABILITY UNDER SPLIT INTEREST	
(4) AGREEMENTS	12,562,915.
(5) AMOUNTS HELD ON BEHALF OF	
(6) AFFILIATES	3,949,167.
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	20,630,169.

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

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

1	Total revenue, gains, and other support per audited financial statements			1	144,670,084.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	3,250,013.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	1,146,856.		
e	Add lines **2a** through **2d**			2e	4,396,869.
3	Subtract line **2e** from line **1**			3	140,273,215.
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	205,671.		
b	Other (Describe in Part XIII.)	4b	-1,109,828.		
c	Add lines **4a** and **4b**			4c	-904,157.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	139,369,058.

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

1	Total expenses and losses per audited financial statements			1	138,739,810.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	1,109,828.		
e	Add lines **2a** through **2d**			2e	1,109,828.
3	Subtract line **2e** from line **1**			3	137,629,982.
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	205,671.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	205,671.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	137,835,653.

Part XIII Supplemental Information

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

PART V, LINE 4: THE PURPOSE OF THE ENDOWMENT FUND IS TO PROVIDE FUTURE INCOME FOR PPFA'S OPERATIONS. THE BOARD DESIGNATED ENDOWMENT DOES SO AS WELL, AS A MEANS OF DIVERSIFYING PPFA'S REVENUE BASE, WHICH OTHERWISE RELIES LARGELY ON ANNUAL FUNDRAISING. THE BOARD DESIGNATED ENDOWMENT ALSO HAS TWO OTHER PURPOSES: (1) TO GIVE PPFA BALANCE SHEET STRENGTH TO SUPPORT TAX-EXEMPT BOND FINANCING; AND (2) TO MAKE OTHER, KEY LONG-TERM PROGRAMMATIC AND OPERATIONAL INVESTMENTS.

Part XIII Supplemental Information *(continued)*

PART X, LINE 2: THE FIN 48 FOOTNOTE PER THE AUDITED FINANCIAL STATEMENTS STATES THAT THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	935,382.
GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUST	145,370.
GAIN ON HEDGED INTEREST RATE SWAP AGREEMENTS	184,426.
LOSS ON CONTRIBUTIONS RECEIVABLE	-118,322.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,146,856.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD	-1,109,828.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD	1,109,828.

SCHEDULE F (Form 990)

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
2012
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 its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ...... [X] Yes [ ] No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA/CARIBBEAN	0	4	PROGRAM SERVICES	REPRODUCTIVE HEALTH	250,258.
CENTRAL AMERICA/CARIBBEAN	0	0	GRANTS		644,525.
SOUTH AMERICA	0	1	PROGRAM SERVICES	REPRODUCTIVE HEALTH	267,277.
SOUTH AMERICA	0	0	GRANTS		861,469.
SUB-SAHARAN AFRICA	3	24	PROGRAM SERVICES	REPRODUCTIVE HEALTH	1,439,458.
SUB-SAHARAN AFRICA	0	0	GRANTS		3,771,087.
NORTH AMERICA	0	1	PROGRAM SERVICES	REPRODUCTIVE HEALTH	50,676.
NORTH AMERICA	0	0	GRANTS		100,000.
3 a Sub-total	3	30			7,384,750.
b Total from continuation sheets to Part I	0	0			1,741,599.
c **Totals** (add lines 3a and 3b)	3	30			9,126,349.

Part I **Continuation of Activities per Region.** (Schedule F (Form 990), Part I, line 3)

(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	INVESTMENT		1,741,599.
Totals ▶					1,741,599.

232181
05-01-12

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	29,333.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	78,368.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	58,020.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	36,507.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	88,305.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	136,737.	WIRE TRANSFER	3,500.	COMMODITIES	COST
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	32,709.	WIRE TRANSFER	10,600.	COMMODITIES	COST
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	25,680.	WIRE TRANSFER	0.		

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

3 Enter total number of other organizations or entities ▶ 0

Part 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	77,871.	WIRE TRANSFER	7,000.	COMMODITIES	COST
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	24,505.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	24,611.	WIRE TRANSFER	10,416.	COMMODITIES	COST
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	36,656.	WIRE TRANSFER	9,692.	COMMODITIES	COST
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	409,913.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	275,265.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	483,042.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	846,600.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	529,938.	WIRE TRANSFER	0.		

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	191,061.	WIRE TRANSFER	14,128.	COMMODITIES	COST
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	24,877.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	25,335.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	23,239.	WIRE TRANSFER	0.	COMMODITIES	COST
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	11,560.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	24,965.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	25,930.	WIRE TRANSFER	7,400.	COMMODITIES	COST
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	61,910.	WIRE TRANSFER	24,245.	COMMODITIES	COST
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	27,205.	WIRE TRANSFER	0.		

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	27,055.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	26,390.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	27,090.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	24,945.	WIRE TRANSFER	14,400.	COMMODITIES	COST
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	55,465.	WIRE TRANSFER	0.		
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	50,693.	WIRE TRANSFER	0.		
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	37,200.	WIRE TRANSFER	0.		
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	66,391.	WIRE TRANSFER	34,809.	COMMODITIES	COST
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	50,902.	WIRE TRANSFER	5,258.	COMMODITIES	COST

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 / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	35,040.	WIRE TRANSFER	2,276.	COMMODITIES	COST
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	24,099.	WIRE TRANSFER	0.		
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	29,985.	WIRE TRANSFER	0.		
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	33,724.	WIRE TRANSFER	6,755.	COMMODITIES	COST
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	43,202.	WIRE TRANSFER	0.		
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	25,000.	WIRE TRANSFER	3,681.	COMMODITIES	COST
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	50,565.	WIRE TRANSFER	54,757.	COMMODITIES	COST
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	32,669.	WIRE TRANSFER	0.		
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	23,903.	WIRE TRANSFER	0.		

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 / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	29,688.	WIRE TRANSFER	0.		
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	90,792.	WIRE TRANSFER	0.		
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	20,672.	WIRE TRANSFER	0.		
		NORTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	100,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	40,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	102,622.	WIRE TRANSFER	3,082.	COMMODITIES	COST
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	108,819.	WIRE TRANSFER	9,000.	COMMODITIES	COST
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	24,500.	WIRE TRANSFER	0.		
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	35,000.	WIRE TRANSFER	0.		

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	40,020.	WIRE TRANSFER	0.		
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	63,647.	WIRE TRANSFER	6,317.	COMMODITIES	COST
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	29,752.	WIRE TRANSFER	0.		
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	80,794.	WIRE TRANSFER	7,805.	COMMODITIES	COST
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	57,270.	WIRE TRANSFER	0.		
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	20,160.	WIRE TRANSFER	0.		
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	142,650.	WIRE TRANSFER	0.		
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	31,683.	WIRE TRANSFER	0.		
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	28,948.	WIRE TRANSFER	0.		

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	53,325.	WIRE TRANSFER	0.		

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

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

Part IV Foreign Forms

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* ☒ Yes ☐ No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* ☒ Yes ☐ No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* ☐ Yes ☒ No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* ☐ Yes ☒ No

Part V **Supplemental Information**

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

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

SCHEDULE F, PART I, LINE 3: INVESTMENTS ARE RECORDED AT YEAR END BOOK VALUE AND EXPENDITURES ARE REPORTED ON THE ACCRUAL METHOD OF ACCOUNTING.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047
2012
Open To Public Inspection

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

Employer identification number: 13-1644147

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. 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 [X] Mail solicitations
- b [X] Internet and email solicitations
- c [X] Phone solicitations
- d [X] In-person solicitations
- e [X] Solicitation of non-government grants
- f [ ] Solicitation of government grants
- g [X] 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? [X] Yes [ ] No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

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

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

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

SEE PART IV FOR CONTINUATIONS

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL GALA	ANN AT LINCOLN CENT	NONE	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	388,675.	24,235.		412,910.
	2 Less: Contributions	334,905.	2,760.		337,665.
	3 Gross income (line 1 minus line 2)	53,770.	21,475.		75,245.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	138,307.	18,025.		156,332.
	7 Food and beverages	29,484.	4,293.		33,777.
	8 Entertainment	58,855.			58,855.
	9 Other direct expenses	40,407.	672.		41,079.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(290,043.)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				-214,798.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ 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 ▶				

9 Enter the state(s) in which the organization operates gaming activities: ____________

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

b If "No," explain: ____________

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

b If "Yes," explain: ____________

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

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

13 Indicate the percentage of gaming activity operated in:

a The organization's facility 13a %

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? ☐ Yes ☐ No

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: O'BRIEN, MCCONNELL & PEARSON

(I) ADDRESS OF FUNDRAISER: 1133 19TH STREET NW, WASHINGTON, DC 20036

(I) NAME OF FUNDRAISER: M+R STRATEGIC SERVICES, INC.

(I) ADDRESS OF FUNDRAISER: 1901 L STREET NW, STE 800, WASHINGTON, DC 20036

(I) NAME OF FUNDRAISER: GRASSROOTS CAMPAIGNS, INC.

Part IV Supplemental Information *(continued)*

(I) ADDRESS OF FUNDRAISER: 59 TEMPLE PLACE, BOSTON, MA 02111

(I) NAME OF FUNDRAISER: DONOR SERVICES GROUP

(I) ADDRESS OF FUNDRAISER: 6715 SUNSET BLVD, LOS ANGELES, CA 90028

(I) NAME OF FUNDRAISER: INTEGRAL RESOURCES, INC.

(I) ADDRESS OF FUNDRAISER: 1972 MASSACHUSETTS AVE, CAMBRIDGE, MA 02140

(I) NAME OF FUNDRAISER: TELEFUND

(I) ADDRESS OF FUNDRAISER: PO BOX 120557, BOSTON, MA 02112

(I) NAME OF FUNDRAISER: GORDON SCHWENKMEYER INC

(I) ADDRESS OF FUNDRAISER: 360 N SEPULVEDA BLVD, EL SEGUNDO, CA 90245

(I) NAME OF FUNDRAISER: SD&A TELESERVICES

(I) ADDRESS OF FUNDRAISER: 5757 W CENTURY BLVD, LOS ANGELES, CA 90045

(I) NAME OF FUNDRAISER: HARRIS DIRECT

(I) ADDRESS OF FUNDRAISER: 6800 OWENSMOUTH AVE, CANOGA PARK, CA 91303

SCHEDULE G, PART I, LINE 2B, COLUMN (V): AMOUNTS PAID TO SELECT TELEMARKETERS, SUCH AS GRASSROOTS CAMPAIGNS, INC., RESULTED IN A CURRENT YEAR LOSS BUT SECURED FUTURE DONORS.

LINE 24

OTHER FUNDRAISING EXPENSES

IN ADDITION TO PROFESSIONAL FUNDRAISER EXPENSES INCLUDED ON LINE 11E AND 11G, $5,521,588 OF OTHER REIMBURSED EXPENSES WERE PAID DIRECTLY TO

Part IV Supplemental Information *(continued)*

PROFESSIONAL FUNDRAISERS FOR DIRECT POSTAGE/FREIGHT ($2,521,389), PRINTING ($1,731,965),MAIL HOUSE COSTS ($709,602), LIST USAGE (421,324) AND OTHER COSTS ($137,308).

SCHEDULE I
(Form 990)

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" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2012

Open to Public Inspection

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

Employer identification number 13-1644147

Part I 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? [X] 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. Part II can be duplicated 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	501C (4)	4,000,000.	0.			TO SUPPORT ADVOCACY EFFORTS. THIS GRANT PROHIBITS LOBBYING AND ELECTORAL ACTIVITY.
PP OF ILLINOIS 18 S. MICHIGAN AV, 6TH FLOOR CHICAGO, IL 60603	36-2170901	501C (3)	2,475,580.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF SOUTHEASTERN PENNSYLVANIA 1144 LOCUST ST PHILADELPHIA, PA 19107	23-1352509	501C (3)	2,360,535.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF THE SOUTHEAST 75 PIEDMONT AVE NE, SUITE 800 ATLANTA, GA 30303	58-6045874	501C (3)	1,607,997.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF ARIZONA 5651 N 7TH ST PHOENIX, AZ 85014	86-0146520	501C (3)	1,497,064.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF THE ROCKY MOUNTAINS 7155 E 38TH AVE DENVER, CO 80207	84-0404253	501C (3)	1,373,533.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.

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

3 Enter total number of other organizations listed in the line 1 table ▶ 7.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II **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 HEARTLAND 1171 7TH ST SEATTLE, WA 98122	42-0727488	501C (3)	1,133,730.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP CENTER FOR CHOICE 4600 GULF FREEWAY HOUSTON, TX 77023	68-0610636	501C (3)	1,086,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF GREATER TEXAS 7424 GREENVILLE AVE #206 DALLAS, TX 75231	52-1243220	501C (3)	958,895.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF METROPOLITAN WASHINGTON D.C. 1108 16TH STNW WASHINGTON, DC 20036	53-0204621	501C (3)	933,822.	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	501C (3)	923,348.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP GULF COAST 4600 GULF FREEWAY HOUSTON, TX 77023	74-1100163	501C (3)	907,897.	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 ROAD - WEST PALM BEACH, FL 33409	59-1391115	501C (3)	907,767.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF SOUTHWEST & CENTRAL FLORIDA, INC - 736 CENTRAL AVE - SARASOTA, FL 34236	59-1274328	501C (3)	880,074.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF THE ST. LOUIS REGION & SW MISSOURI - 4251 FOREST PARK AVE - ST. LOUIS, MO 63108	43-0652666	501C (3)	825,084.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.

Part II **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 MIDDLE AND EAST TENNESSEE 50 VANTAGE WAY SUITE #102 NASHVILLE, TN 37228	62-6050064	501C (3)	807,640.	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	501C (3)	768,590.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF WISCONSIN 302 N JACKSON ST MILWAUKEE, WI 53202	39-0863391	501C (3)	746,185.	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 48104	38-1707521	501C (3)	743,215.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF KANSAS & MID-MISSOURI 4401 WEST 109TH STREET #200 OVERLAND PARK, KS 66211	44-0565390	501C (3)	712,704.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP MAR MONTE 1691 THE ALAMEDA SAN JOSE, CA 95126	94-1583439	501C (3)	707,851.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF SOUTHWEST OHIO REGION 2314 AUBURN AVE CINCINNATI, OH 45219	31-0536688	501C (3)	678,300.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF THE GREAT NORTHWEST 2001 E MADISON ST SEATTLE, WA 98122	91-0686012	501C (3)	654,243.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP COLUMBIA WILLAMETTE 3727 NE MARTIN LUTHER KINGS JR. BLV PORTLAND, OR 97212	93-6031270	501C (3)	639,205.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.

Part II **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 CENTRAL NORTH CAROLINA 1765 DOBBINS DRIVE, PO BOX 3258 CHAPEL HILL, NC 27514	58-1484820	501C (3)	546,154.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF INDIANA 200 S. MERIDIAN ST, SUITE 400 INDIANAPOLIS, IN 46225	35-0874276	501C (3)	519,731.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
VOXENT 72960 FRED WARING DRIVE PALM DESERT, CA 92260	61-1541009	501C (3)	516,390.	0.			TO PROVIDE TECHNOLOGY SUPPORT TO PP AFFILIATES.
PP OF GREATER OHIO 206 EAST STATE ST COLUMBUS, OH 43215	31-4379502	501C (3)	498,349.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF NORTHEAST, MID-PENN & BUCKS CO. - 5920 HAMILTON BLVD - ALLENTOWN, PA 18106	23-2450112	501C (3)	489,461.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF GREATER ORLANDO 726 SOUTH TAMPA AVE ORLANDO, FL 32805	59-3092996	501C (3)	466,452.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP SHASTA PACIFIC 2185 PACHECO STREET CONCORD, CA 94520	94-1575233	501C (3)	444,590.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF MINNESOTA/NORTH DAKOTA/SOUTH DAKOTA - 671 VANDALIA ST. - ST. PAUL, MN 55114	41-0948382	501C (3)	430,334.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP LEAGUE OF MASSACHUSETTS 1055 COMMONWEALTH AVE BOSTON, MA 02215	04-0610636	501C (3)	429,319.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.

Part II **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 NORTHERN NEW ENGLAND 128 LAKESIDE AVE, #301 BURLINGTON, VT 05401	03-0222941	501C (3)	400,612.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF SOUTHERN NEW ENGLAND, INC. CT. - 345 WHITNEY AVE - NEW HAVEN, CT 06511	06-0263565	501C (3)	386,547.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF LOS ANGELES 400 WEST 30TH ST LOS ANGELES, CA 05401	95-2408623	501C (3)	351,322.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF THE GREATER MEMPHIS REGION 2430 POPLAR AVE, SUITE 100 MEMPHIS, TN 38112	62-6073178	501C (3)	338,645.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF WESTERN PENNSYLVANIA 933 LIBERTY AVE PITTSBURGH, PA 15222	25-0965474	501C (3)	322,135.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF WEST TEXAS 314 SECOR ST MIDLAND, TX 79701	75-1229350	501C (3)	312,902.	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	501C (3)	302,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF DELAWARE 625 SHIPLEY ST WILMINGTON, DE 19801	51-0066725	501C (3)	287,338.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
VIRGINIA LEAGUE FOR PP, INC. 201 N HAMILTON ST RICHMOND, VA 23221	54-0505973	501C (3)	268,870.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.

Part II **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 PACIFIC SOUTHWEST 1075 CAMINO DEL RIO SOUTH SAN DIEGO, CA 92108	95-6111785	501C (3)	236,474.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
THE EDUCATION FUND OF FAMILY PLANNING - 17 ELK ST - ALBANY, NY 12207	22-2757367	501C (3)	231,750.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
BETTER HEALTH PARTNERSHIP 1144 LOCUST ST PHILADELPHIA, PA 19107	23-3084482	501C (3)	226,509.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS TECHNICAL SUPPORT.
PP HUDSON PECONIC 4 SKYLINE DRIVE HAWTHORNE, NY 10532	11-2454790	501C (3)	213,906.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
BALLOT INITIATIVE STRATEGY CENTER FOUNDATION - 1825 K STREET NW #411 - WASHINGTON, DC 20006	04-3454684	501C (3)	200,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH.
PP TRUST OF SOUTH TEXAS 104 BABCOCK ROAD SAN ANTONIO, TX 78201	47-1297211	501C (3)	193,415.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP ASSOCIATION OF UTAH 654 SOUTH 900 EAST SALT LAKE CITY, UT 84102	87-0288909	501C (3)	187,087.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF GREATER NORTHERN NEW JERSEY 196 SPEEDWELL AVE MORRISTOWN, NJ 07960	22-1643997	501C (3)	175,656.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF SOUTHEASTERN VIRGINIA 515 NEWTOWN ROAD VIRGINIA BEACH, VA 23462	54-0929058	501C (3)	173,578.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.

Part II **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 ARKANSAS AND EASTERN OKLAHOMA - 5921 WEST 12TH STREET, STE C - LITTLE ROCK, AR 72204	73-0685955	501C (3)	158,852.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF ORANGE & SAN BERNARDINO COUNTIES - 700 S. TUSTIN ST. - ORANGE, CA 92866	95-6152773	501C (3)	139,893.	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	501C (3)	138,342.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF MARYLAND 330 NORTH HOWARD ST BALTIMORE, MD 21201	52-0607930	501C (3)	131,843.	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	501C (3)	124,013.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF CENTRAL PENNSYLVANIA 728 SOUTH BEAVER ST YORK, PA 17401	23-1580959	501C (3)	115,451.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
VOTE NO ON 6 736 CENTRAL AVE SARASOTA, FL 34236	45-5297902	501C (4)	115,000.	0.			TO SUPPORT ADVOCACY AGAINST BALLOT MEASURE. THIS GRANT PROHIBITS LOBBYING AND ELECTORAL
PP ADVOCATES OF OHIO 206 EAST STATE ST COLUMBUS, OH 21201	31-0937837	501C (4)	107,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH. THIS GRANT PROHIBITS LOBBYING AND
PP ASSOCIATION OF MERCER AREA 437 EAST STATE ST, UNIT 1 TRENTON, NJ 08608	21-0723248	501C (3)	106,819.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.

Part II **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 COLLIER COUNTY 1425 CREECH ROAD NAPLES, FL 34103	65-0450515	501C (3)	105,495.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP ASSOCIATION OF LUBBOCK, INC BRIERCOFT OFFICE PARK, BLDG 14 LUBBOCK, TX 79401	75-1220739	501C (3)	95,560.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF NASSAU COUNTY 540 FULTON AVE HEMPSTEAD, NY 11550	11-1776035	501C (3)	89,006.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF MONTANA 2525 4TH AVE NORTH SUITE 201 BILLINGS, MT 59101	81-0307201	501C (3)	88,528.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF SANTA BARBARA, VENTURA & SAN LUIS OBISPO COUNTIES, INC. - 518 GARDEN ST - SANTA BARBARA, CA 93101	95-2319356	501C (3)	87,957.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP PASADENA & SAN GABRIEL VALLEY, INC - 2233 LAKE AVE, 2ND FLOOR - ALTADENA, CA 91001	95-1916050	501C (3)	86,894.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP SOUTHWESTERN OREGON 3579 FRANKLIN BLVD EUGENE, OR 97403	93-0573822	501C (3)	79,996.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF NORTH FLORIDA, INC. 3850 BEACH BLVD JACKSONVILLE, FL 32207	59-1061757	501C (3)	76,005.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
FLORIDA ALLIANCE OF PLANNED PARENTHOOD - 736 CENTRAL AVE - SARASOTA, FL 34236	59-3142119	501C (3)	75,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.

Part II **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
SIX RIVERS PP 3225 TIMBER FALL COURT EUREKA, CA 95503	94-2333653	501C (3)	61,636.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF GREATER WASHINGTON AND NORTH IDAHO - 123 E INDIAN AVE, SUITE 100 - SPOKANE, WA 99207	91-6071384	501C (3)	52,264.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP ASSOCIATION OF HIDALGO COUNTY 916 EAST HACKBERRY, SUITE A SAN DIEGO, CA 92108	74-1655329	501C (3)	52,190.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP AFFILIATES OF MICHIGAN 425 CHERRY ST SE GRAND RAPIDS, MI 49503	38-2346424	501C (3)	48,972.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF MID-HUDSON VALLEY 178 CHURCH ST POUGHKEEPSIE, NY 12601	14-1344810	501C (3)	45,005.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP TRUST SAN ANTONIO 104 BABCOCK ROAD SAN ANTONIO, TX 78201	74-1297211	501C (3)	44,299.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
LABORATORY SERVICES COOPERATIVE 2001 E. MADISON SEATTLE, WA 98122	26-3613271	501C (3)	40,777.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH.
PP OF SOUTHERN NEW JERSEY 317 BROADWAY CAMDEN, NJ 08103	21-6008381	501C (3)	40,327.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF HAWAII 1350 S KING ST, SUITE 309 HONOLULU, HI 96814	99-6012377	501C (3)	39,617.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.

Part II **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 ROCHESTER/SYRACUSE REGION, INC. - 114 UNIVERSITY AVE - ROCHESTER, NY 14605	16-0743085	501C (3)	38,245.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
NEW YORK STATE AFFILIATES OF PP 406 JAMESVILLE AVE SYRACUSE, NY 13210	13-3834672	501C (3)	37,741.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
CHARLES VANDALIA, LLC 671 VANDALI ST. ST. PAUL, MN 55114	26-0142749	LLC	37,245.	0.			TO PROVIDE TECHNOLOGY SUPPORT TO PP AFFILIATES.
PP OF NEW MEXICO 719 SAN MATEO NE ALBUQUERQUE, NM 87108	85-0197745	501C (3)	33,077.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF THE UPPER HUDSON , INC 855 CENTRAL AVE ALBANY, NY 12206	14-6000805	501C (3)	31,168.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
NATIONAL ASSOCIATION ADV OF COLORED PEOPLE - 4805 MOUNT HOPE DRIVE - BALTIMORE, MD 21215	13-1084135	501C (3)	25,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH.
IMPLEXHEALTH, LLC 145 HICKS ST #A-54 BROOKLYN, NY 11201	74-3159952	LLC	25,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH.
PP OF WESTERN NEW YORK 2697 MAIN ST BUFFALO, NY 14214	16-0746860	501C (3)	24,200.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP MOHAWK HUDSON 1424 GRENESEE ST UTICA, NY 13502	14-6004167	501C (3)	23,287.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.

Part II **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
MT. BAKER PLANNED PARENTHOOD 1509 CORNWALL AVE BELLINGHAM, WA 98225	91-0846274	501C (3)	22,281.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
IPAS PO BOX 9990 CHAPEL HILL, NC 27515	56-1071085	501C (3)	22,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF THE SOUTHERN FINGER LAKES 314 W STATE ST ITHACA, NY 14850	16-0953368	501C (3)	21,685.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH.
PP OF KENTUCKY 1025 S 2ND ST LOUISVILLE, KY 40203	61-0481704	501C (3)	21,232.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
MEDICAL DIRECTORS COUNCIL 40950 WOODWARD AVE, SUITE 306 BLOONFIELD HILLS, MI 48304	20-0363930	501C (3)	20,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH.
INTERNATIONAL PLANNED PARENTHOOD FEDERATION - 2001 L ST NW 2ND FLOOR - WASHINGTON, DC 20036	20-4365831	501C (3)	20,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF SOUTH CENTRAL NEW YORK, INC 117 HAWLEY STREET BINGHAMTON, NY 13901	16-1552690	501C (3)	17,981.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF THE NORTH COUNTRY 160 STONE STREET WATERTOWN, NY 13601	16-0919175	501C (3)	17,036.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
LEADERSHIP CENTER FOR THE COMMON GOOD - 11 DUPONT CIRCLE NW 2ND FLOOR - WASHINGTON, DC 20036	27-2163366	501C (3)	15,220.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH.

Part II **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
HUMAN RIGHTS CAMPAIGN 1640 RHODE ISLAND AVE, NW WASHINGTON, DC 20036	52-1481896	501C (3)	12,700.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH.
NFPRHA 1627 K STREET, NW 12TH FLOOR WASHINGTON, DC 20006	23-7323629	501C (3)	12,200.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH.
PP OF WEST AND NORTHERN MICHIGAN 425 CHERRY ST SE GRAND RAPIDS, MI 49503	38-1782520	501C (3)	11,749.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF WACO FAMILY PLANNING AND SURGICAL - 1121 ROSS AVE, SUITE A - WACO, TX 76706	74-2329031	501C (3)	11,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
THE LEADERSHIP CONFERENCE EDUCATION FUND - 1629 K STREET NW 10TH FLOOR - WASHINGTON, DC 20006	23-7026895	501C (3)	10,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH.
WOMEN'S INFORMATION NETWORK 2 DOWNING STREET ROME, GA 30161	58-1992969	501C (3)	10,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH.
MEXICAN AMERICAN LEGAL DEFENSE 634 S SPRINGS STREET #12 LOS ANGELES, CA 90014	74-1563270	501C (3)	8,500.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH.
CENTER FOR AMERICAN PROGRESS 1333 H STREET NW 10TH FLOOR WASHINGTON, DC 20005	30-0126510	501C (3)	6,400.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH.
NARAL PRO-CHOICE AMERICA FOUNDATION - 1156 15TH ST, NW, SUITE 700 - WASHINGTON, DC 20005	13-2630359	501C (4)	6,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH. THIS GRANT PROHIBITS LOBBYING AND

Part II **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
ALLIANCE FOR JUSTICE 11 DUPONT CIRCLE NW, SUITE 200 WASHINGTON, DC 20036	52-1009973	501C (3)	6,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH.
PP OF CENTRAL OKLAHOMA 619 NW 23RD STREET OKLAHOMA CITY, OK 73103	73-0660035	501C (3)	5,683.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
HEKTOEN INSTITUTE, LLC 2240 W OGDEN AVE, 2ND FLOOR CHICAGO, IL 60612	36-2244897	LLC	5,330.	0.			TO SUPPORT RESEARCH STUDY REGARDING REPRODUCTIVE HEALTH.

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

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

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

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

THE MAJORITY OF THE GRANTS ARE TO AFFILIATES FOR GENERAL SUPPORT TO FURTHER THEIR MISSION. FOR GRANTS THAT ARE AWARDED FOR SPECIFIC PURPOSES, THE ORGANIZATION'S MANAGEMENT MONITORS, ON A CONTINUING BASIS, THE USAGE OF GRANTS TO ENSURE SUCH GRANTS ARE USED FOR INTENDED PURPOSES. THE GRANTEES ARE REQUIRED TO SUBMIT A NARRATIVE AND FINANCIAL REPORT EXPLAINING HOW THE GRANT FUNDS WERE SPENT.

PART II, LINE 1, COLUMN (H):

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: VOTE NO ON 6

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ADVOCACY AGAINST BALLOT MEASURE. THIS GRANT PROHIBITS LOBBYING AND ELECTORAL ACTIVITY.

NAME OF ORGANIZATION OR GOVERNMENT: PP ADVOCATES OF OHIO

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH. THIS GRANT PROHIBITS LOBBYING AND ELECTORAL ACTIVITY.

NAME OF ORGANIZATION OR GOVERNMENT: NARAL PRO-CHOICE AMERICA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH. THIS GRANT PROHIBITS LOBBYING AND ELECTORAL ACTIVITY.

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.

OMB No. 1545-0047
2012
Open to Public Inspection

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

Employer identification number 13-1644147

Part I Questions Regarding Compensation

		Line	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. [X] First-class or charter travel [ ] Travel for companions [ ] Tax indemnification and gross-up payments [ ] Discretionary spending account [ ] Housing allowance or residence for personal use [ ] Payments for business use of personal residence [ ] Health or social club dues or initiation fees [ ] Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes 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	1b		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?	2		X
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. [X] Compensation committee [X] Independent compensation consultant [X] Form 990 of other organizations [ ] Written employment contract [X] Compensation survey or study [X] 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?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	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?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	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 Regulations 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		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
(1) CECILE RICHARDS	(i)	396,138.	0.	728.	91,888.	3,446.	492,200.	0.
PRESIDENT	(ii)	25,285.	0.	46.	5,865.	220.	31,416.	0.
(2) WALLACE D'SOUZA	(i)	153,171.	0.	211.	0.	22,489.	175,871.	0.
CFO STARTING 4/9/12	(ii)	4,737.	0.	7.	0.	696.	5,440.	0.
(3) LINNEA DORIN	(i)	321,066.	0.	398.	0.	25,356.	346,820.	0.
FORMER CHIEF ADMINISTRATIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LISA DAVID	(i)	339,636.	0.	774.	13,393.	30,432.	384,235.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SANDRA SEDACCA	(i)	278,041.	0.	736.	7,125.	25,289.	311,191.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	14,634.	0.	39.	375.	1,331.	16,379.	0.
(6) THOMAS SUBAK	(i)	252,136.	0.	270.	7,500.	25,554.	285,460.	0.
CHIEF INFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DAWN LAGUENS	(i)	219,124.	0.	162.	251.	19,927.	239,464.	0.
CHIEF EXPERIENCE OFFICER	(ii)	146,082.	0.	108.	167.	13,284.	159,641.	0.
(8) JENNIE THOMPSON	(i)	230,579.	0.	1,164.	11,164.	11,069.	253,976.	0.
MANAGING DIRECTOR OF DEVEL	(ii)	4,706.	0.	24.	228.	226.	5,184.	0.
(9) MOLLY EAGAN	(i)	234,452.	0.	180.	14,806.	32,338.	281,776.	0.
VP OF AFFILIATE SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KAREN RUFFATTO	(i)	195,084.	0.	161,519.	11,040.	20,257.	387,900.	0.
VP OF OPERATIONS & AFFILIATE RELATIO	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) DANA SINGISER	(i)	120,562.	0.	92.	254.	5,522.	126,430.	0.
VP OF GOVERNMENT AFFAIRS	(ii)	115,834.	0.	88.	244.	5,306.	121,472.	0.
(12) ANN MCGUINESS	(i)	23,400.	0.	0.	1,404.	11.	24,815.	0.
SR PRINCIPAL GIFTS OFFICER	(ii)	210,600.	0.	0.	12,636.	102.	223,338.	0.
	(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, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINES 4A-B: KAREN RUFFATTO'S EMPLOYMENT AS VICE PRESIDENT OF OPERATIONS AND AFFILIATE RELATIONS ENDED ON 10/1/2012 AND SHE RECEIVED A SEVERANCE PAYMENT OF $160,697 WHICH INCLUDED $12,374 OF A COBRA LUMP SUM PAYMENT.

THE PRESIDENT, CECILE RICHARDS, PARTICIPATED IN A 457(F) PLAN BEGINNING IN CALENDAR YEAR 2011. TOTAL AMOUNT DEFERRED TO THIS PLAN FOR THE CALENDAR YEAR AMOUNTED TO $85,260, WHICH WAS FUNDED IN NOVEMBER 2012.

SCHEDULE K (Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047
2012
Open to Public Inspection

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

Part I Bond Issues

SEE PART VI FOR COLUMN (F) CONTINUATIONS

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pooled financing Yes	(i) Pooled financing No
A	PUBLIC FINANCE AUTHORITY	27-3866124	NONE	12/20/11	30,000,000.	TO PROVIDE FUNDS FOR PURCHASE OF N		X		X		X
B												
C												
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	500,000.			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	30,000,000.			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	30,000,000.			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2011			

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

	A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	3.80 %		%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	%		%		%		%	
6 Total of lines 4 and 5	3.80 %		%		%		%	
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

SCHEDULE K, PART I, BOND ISSUES:
(A) ISSUER NAME: PUBLIC FINANCE AUTHORITY
(F) DESCRIPTION OF PURPOSE:
TO PROVIDE FUNDS FOR PURCHASE OF NEW YORK OFFICE

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2012

Open to Public Inspection

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

Employer identification number: 13-1644147

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	227	21,310,355.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

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

			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?	30a		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?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2012)

232141
12-20-12

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

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047
2012
Open to Public Inspection

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

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 III, LINE 4D, OTHER PROGRAM SERVICES:

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

EXPENSES $ 3,136,484.   INCLUDING GRANTS OF $ 218,000.   REVENUE $ 3,483.

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

EXPENSES $ 1,492,152.   INCLUDING GRANTS OF $ 160,029.   REVENUE $ 11,243.

FORM 990, PART VI, SECTION A, LINE 2: SHAMINA SINGH RENTED AN APARTMENT FROM MARYANA ISKANDER (A CURRENT DIRECTOR AND A FORMER KEY EMPLOYEE).

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

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

FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS OF PLANNED PARENTHOOD FEDERATION OF AMERICA ELECT THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B: THE MEMBERSHIP APPROVES CHANGES IN THE BYLAWS.

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

FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST POLICY - PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. ("PPFA") ASKS ITS KEY EMPLOYEES, OFFICERS AND OTHER BOARD MEMBERS TO REVIEW AND SIGN A CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS. PPFA'S LEGAL COUNSEL FOLLOWS UP TO

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

RESOLVE ANY DISCLOSED CONFLICTS. IF A CONFLICT IS IDENTIFIED, THE INTERESTED INDIVIDUAL MAY NOT VOTE ON THE RELATED MATTER.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION REVIEW PROCESS - PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. ("PPFA") HAS A COMPENSATION SETTING BODY (THE "BODY") THAT REVIEWS AND APPROVES THE COMPENSATION OF THE LEADERSHIP STAFF OF PPFA INCLUDING THE PRESIDENT, CHIEF FINANCIAL OFFICER, CHIEF OPERATING OFFICER, AND OTHER MEMBERS OF THE EXECUTIVE TEAM. THIS INDEPENDENT BODY IS COMPRISED OF THE OFFICERS OF THE PPFA BOARD, WITH THE CHAIR OF THE BOARD SERVING AS ITS CHAIR. THE ANNUAL REVIEW AND APPROVAL OF THE SALARIES OF THESE EMPLOYEES USES COMPARABILITY DATA SUCH AS INDUSTRY SURVEYS, DOCUMENTED COMPENSATION OF PERSONS HOLDING SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS,AND/OR INDEPENDENT COMPENSATION STUDIES. RESULTS ARE DOCUMENTED CONTEMPORANEOUSLY IN MINUTES.

FORM 990, PART VI, 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 VI, SECTION A, LINE 1A

EXECUTIVE COMMITTEE

PPFA BYLAWS PROVIDE FOR AN EXECUTIVE COMMITTEE WHICH IS RESPONSIBLE TO THE BOARD AND HAS FULL POWER TO ACT IN THE OPERATION AND MANAGEMENT OF PPFA IF AN URGENT MATTER ARISES BETWEEN BOARD MEETINGS. THE COMMITTEE

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

Employer identification number 13-1644147

MUST REQUEST THAT THE BOARD RATIFY THE COMMITTEE'S DECISIONS AT THE NEXT REGULARLY SCHEDULED BOARD MEETING. ALL MEMBERS OF THE EXECUTIVE COMMITTEE ARE MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART IX, LINE 11G

FEES FOR SERVICES - OTHER:

OTHER FEES FOR SERVICES CONSIST OF CONSULANT FEES ($7,324,275), REIMBURSED EXPENSES ($515,985), SECURITY EXPENSES ($479,758), RECRUITMENT FEES ($438,777), MARKETING RESEARCH ($216,754), TEMPORARY HELP ($38,217) AND OTHER PROFESSIONAL FEES ($5,481,710).

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	935,382.
GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUST	145,370.
GAIN ON HEDGED INTEREST RATE SWAP AGREEMENTS	184,426.
LOSS ON CONTRIBUTIONS RECEIVABLE	-118,322.
TOTAL TO FORM 990, PART XI, LINE 9	1,146,856.

SCHEDULE R (Form 990)
Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047
2012
Open to Public Inspection

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

Employer identification number: 13-1644147

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
PLANNED PARENTHOOD ACTION FUND,INC.(PPAF) - 13-3539048, 434 WEST 33RD STREET, NEW YORK, NY 10001	ADVOCACY	NEW YORK	501(C)(4)	N/A	PPFA	X	
PLANNED PARENTHOOD FOUNDATION - 13-3772613 434 WEST 33RD STREET NEW YORK, NY 10001	SUPPORTING	NEW YORK	501(C)(3)	LINE 11A, I	PPFA	X	
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.	X	
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.	X	

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	No
VOXENT - 61-1541009 72960 FRED WARING DRIVE PALM DESERT, CA 92260	TECHNOLOGY SUPPORT	CALIFORNIA	501(C)(3)	LINE 11A, I	PPFA	X	
PPFA 21ST CENTURY INC. - 16-1681541 434 WEST 33RD STREET NEW YORK, NY 10001	SUPPORTING	DISTRICT OF COLUMBIA	501(C)(3)	LINE 11A, I	PPFA	X	

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

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

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

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

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

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a	X	
b	Gift, grant, or capital contribution to related organization(s)	1b	X	
c	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o	Sharing of paid employees with related organization(s)	1o	X	
p	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		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	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PLANNED PARENTHOOD ACTION FUND INC.	A	19,949.	ESTIMATE BASED ON USAGE
(2) PLANNED PARENTHOOD ACTION FUND INC.	B	4,000,000.	ACTUAL AMOUNT DISBURSED
(3) VOXENT	B	516,390.	ACTUAL AMOUNT DISBURSED
(4) PLANNED PARENTHOOD ACTION FUND INC.	L	592,556.	ESTIMATE BASED ON USAGE
(5) PLANNED PARENTHOOD ACTION FUND INC.	N	405,967.	ESTIMATE BASED ON USAGE
(6) PLANNED PARENTHOOD ACTION FUND INC.	O	6,478,145.	ESTIMATE BASED ON USAGE

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)	PLANNED PARENTHOOD ACTION FUND INC.	Q	7,496,617.	ACTUAL AMOUNT DISBURSED
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				
(17)				
(18)				
(19)				
(20)				
(21)				
(22)				
(23)				
(24)				

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

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

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

Part VII **Supplemental Information**

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

PART 11

DIRECT CONTROL OVER SECTION 527 ORGANIZATIONS

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