

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 private foundations)

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 06/30, 2019

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>PLANNED PARENTHOOD FEDERATION OF AMERICA, INC</u>			D Employer identification number <u>13-1644147</u>	
	Doing Business As			E Telephone number <u>(212) 541-7800</u>	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite		
	<u>123 WILLIAM STREET</u>		<u>10 FL</u>		
City or town, state or province, country, and ZIP or foreign postal code <u>NEW YORK, NY 10038</u>			G Gross receipts \$ <u>473,878,699.</u>		
F Name and address of principal officer: <u>ALEXIS MCGILL JOHNSON</u> <u>123 WILLIAM STREET 10 FL, NEW YORK, NY 10038</u>			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ▶		
J Website: ▶ <u>WWW.PLANNEDPARENTHOOD.ORG</u>					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: <u>1922</u> M State of legal domicile: <u>NY</u>		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE COMPREHENSIVE REPRODUCTIVE HEALTH CARE SVCS, ADVOCATE FOR PUBLIC POLICIES AND ENSURE ACCESS TO SVCS AND PROVIDE SEX EDUC. TO ENHANCE UNDERSTANDING OF HUMAN SEXUALITY</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	<u>30.</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>30.</u>
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	<u>648.</u>
	6 Total number of volunteers (estimate if necessary)	6	<u>43.</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>0.</u>
b Net unrelated business taxable income from Form 990-T, line 34	7b	<u>0.</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>259,024,664.</u>	<u>263,506,477.</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>1,053,372.</u>	<u>954,564.</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>6,712,944.</u>	<u>10,612,858.</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>7,395,614.</u>	<u>10,766,838.</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>274,186,594.</u>	<u>285,840,737.</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>88,677,922.</u>	<u>124,786,298.</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>0.</u>	<u>0.</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>66,756,480.</u>	<u>71,512,792.</u>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>53,725,522.</u>	<u>9,568,145.</u>	<u>15,143,526.</u>
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>84,282,706.</u>	<u>95,112,156.</u>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>249,285,253.</u>	<u>306,554,772.</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>24,901,341.</u>	<u>-20,714,035.</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	<u>467,407,950.</u>	<u>460,432,839.</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>73,827,724.</u>	<u>82,128,405.</u>
		<u>393,580,226.</u>	<u>378,304,434.</u>

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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		
	<u>VICKIE BARROW-KLEIN</u> Type or print name and title		<u>CFO</u>		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>MARGARET A. BRADSHAW</u>	<u>Margaret A. Bradshaw</u>	<u>02/20/2020</u>	<input type="checkbox"/>	<u>P00501222</u>
	Firm's name ▶ <u>KPMG LLP</u>	Firm's EIN ▶ <u>13-5565207</u>	Phone no. <u>212-758-9700</u>		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

Part III Statement of Program Service Accomplishments

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

- 1 Briefly describe the organization's mission: TO PROVIDE COMPREHENSIVE REPRODUCTIVE HEALTH CARE SERVICES, ADVOCATE FOR PUBLIC POLICIES WHICH GUARANTEE AND ENSURE ACCESS TO SUCH SERVICES AND PROVIDE SEX EDUCATION TO ENHANCE UNDERSTANDING OF HUMAN SEXUALITY. - 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
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
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 \$ 106,653,049. including grants of \$ 72,032,885.) (Revenue \$ 808,225.)
HEALTHCARE - PROGRAMS DESIGNED TO IMPROVE AND PROTECT THE ABILITY TO PROVIDE HIGH-QUALITY REPRODUCTIVE HEALTHCARE FOR ALL.

4b (Code:) (Expenses \$ 94,177,156. including grants of \$ 49,926,533.) (Revenue \$ 0.)
ADVOCACY - PROGRAMS DESIGNED TO EMPOWER ALL PEOPLE TO BUILD THE FUTURE THEY WANT AND CHANGE CULTURAL ATTITUDES ABOUT REPRODUCTIVE HEALTH.

4c (Code:) (Expenses \$ 4,891,542. including grants of \$ 1,706,514.) (Revenue \$ 68,947.)
EDUCATION - PROGRAMS DESIGNED TO EDUCATE THE PUBLIC REGARDING REPRODUCTIVE HEALTH.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 4,260,797. including grants of \$ 1,120,366.) (Revenue \$ 146,339.)

4e Total program service expenses 209,982,544.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	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? <i>If "Yes," complete Schedule C, Part III.</i>		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? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	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? <i>If "Yes," complete Schedule D, Part VI.</i>	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? <i>If "Yes," complete Schedule D, Part VII.</i>		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? <i>If "Yes," complete Schedule D, Part VIII.</i>		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? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	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)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V.

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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 648		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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?		
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? 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?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (voting members), 1b (independent members), 2-9 (governance and documentation questions).

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

Table with 3 columns: Question, Yes, No. Rows include 10a-16b (policies on chapters, conflict of interest, whistleblower, compensation, and investments).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 1
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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.
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, address, and telephone number of the person who possesses the organization's books and records

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

Check if Schedule O contains a response or note to any line 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AIMEE CUNNINGHAM CHAIR	1.00 0.	X		X				0.	0.	0.
(2) DAISY AUGER-DOMINGUEZ VICE-CHAIR	1.00 0.	X		X				0.	0.	0.
(3) COLLEEN FOSTER TREASURER	1.00 0.	X		X				0.	0.	0.
(4) DR. MARK NICHOLS SECRETARY	1.00 0.	X		X				0.	0.	0.
(5) HECTOR E. SANCHEZ BARBA DIRECTOR (AS OF 5/4/19)	1.00 0.	X						0.	0.	0.
(6) NATASHA BHUYAN, M.D. DIRECTOR	1.00 0.	X						0.	0.	0.
(7) JESSICA BRYNDZA DIRECTOR	1.00 0.	X						0.	0.	0.
(8) SHERRESE CLARKE-SOARES DIRECTOR	1.00 0.	X						0.	0.	0.
(9) AMY CORTON DIRECTOR (AS OF 5/4/19)	1.00 0.	X						0.	0.	0.
(10) PEGGY DREXLER DIRECTOR	1.00 0.	X						0.	0.	0.
(11) SUSAN DUNLAP DIRECTOR	1.00 0.	X						0.	0.	0.
(12) DR. KULLENI GEBREYES DIRECTOR (AS OF 5/4/19)	1.00 0.	X						0.	0.	0.
(13) MANEESH GOYAL DIRECTOR	1.00 0.	X						0.	0.	0.
(14) REV. DR. NEICHELE GUIDRY DIRECTOR	1.00 0.	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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) IRIS HARVEY ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(16) MICHELLE JUBELIRER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(17) DAVID KARP ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(18) MINI KRISHNAN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(19) DIANE MAX ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(20) DONYA NASSER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(21) KIMBERLY OLSON ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(22) JENNY PRICE ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(23) NATHALIE RAYES ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(24) SHONDA RHIMES ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(25) DEBORAH SIMON ----- DIRECTOR (AS OF 5/4/19)	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								5,898,098.	232,679.	700,211.
d Total (add lines 1b and 1c)								5,898,098.	232,679.	700,211.

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 ► 194

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 103

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) AMANDA SKINNER ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(27) MEGHAN STABLER ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(28) SARAH STOESZ ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(29) ZUHAIKRAH SCOTT WASHINGTON ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(30) CARMEN RITA WONG ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(31) LEANA WEN ----- PRESIDENT (AS OF 11/12/18)	29.00 ----- 6.00			X			145,217.	30,378.	8,250.	
(32) VICKIE BARROW-KLEIN ----- CHIEF FINANCIAL OFFICER	33.00 ----- 2.00			X			291,952.	20,965.	33,609.	
(33) ABIGAIL SMITH ----- DEPUTY CFO (UNTIL 6/3/19)	32.00 ----- 3.00			X			177,979.	18,466.	67,895.	
(34) TOM SUBAK ----- CH. STRATEGY OFF. UNTIL 7/3/18	34.00 ----- 1.00				X		639,049.	3,212.	34,354.	
(35) DAWN LAGUENS ----- EXEC VP/CH EXP. UNTIL 1/2/19	32.00 ----- 3.00				X		616,047.	61,672.	139,711.	
(36) DEBRA ALLIGOOD WHITE ----- SR. VP&GEN COUN. UNTIL 6/21/19	33.00 ----- 2.00				X		427,659.	31,695.	37,117.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶** 194

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) JETHRO MILLER CHIEF DEVELOPMENT OFFICER	33.00 2.00				X			484,266.	27,644.	19,090.
(38) MELVIN GALLOWAY CHIEF OPERATING OFFICER	32.00 3.00				X			392,034.	32,246.	37,600.
(39) KIMBERLY CUSTER EXECUTIVE VP HEALTH CARE	35.00 0.				X			375,994.	0.	66,411.
(40) DANNETTE S. HILL CHIEF H.R. OFFICER	35.00 0.					X		330,368.	0.	39,659.
(41) ANN Y. FOX NATIONAL DIRECTOR, PRINCIPAL &	35.00 0.					X		257,767.	0.	55,615.
(42) KATHERINE MAGILL VP HEALTH OUTCOMES & PERFORMAN	35.00 0.					X		270,297.	0.	44,488.
(43) FRANKLIN C. ROSADO CHIEF TECHNOLOGY OFFICER	35.00 0.					X		289,254.	0.	66,925.
(44) CHIKO SCOZZAFAVA CHIEF SECURITY OFFICER	35.00 0.					X		292,296.	0.	37,626.
(45) CECILE RICHARDS PRESIDENT (UNTIL 5/2/18)	35.00 0.						X	907,919.	6,401.	11,861.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 ► 194

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	4,145,777.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	259,360,700.				
	g Noncash contributions included in lines 1a-1f: \$		41,358,633.				
	h Total. Add lines 1a-1f ▶			263,506,477.			
Program Service Revenue	2a MEETING REVENUE			900099	666,702.	666,702.	
	b SERVICES TO AFFILIATES			900099	141,523.	141,523.	
	c RESEARCH/CLINICAL			900099	146,339.	146,339.	
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶				954,564.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶				8,982,251.		8,982,251.
	4 Income from investment of tax-exempt bond proceeds . ▶				0.		
	5 Royalties ▶				208,818.		208,818.
				(i) Real	(ii) Personal		
	6a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶				0.		
	7a Gross amount from sales of assets other than inventory			(i) Securities	(ii) Other		
				189,605,833.			
	b Less: cost or other basis and sales expenses				187,975,226.		
	c Gain or (loss)				1,630,607.		
	d Net gain or (loss) ▶				1,630,607.		1,630,607.
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a				0.		
	b Less: direct expenses b				0.		
c Net income or (loss) from fundraising events ▶				0.			
9a Gross income from gaming activities. See Part IV, line 19 a				0.			
b Less: direct expenses b				0.			
c Net income or (loss) from gaming activities ▶				0.			
10a Gross sales of inventory, less returns and allowances a				131,683.			
b Less: cost of goods sold b				62,736.			
c Net income or (loss) from sales of inventory ▶				68,947.	68,947.		
Miscellaneous Revenue			Business Code				
11a OVERHEAD FEES			900099	10,358,688.		10,358,688.	
b WORKS REBATE			900099	81,949.		81,949.	
c REFUNDS AND MISCELLANEOUS			900099	48,436.		48,436.	
d All other revenue							
e Total. Add lines 11a-11d ▶				10,489,073.			
12 Total revenue. See instructions. ▶				285,840,737.	1,023,511.	21,310,749.	

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 or note to any line in this Part IX

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 domestic organizations and domestic governments. See Part IV, line 21	124,786,298.	124,786,298.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	5,215,084.	1,643,232.	2,760,158.	811,694.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	50,577,721.	24,980,915.	12,612,371.	12,984,435.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,465,472.	1,185,825.	668,810.	610,837.
9 Other employee benefits	9,631,154.	4,797,373.	2,319,321.	2,514,460.
10 Payroll taxes	3,623,361.	1,769,986.	942,171.	911,204.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	4,665,165.	1,385,279.	3,279,886.	
c Accounting	198,785.		185,385.	13,400.
d Lobbying	75,519.	75,519.		
e Professional fundraising services. See Part IV, line 17.	15,143,526.			15,143,526.
f Investment management fees	724,531.		724,531.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	30,299,173.	21,449,794.	6,331,295.	2,518,084.
12 Advertising and promotion	8,071,560.	7,515,469.	28,389.	527,702.
13 Office expenses	6,291,383.	1,573,796.	812,614.	3,904,973.
14 Information technology	12,258,352.	4,261,148.	4,065,414.	3,931,790.
15 Royalties	0.			
16 Occupancy	5,164,230.	1,886,361.	2,361,995.	915,874.
17 Travel	5,797,368.	3,678,975.	1,260,124.	858,269.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	4,904,235.	2,829,547.	1,664,784.	409,904.
20 Interest	-1,367.		-1,367.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	4,036,050.	863,191.	1,473,727.	1,699,132.
23 Insurance	763,156.	63,643.	699,513.	
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 EXPENSES	9,029,078.	3,747,751.		5,281,327.
b OUTSIDE PRINTING AND ARTWORK	403,742.	70,315.	28,356.	305,071.
c REIMB EXPENSES (CONTRACTORS)	843,852.	668,344.	148,701.	26,807.
d STAFF DEVELOPMENT/TRAINING	692,626.	337,263.	169,812.	185,551.
e All other expenses _____	894,718.	412,520.	310,716.	171,482.
25 Total functional expenses. Add lines 1 through 24e	306,554,772.	209,982,544.	42,846,706.	53,725,522.
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 <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	13,990,100.	5,806,951.		8,183,149.

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	101,052,833.	1	43,316,913.
	2 Savings and temporary cash investments	0.	2	0.
	3 Pledges and grants receivable, net	55,722,356.	3	31,128,783.
	4 Accounts receivable, net	239,728.	4	601,894.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	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 instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	113,522.	8	119,105.
	9 Prepaid expenses and deferred charges	3,320,555.	9	3,030,713.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 28,781,789.		
	b Less: accumulated depreciation	10b 12,256,018.	19,228,965.	10c 16,525,771.
	11 Investments - publicly traded securities	273,852,181.	11	352,670,775.
	12 Investments - other securities. See Part IV, line 11	10,060,304.	12	9,048,467.
	13 Investments - program-related. See Part IV, line 11	0.	13	97,035.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	3,817,506.	15	3,893,383.
16 Total assets. Add lines 1 through 15 (must equal line 34)	467,407,950.	16	460,432,839.	
Liabilities	17 Accounts payable and accrued expenses	23,030,336.	17	21,305,636.
	18 Grants payable	23,062,440.	18	31,867,654.
	19 Deferred revenue	47,280.	19	0.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	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	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	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	27,687,668.	25	28,955,115.
	26 Total liabilities. Add lines 17 through 25	73,827,724.	26	82,128,405.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	272,246,608.	27	277,381,491.
	28 Temporarily restricted net assets	95,036,578.	28	73,838,255.
	29 Permanently restricted net assets	26,297,040.	29	27,084,688.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	393,580,226.	33	378,304,434.
34 Total liabilities and net assets/fund balances	467,407,950.	34	460,432,839.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	285,840,737.
2	Total expenses (must equal Part IX, column (A), line 25)	2	306,554,772.
3	Revenue less expenses. Subtract line 2 from line 1	3	-20,714,035.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	393,580,226.
5	Net unrealized gains (losses) on investments	5	4,980,858.
6	Donated services and use of facilities	6	-58,665.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	516,050.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	378,304,434.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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 12, 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 (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2018

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	187,871,799.	226,660,582.	343,976,712.	259,024,664.	263,506,477.	1,281,040,234.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	187,871,799.	226,660,582.	343,976,712.	259,024,664.	263,506,477.	1,281,040,234.
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).						147,897,987.
6 Public support. Subtract line 5 from line 4						1,133,142,247.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4.	187,871,799.	226,660,582.	343,976,712.	259,024,664.	263,506,477.	1,281,040,234.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,348,634.	4,335,555.	4,507,629.	5,170,648.	9,191,069.	26,553,535.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	1,154,616.	3,312,008.	8,284,908.	7,018,230.	10,489,073.	30,258,835.
11 Total support. Add lines 7 through 10						1,337,852,604.
12 Gross receipts from related activities, etc. (see instructions)					12	10,328,951.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)).	14	84.70%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	84.66%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 VI.)						
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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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 Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a	
b A family member of a person described in (a) above?	11 b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART 11, SECTION B, LINE 10

OTHER INCOME CONSISTS OF SPECIAL EVENTS (IF APPLICABLE), OVERHEAD AND

OTHER FEES.

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
OTHER INCOME	1,154,616.	3,312,008.	8,284,908.	7,018,230.	16,585,673.	36,355,435.
TOTALS	<u>1,154,616.</u>	<u>3,312,008.</u>	<u>8,284,908.</u>	<u>7,018,230.</u>	<u>16,585,673.</u>	<u>36,355,435.</u>

Schedule of Contributors

2018

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization PLANNED PARENTHOOD FEDERATION OF AMERICA, INC	Employer identification number 13-1644147
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't 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	<p>_____</p> <p>_____</p> <p>_____</p>	<p>\$ 33,290,709.</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input checked="" type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
2	<p>_____</p> <p>_____</p> <p>_____</p>	<p>\$ 25,310,740.</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
_____	<p>_____</p> <p>_____</p> <p>_____</p>	<p>\$ _____</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
_____	<p>_____</p> <p>_____</p> <p>_____</p>	<p>\$ _____</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
_____	<p>_____</p> <p>_____</p> <p>_____</p>	<p>\$ _____</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
_____	<p>_____</p> <p>_____</p> <p>_____</p>	<p>\$ _____</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>

Name of organization PLANNED PARENTHOOD FEDERATION OF AMERICA, INC

Employer identification number

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	VARIOUS GIFTS OF DONATED STOCK	\$ 33,290,709.	08/01/2018

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

Employer identification number
13-1644147

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
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)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions)

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-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2018

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

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, ATCH 1 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)		191,230.	191,230.
b Total lobbying expenditures to influence a legislative body (direct lobbying)		564,667.	564,667.
c Total lobbying expenditures (add lines 1a and 1b)		755,897.	755,897.
d Other exempt purpose expenditures		256,373,431.	277,320,427.
e Total exempt purpose expenditures (add lines 1c and 1d)		257,129,328.	278,076,324.
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.		
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	250,000.
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	0.
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	0.
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(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	437,142.	747,355.	910,252.	755,897.	2,850,646.
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	211,056.	218,587.	148,278.	191,230.	769,151.

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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
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 campaign activity 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

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, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Part IV Supplemental Information *(continued)*

Part IV Supplemental Information (continued)

ATTACHMENT 1

SCHEDULE C, PART II-A, AFFILIATED ORGANIZATIONS

ORGANIZATION NAME: PLANNED PARENTHOOD GLOBAL INC
 ADDRESS: 123 WILLIAM STREET
 NEW YORK, NY 10038

ORGANIZATION IS AN ELECTING ORGANIZATION.

GRASSROOTS LOBBYING AMOUNT:

DIRECT LOBBYING AMOUNT:

TOTAL LOBBYING EXPENDITURES:

OTHER EXEMPT PURPOSE EXPENDITURES:

20,946,996.

TOTAL EXEMPT PURPOSE EXPENDITURES:

20,946,996.

LOBBYING NONTAXABLE AMOUNT:

1,000,000.

GRASSROOTS NONTAXABLE AMOUNT:

250,000.

TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:

TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:

SHARE OF EXCESS LOBBYING EXPENDITURES:

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC

13-1644147

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of 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?, 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?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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. (Sub-rows 2a-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?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?, 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" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report 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. 1b 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2018

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" on 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, for escrow or custodial account liability? **Yes** **No**

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

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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	165,839,166.	157,145,414.	142,154,226.	118,378,426.	101,042,566.
b Contributions	-3,226,130.	15,000.	524,857.	27,025,482.	15,841,860.
c Net investment earnings, gains, and losses	11,178,775.	10,316,779.	16,046,726.	-1,841,039.	2,691,810.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,686,220.	1,638,027.	1,580,395.	1,408,643.	1,197,810.
f Administrative expenses					
g End of year balance	172,105,591.	165,839,166.	157,145,414.	142,154,226.	118,378,426.

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

- a** Board designated or quasi-endowment ▶ 76.0000 %
- b** Permanent endowment ▶ 14.0000 %
- c** Temporarily restricted endowment ▶ 10.0000 %

The percentages on 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:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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				
b Buildings				
c Leasehold improvements		11,936,206.	4,818,573.	7,117,633.
d Equipment		16,845,583.	7,437,445.	9,408,138.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				16,525,771.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO RELATED ORGANIZATIONS (NET OF	
(3) GRANTS PAYABLE)	2,307,257.
(4) LIABILITY UNDER SPLIT INTEREST	
(5) AGREEMENTS	15,276,204.
(6) AMOUNTS HELD ON BEHALF OF	
(7) AFFILIATES AND OTHERS	3,831,430.
(8) DEFERRED RENT	7,540,224.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	28,955,115.

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	305,867,358.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	4,980,858.		
b	Donated services and use of facilities	2b	9,094,908.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	6,612,650.		
e	Add lines 2a through 2d			2e	20,688,416.
3	Subtract line 2e from line 1			3	285,178,942.
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	724,531.		
b	Other (Describe in Part XIII.)	4b	-62,736.		
c	Add lines 4a and 4b			4c	661,795.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5	285,840,737.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	321,143,150.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	9,153,573.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	6,159,336.		
e	Add lines 2a through 2d			2e	15,312,909.
3	Subtract line 2e from line 1			3	305,830,241.
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	724,531.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	724,531.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5	306,554,772.

Part XIII Supplemental Information.

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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

PART V, LINE 4:

THE PURPOSE OF THE ENDOWMENT FUND IS TO PROVIDE FUTURE INCOME FOR THE OPERATIONS OF PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. ("PPFA"). 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 SERVES THE PURPOSE OF PROVIDING KEY STRATEGIC LONG-TERM PROGRAMMATIC AND OPERATIONAL INVESTMENTS.

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. PPFA BELIEVES IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DONATED ADMINISTRATIVE SUPPORT TO

PLANNED PARENTHOOD GLOBAL, INC.	\$6,096,600
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	502,515
GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUST	13,535
TOTAL TO SCHEDULE D, PART XI, LINE 2D	\$6,612,650

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD	\$ (62,736)
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Part XIII Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD	\$ 62,736
DONATED ADMINISTRATIVE SUPPORT TO	
PLANNED PARENTHOOD GLOBAL, INC.	\$ 6,096,600
TOTAL TO SCHEDULE D, PART XII, LINE 2D	\$ 6,159,336

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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" on 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? 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		4,522,103.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					4,522,103.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					4,522,103.

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

Schedule F (Form 990) 2018

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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 ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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 separately 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; don't file with Form 990)* 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, 3(F)

INVESTMENTS ARE RECORDED AT FAIR MARKET VALUE.

PART I, QUESTION #3(B) & FORM 990 PART IV, Q 14A - OFFICES OUTSIDE U.S.

LEASES FOR RENTAL SPACE IN FOREIGN COUNTRIES ARE IN THE NAME OF PPFA

BUT PP GLOBAL, INC. AND PPFA INTERNATIONAL AFRICA REGIONAL OFFICE ARE

USING THE SPACE AND PAYING THE RENT. PPFA DID NOT INCUR ANY EXPENSES

RELATED TO THESE LEASES DURING FISCAL YEAR 2019.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest instructions.

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" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				▶ 110,261,340.	15,042,284.	95,219,056.

- 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,

Part II Fundraising Events. Complete if the organization answered "Yes" on 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
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts			
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				

Part III Gaming. Complete if the organization answered "Yes" on 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	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct 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 conduct 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 conducted 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 ▶ _____

- 15 a 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. Provide the explanation 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 provide any additional information (see instructions).

PART I, LINE 2B, COLUMN (V) & FORM 990, PART IX, LINE 24A

IN ADDITION TO PROFESSIONAL FUNDRAISER EXPENSES INCLUDED ON LINE 11E,

\$9,029,078 OF OTHER REIMBURSED EXPENSES WERE PAID DIRECTLY TO

PROFESSIONAL FUNDRAISERS FOR DIRECT POSTAGE/FREIGHT(\$4,063,757),

PRINTING(\$2,888,503), MAIL HOUSE COSTS(\$1,295,818), LIST USAGE(\$633,924),

AND OTHER COSTS(REIMBURSED EXP - \$37,180; MERGE/PURGE - \$109,146; TAXES

AND STATE FEES - \$750).

- 11 Does the organization conduct 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 conducted 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 ▶ _____

- 15 a 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. Provide the explanation 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 provide any additional information (see instructions).

THESE REIMBURSED EXPENSES ARE REPORTED ON FORM 990, PART IX, LINE 24A.

THE PROFESSIONAL FUNDRAISER'S CONTRACTS AND THE INVOICES PAID DISTINGUISH BETWEEN PAYMENT FOR SERVICES AND PAYMENT FOR THESE EXPENSES.

- 11 Does the organization conduct 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 conducted 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 ▶ _____

- 15 a 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. Provide the explanation 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 provide any additional information (see instructions).

PART I, LINE 2B, COLUMN (V)

AMOUNTS PAID TO CERTAIN FUNDRAISERS RESULTED IN A CURRENT YEAR LOSS BUT SECURED FUTURE DONORS.

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
O'BRIEN GARRETT 1133 19TH ST NW STE 300 WASHINGTON DC 20036	CONSULTING		X	79,996,823.	904,706.	79,092,117.
M&R STRATEGIC SERVICES 1101 CONNECTICUT AVE NW WASHINGTON DC 20036	CONSULTING		X	25,675,378.	10,149,546.	15,525,832.
GRASSROOTS CAMPAIGNS PO BOX 120557 BOSTON MA 02112	CANVASSING		X	707,858.	2,140,813.	-1,432,955.
DONOR SERVICES GROUP LLC 6715 SUNSET BLVD LOS ANGELES CA 90028	TELEMRKTING		X	681,776.	637,495.	44,281.
TELEFUND INC PO BOX 120557 BOSTON MA 02112	TELEMRKTING		X	338,526.	377,973.	-39,447.

PUBLIC INTEREST COMMUNICATIONS, INC 7700 LEESBURG PIKE STE 301N FALLS CHURCH VA 22043	TELEMRKTING	X	518,594.	337,994.	180,600.
GORDON AND SCHWENKMEYER INC 360 N SEPULVEDA BLVD EL SEGUNDO CA 90245	TELEMRKTING	X	109,217.	301,042.	-191,825.
INTEGRAL RESOURCES INC 1972 MASSACHUSETTS AVE CAMBRIDGE MA 02140	TELEMRKTING	X	51,580.	101,468.	-49,888.
KELLY COUNTS CONSULTING INC 5769 MILL RD KEYSVILLE GA 30816	CONSULTING	X	2,181,588.	91,247.	2,090,341.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC

Employer identification number

13-1644147

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Purpose of grant or assistance
(1) PLANNED PARENTHOOD GLOBAL, INC. 123 WILLIAM ST FL 10 NEW YORK, NY 10038	47-5312115	501(C)(3)	25,252,840.				TO SUPPORT PROGRAMS
(2) PP OF THE GREAT NORTHWEST AND THE HAWAIIAN 2001 E MADISON ST SEATTLE, WA 98122	91-0686012	501(C)(3)	8,206,842.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(3) PLANNED PARENTHOOD OF ILLINOIS 18 S MICHIGAN AVE FL 6 CHICAGO, IL 60603	36-2170901	501(C)(3)	6,265,761.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(4) PLANNED PARENTHOOD SOUTHEAST, INC. 241 PEACHTREE ST NE STE 400 ATLANTA, GA	58-6045874	501(C)(3)	5,245,515.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(5) PLANNED PARENTHOOD OF NEW YORK CITY, INC. 26 BLEECKER ST NEW YORK, NY 10012	13-2621497	501(C)(3)	5,056,095.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(6) PLANNED PARENTHOOD MAR MONTE, INC. 1691 THE ALAMEDA SAN JOSE, CA 95126	94-1583439	501(C)(3)	4,275,394.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(7) PP OF THE ROCKY MOUNTAINS, INC. 7155 E 38TH AVE DENVER, CO 80207	84-0404253	501(C)(3)	3,603,244.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(8) PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS, 1055 COMMONWEALTH AVE BOSTON, MA 02215	04-2698497	501(C)(3)	2,840,074.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(9) PP OF METROPOLITAN WASHINGTON, DC, 1225 4TH ST NE WASHINGTON, DC 20002	53-0204621	501(C)(3)	2,781,090.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(10) PP SOUTHEASTERN PENNSYLVANIA 1144 LOCUST ST PHILADELPHIA, PA 19107	23-1352509	501(C)(3)	2,780,127.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(11) PLANNED PARENTHOOD OF GREATER TEXAS, INC. 7424 GREENVILLE AVE STE 206 DALLAS, TX	52-1243220	501(C)(3)	2,659,990.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(12) PLANNED PARENTHOOD SOUTH ATLANTIC 100 S BOYLAN AVE RALEIGH, NC 27603	56-1282557	501(C)(3)	2,516,236.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC

Employer identification number

13-1644147

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Purpose of grant or assistance
(1) PLANNED PARENTHOOD NORTHERN CALIFORNIA 2185 PACHECO ST CONCORD, CA 94520	94-1575233	501(C)(3)	2,468,558.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(2) PLANNED PARENTHOOD ARIZONA, INC. 4751 N 15TH ST PHOENIX, AZ 85014	86-0146520	501(C)(3)	2,461,897.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(3) PLANNED PARENTHOOD GULF COAST, INC. 4600 GULF FREEWAY HOUSTON, TX 77023	74-1100163	501(C)(3)	2,446,354.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(4) PLANNED PARENTHOOD OF WISCONSIN, INC. 302 N JACKSON ST MILWAUKEE, WI 53202	39-0863391	501(C)(3)	2,413,697.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(5) PP MINNESOTA, NORTH DAKOTA, SOUTH DAKORTA 671 VANDALIA ST ST PAUL, MN 55114	41-0948382	501(C)(3)	2,248,287.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(6) PP OF NORTHERN NEW ENGLAND, INC. 784 HERCULES DR STE 110 COLCHESTER, VT	03-0222941	501(C)(3)	2,201,748.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(7) PLANNED PARENTHOOD LOS ANGELES 400 W 30TH ST LOS ANGELES, CA 90007	95-2408623	501(C)(3)	2,171,804.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(8) PLANNED PARENTHOOD OF MICHIGAN 950 VICTORS WAY STE 100 ANN ARBOR, MI 48108	38-1707521	501(C)(3)	2,157,989.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(9) PP OF SOUTHERN NEW ENGLAND, INC. 345 WHITNEY AVE NEW HAVEN, CT 06511	06-0263565	501(C)(3)	1,784,665.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(10) PP OF SOUTH FLORIDA, THE TREASURE COAST, IN 2300 N FLORIDA MANGO RD W. PALM BEACH, FL	59-1391115	501(C)(3)	1,769,038.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(11) PP GREATER MEMPHIS REGION, TENNESSEE, NORTH 2430 POPLAR AVE STE 100 MEMPHIS, TN 38112	62-6073178	501(C)(3)	1,665,544.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(12) PLANNED PARENTHOOD OF GREATER OHIO 444 W EXCHANGE ST AKRON, OH 44302	34-1015976	501(C)(3)	1,575,765.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC

Employer identification number

13-1644147

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Purpose of grant or assistance
(1) PLANNED PARENTHOOD GREAT PLAINS 4401 W 109TH ST STE 200 OVERLAND PARK, KS	44-0565390	501(C)(3)	1,438,896.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(2) PLANNED PARENTHOOD COLUMBIA WILLAMETTE 3727 NE MARTIN L. KING JR BLVD PORTLAND, OR	93-6031270	501(C)(3)	1,404,661.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(3) PLANNED PARENTHOOD OF THE HEARTLAND, INC. 818 5TH AVE DES MOINES, IA 50309	42-0727488	501(C)(3)	1,387,147.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(4) PP OF NORTHERN, CENTRAL AND SOUTHERN NEW JE 196 SPEEDWELL AVE MORRISTOWN, NJ 079602934	22-1643997	501(C)(3)	1,317,063.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(5) PP OF INDIANA AND KENTUCKY, INC. 200 S MERIDIAN ST STE 400 INDIANAPOLIS, IN	35-0874276	501(C)(3)	1,292,062.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(6) PP OF THE ST. LOUIS REGION AND SOUTHWEST MI 4251 FOREST PARK AVE ST LOUIS, MO 63108	43-0652666	501(C)(3)	1,260,773.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(7) PP OF THE PACIFIC SOUTHWEST, INC. 1075 CAMINO DEL RIO S SAN DIEGO, CA 92108	95-6111785	501(C)(3)	1,143,017.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(8) PLANNED PARENTHOOD SOUTHWEST OHIO REGION 2314 AUBURN AVE CINCINNATI, OH 45219	31-0536688	501(C)(3)	1,145,758.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(9) PP OF SOUTHWEST AND CENTRAL FLORIDA, INC. 736 CENTRAL AVE SARASOTA, FL 342364042	59-1274328	501(C)(3)	1,103,734.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(10) PLANNED PARENTHOOD OF MARYLAND, INC. 330 N HOWARD ST BALTIMORE, MD 21201	52-0607930	501(C)(3)	1,048,446.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(11) THE VIRGINIA LEAGUE FOR PP, INC. 201 N HAMILTON ST RICHMOND, VA 23221	54-0505973	501(C)(3)	1,037,370.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(12) PLANNED PARENTHOOD ASSOCIATION OF UTAH 654 S 900 E SALT LAKE CITY, UT 84102	87-0288909	501(C)(3)	1,025,249.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC

Employer identification number

13-1644147

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Purpose of grant or assistance
(1) PLANNED PARENTHOOD KEYSTONE 5920 HAMILTON BLVD ALLENTOWN, PA 18106	23-2450112	501(C)(3)	974,187.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(2) PLANNED PARENTHOOD HUDSON PECONIC, INC. 570 TAXTER ROAD ELMSFORD, NY 10523	11-2454790	501(C)(3)	949,572.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(3) PLANNED PARENTHOOD SOUTH TEXAS 2140 BABCOCK RD SAN ANTONIO, TX 78229	74-1297211	501(C)(3)	799,284.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(4) PP OF ORANGE AND SAN BERNARDINO COUNTIES, I 700 S TUSTIN ST ORANGE, CA 92866	95-6152773	501(C)(3)	698,876.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(5) REPRODUCTIVE HEALTH SERVICES OF PP 4251 FOREST PARK AVENUE ST. LOUIS, MO 63108	43-1848056	501(C)(3)	643,000.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(6) PLANNED PARENTHOOD CALIFORNIA CENTRAL COAST 518 GARDEN ST SANTA BARBARA, CA 93101	95-2319356	501(C)(3)	545,395.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(7) PP OF WESTERN PENNSYLVANIA, INC. 933 LIBERTY AVE PITTSBURGH, PA 15222	25-0965474	501(C)(3)	540,287.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(8) PLANNED PARENTHOOD OF SOUTHWESTERN OREGON 3579 FRANKLIN BLVD EUGENE, OR 97403	93-0573822	501(C)(3)	532,713.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(9) PP OF GREATER WASHINGTON AND NORTH IDAHO 1117 TIETON DR YAKIMA, WA 98902	91-6071384	501(C)(3)	505,371.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(10) PP OF METROPOLITAN NEW JERSEY, INC 238 MULBERRY ST NEWARK, NJ 07102	22-1539559	501(C)(3)	501,709.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(11) PLANNED PARENTHOOD NORTH CENTRAL STATES 671 VANDALIA ST SAINT PAUL, MN 55114	83-0614523	501(C)(3)	497,789.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(12) PLANNED PARENTHOOD OF MONTANA, INC. 1116 GRAND AVE STE 201 BILLINGS, MT 59102	81-0307201	501(C)(3)	470,514.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH

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

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

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC

Employer identification number

13-1644147

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Purpose of grant or assistance
(1) PLANNED PARENTHOOD OF NASSAU COUNTY, INC. 540 FULTON AVE HEMPSTEAD, NY 11550	11-1776035	501(C)(3)	451,311.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(2) PP OF CENTRAL AND WESTERN NEW YORK 114 UNIVERSITY AVE ROCHESTER, NY 14605	16-0746860	501(C)(3)	422,724.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(3) PP PASADENA AND SAN GABRIEL VALLEY 2333 LAKE AVE FL 2 ALTADENA, CA 91001	95-1916050	501(C)(3)	411,252.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(4) PLANNED PARENTHOOD OF DELAWARE, INC. 625 N SHIPLEY ST WILMINGTON, DE 19801	51-0066725	501(C)(3)	354,969.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(5) PP ASSOCIATION OF PENNSYLVANIA 1514 N 2ND ST HARRISBURG, PA 17102	23-1989400	501(C)(3)	328,488.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(6) PP OF CENTRAL AND WESTERN NEW YORK 114 UNIVERSITY AVE ROCHESTER, NY 14605	16-0746860	501(C)(3)	326,028.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(7) UPPER HUDSON PLANNED PARENTHOOD, INC. 855 CENTRAL AVE ALBANY, NY 12206	14-6000805	501(C)(3)	269,404.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(8) PLANNED PARENTHOOD OF THE MID 178 CHURCH ST POUGHKEEPSIE, NY 12601	14-1344810	501(C)(3)	263,439.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(9) EDUCATION FUND OF FAMILY PLANNING ADVOCATES 194 WASHINGTON AVE ALBANY, NY 12210	22-2757367	501(C)(3)	253,438.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(10) PLANNED PARENTHOOD MOHAWK HUDSON, INC. 1040 STATE ST SCHENECTADY, NY 12307	14-6004167	501(C)(3)	239,334.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(11) MT. BAKER PLANNED PARENTHOOD 1509 CORNWALL AVE BELLINGHAM, WA 98225	91-0846274	501(C)(3)	237,479.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(12) PP OF THE SOUTHERN FINGER LAKES, INC. 620 W SENECA ST ITHACA, NY 14850	16-0953368	501(C)(3)	228,299.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH

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

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

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

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Name of the organization

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC

Employer identification number

13-1644147

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Purpose of grant or assistance
(1) NEVADA EDUCATION FUND FOR PP AFFILIATES 550 W PLUMB L STE B-104 RENO, NV 89509	26-4715618	501(C)(3)	194,500.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(2) PLANNED PARENTHOOD CENTER FOR CHOICE 4600 GULF FREEWAY HOUSTON, TX 77023	68-0610636	501(C)(3)	178,000.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(3) PLANNED PARENTHOOD ADVOCATES OF TEXAS PO BOX 41646 AUSTIN, TX 78704	81-3566701	501(C)(3)	154,455.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(4) PP OF THE NORTH COUNTRY NEW YORK, INC. 160 STONE ST WATERTOWN, NY 13601	16-0919175	501(C)(3)	150,491.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(5) PP ADVOCACY FUND OF MASSACHUSETTS, INC. 1055 COMMONWEALTH AVE BOSTON, MA 02215	22-2517673	501(C)(4)	150,000.				TO SUPPORT ADVOCACY REPRODUCTIVE HEALTH
(6) ALABAMA FOR HEALTHY FAMILIES PO BOX 4476 MONTGOMERY, AL 36103	38-4092253	501(C)(4)	150,000.				TO SUPPORT ADVOCACY REPRODUCTIVE HEALTH
(7) CALIFORNIA PP EDUCATIONAL FUND, INC. 555 CAPITOL MALL STE 510 SACRAMENTO, CA	68-0358026	501(C)(3)	109,451.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(8) PP OF MIDDLE AND EAST TENNESSEE, INC. 50 VANTAGE WAY STE 102 NASHVILLE, TN 37228	62-6050064	501(C)(3)	87,044.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(9) PLANNED PARENTHOOD ADVOCATES OF OREGON PO BOX 12267 PORTLAND, OR 97212	93-1040482	501(C)(4)	67,087.				TO SUPPORT ADVOCACY REPRODUCTIVE HEALTH
(10) IN OUR OWN VOICE: NATIONAL BLACK WOMEN'S RE 1012 14TH STREET NW, SUITE 450	82-1672086	501(C)(3)	60,000.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(11) PP VOTES NORTHWEST AND HAWAII 2001 E MADISON SEATTLE, WA 98122	94-3168114	501(C)(4)	53,083.				TO SUPPORT ADVOCACY REPRODUCTIVE HEALTH
(12) WOMEN'S MARCH 394 BROADWAY, 4TH FLOOR NEW YORK, NY 10013	81-4571869	501(C)(4)	50,000.				TO SUPPORT ADVOCACY REPRODUCTIVE HEALTH

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

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

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
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Department of the Treasury
Internal Revenue Service

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Name of the organization

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC

Employer identification number

13-1644147

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Purpose of grant or assistance
(1) CONGRESSIONAL PROGRESSIVE CAUCUS CENTER 1900 L STREET, NW STE 900 WASHINGTON, DC	20-3714244	501(C)(3)	50,000.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(2) BUSINESS FORWARD FOUNDATION 1155 CONNECTICUT AVE NW WASHINGTON, DC	46-2250437	501(C)(3)	35,000.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(3) RELIGIOUS INSTITUTE 135 CLARENCE ST STE 206 BRIDGEPORT, CT	90-0802328	501(C)(3)	27,000.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(4) FRACTURED ATLAS, INC 248 WEST 35TH ST, NEW YORK, NY 10001	11-3451703	501(C)(3)	20,000.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(5) STATE INNOVATION EXCHANGE 450 E 17TH AVE STE 310 DENVER, CO 80238	46-1368531	501(C)(3)	20,000.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(6) NATIONAL MEDICAL ASSOCIATION 8403 COLESVILLE RD STE 820 SILVER SPRING, MD	53-6010805	501(C)(3)	15,120.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(7) YOUNG WOMEN UNITED 309 GOLD AVE SW ALBUQUERQUE, NM 87102	85-0481224	501(C)(3)	15,000.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(8) MEDICAL DIRECTORS COUNCIL INC. PO BOX 6745 AUSTIN, TX 78762	20-0363930	501(C)(3)	15,000.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(9) URGE (UNITE FOR REPRODUCTIVE AND GENDER EQU 734 15TH ST NW SUITE 800 WASHINGTON, DC	52-1772575	501(C)(3)	15,000.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(10) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 1855 FOLSOM ST BOX 0812 SAN FRAN., CAL.	94-6036493	-	15,000.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(11) VIRGINIA LEAGUE FOR PLANNED PARENTHOOD 201 N HAMILTON ST RICHMOND, VA 23221	54-0505973	501(C)(3)	14,793.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(12) NATIONAL HISPANIC MEDICAL ASSOCIATION 1920 L STREET, NW STE 725 WASHINGTON, DC	52-1884446	501(C)(6)	13,781.				TO SUPPORT ADVOCACY REPRODUCTIVE HEALTH

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

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

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

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Department of the Treasury
Internal Revenue Service

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Name of the organization

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC

Employer identification number

13-1644147

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Purpose of grant or assistance
(1) NATIONAL BLACK WOMEN'S HEALTH PROJECT 55 M ST SE STE 940 WASHINGTON, DC 20003	58-1557556	501(C)(3)	13,000.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(2) PLANNED PARENTHOOD VOTES! SOUTH ATLANTIC 100 S BOYLAN AVE CHAPEL HILL, NC 27603	56-2208857	501(C)(4)	10,000.				TO SUPPORT ADVOCACY REPRODUCTIVE HEALTH
(3) NEW VENTURE FUND 1201 CONNECTICUT AVE NW WASHINGTON, DC	20-5806345	501(C)(3)	10,000.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(4) NAACP LEGAL DEFENSE & EDUCATIONAL FUND, INC 40 RECTOR ST, 5TH FLOOR NEW YORK, NY 10005	13-1655255	501(C)(3)	10,000.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(5) NEO PHILANTHROPY, INC. 45 W 36TH ST FL 6 NEW YORK, NY 10018	13-3191113	501(C)(3)	10,000.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(6) SPARK REPRODUCTIVE JUSTICE NOW! PO BOX 89210 ATLANTA, GA 30312	58-1872316	501(C)(3)	10,000.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(7) THE NATIONAL ASSOCIATION FOR THE ADVANCEMEN 4805 MT HOPE DRIVE BALTIMORE, MD 21215	13-1084135	501(C)(3)	10,000.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(8) CAUSE MARKETING FORUM, INC 63 OVERLOOK PLACE RYE, NY 10580	72-1534828		7,500.				EVENT SPONSORSHIP REPRODUCTIVE HEALTH
(9) PP OF CENTRAL NORTH CAROLINA 1765 DOBBINS DRIVE CHAPEL HILL, NC 27514	58-1484820	501(C)(3)	7,216.				TO SUPPORT PROGRAMS REPRODUCTIVE HEALTH
(10) PP ADVOCATES OF VIRGINIA, INC. 201 N. HAMILTON ST. RICHMOND, VA 23221	54-1186756	501(C)(4)	6,085.				TO SUPPORT ADVOCACY REPRODUCTIVE HEALTH
(11) TIDES FOUNDATION 1014 TORNEY AVE SAN FRANCISCO, CA 94129	51-0198509	501(C)(3)	250,000.				TO SUPPORT PROGRAMS
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 85.

3 Enter total number of other organizations listed in the line 1 table ▶ 10.

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

Schedule I (Form 990) (2018)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC

Employer identification number

13-1644147

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as 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

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

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

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

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

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

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

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

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

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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 on 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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	CECILE RICHARDS PRESIDENT (UNTIL 5/2/18)	(i)	224,302.	20,688.	662,929.	11,152.	626.	919,697.	105,829.
		(ii)	1,581.	146.	4,674.	79.	4.	6,484.	746.
2	LEANA WEN PRESIDENT (AS OF 11/12/18)	(i)	62,502.	82,700.	15.	0.	6,823.	152,040.	0.
		(ii)	13,075.	17,300.	3.	0.	1,427.	31,805.	0.
3	VICKIE BARROW-KLEIN CHIEF FINANCIAL OFFICER	(i)	240,062.	50,952.	938.	0.	31,357.	323,309.	0.
		(ii)	17,239.	3,659.	67.	0.	2,252.	23,217.	0.
4	TOM SUBAK CH. STRATEGY OFF. UNTIL 7/3/18	(i)	244,173.	16,467.	378,409.	8,209.	25,973.	673,231.	0.
		(ii)	1,227.	83.	1,902.	41.	131.	3,384.	0.
5	DAWN LAGUENS EXEC VP/CH EXP. UNTIL 1/2/19	(i)	524,735.	90,900.	412.	80,207.	46,791.	743,045.	0.
		(ii)	52,531.	9,100.	41.	8,029.	4,684.	74,385.	0.
6	DEBRA ALLIGOOD WHITE SR. VP&GEN COUN. UNTIL 6/21/19	(i)	390,070.	36,868.	721.	14,090.	20,466.	462,215.	0.
		(ii)	28,910.	2,732.	53.	1,044.	1,517.	34,256.	0.
7	DANNETTE S. HILL CHIEF H.R. OFFICER	(i)	302,594.	27,000.	774.	15,414.	24,245.	370,027.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
8	ANN Y. FOX NATIONAL DIRECTOR, PRINCIPAL &	(i)	256,993.	0.	774.	15,979.	39,636.	313,382.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
9	JETHRO MILLER CHIEF DEVELOPMENT OFFICER	(i)	444,279.	39,732.	255.	14,038.	4,021.	502,325.	0.
		(ii)	25,361.	2,268.	15.	801.	230.	28,675.	0.
10	ABIGAIL SMITH DEPUTY CFO (UNTIL 6/3/19)	(i)	176,807.	0.	1,172.	11,442.	50,071.	239,492.	0.
		(ii)	18,344.	0.	122.	1,187.	5,195.	24,848.	0.
11	MELVIN GALLOWAY CHIEF OPERATING OFFICER	(i)	357,218.	34,650.	166.	13,373.	21,369.	426,776.	0.
		(ii)	29,382.	2,850.	14.	1,100.	1,758.	35,104.	0.
12	KIMBERLY CUSTER EXECUTIVE VP HEALTH CARE	(i)	344,714.	31,000.	280.	15,614.	50,797.	442,405.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
13	KATHERINE MAGILL VP HEALTH OUTCOMES & PERFORMAN	(i)	269,859.	0.	438.	16,361.	28,127.	314,785.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
14	FRANKLIN C. ROSADO CHIEF TECHNOLOGY OFFICER	(i)	263,984.	25,000.	270.	15,075.	51,850.	356,179.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
15	CHIKO SCOZZAFAVA CHIEF SECURITY OFFICER	(i)	258,873.	33,153.	270.	16,147.	21,479.	329,922.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
16		(i)							
		(ii)							

Part III Supplemental Information

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, LINE 4B:

SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN RE: CECILE RICHARDS

THE BASE COMPENSATION OF THE PRESIDENT AND CEO IN 2018 WAS \$225,884. IN ADDITION TO COMPENSATION, PPFA MAINTAINS A NON QUALIFIED DEFERRED COMPENSATION PLAN (457(F) PLAN) FOR CERTAIN KEY EMPLOYEES. UNDER THIS PLAN, AT THE DIRECTION OF THE BOARD OF DIRECTORS, \$106,575 WAS CONTRIBUTED BY PPFA IN 2017 AND REPORTED AS DEFERRED COMPENSATION ON THE FORM 990. IN 2018, \$142,100 (WHICH CONSISTS OF THE PAYMENT TO THE PLAN OF \$106,575 IN 2017 PLUS INVESTMENT EARNINGS) WAS PAID OUT UPON SEPARATION FROM THE ORGANIZATION. BECAUSE OF THE REQUIREMENTS OF THE FORM 990, \$106,575 OF THIS COMPENSATION WAS DEFERRED AND REPORTED ON THE FORM 990 IN THE PRIOR YEAR BUT IS ALSO DISCLOSED ON THE 2018 FORM 990 BECAUSE IT WAS PAID OUT DURING THIS TIME.

SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN RE: DAWN LAGUENS

THE BASE COMPENSATION OF THE EXECUTIVE VICE PRESIDENT AND CHIEF BRAND AND EXPERIENCE OFFICER (EVP) IN 2018 WAS \$577,266. UNDER THE 457(F) PLAN, AT THE DIRECTION OF THE BOARD OF DIRECTORS, \$75,000 WAS CONTRIBUTED BY PPFA IN 2017 AND REPORTED AS DEFERRED

Part III Supplemental Information

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.

COMPENSATION ON THE FORM 990. IN ADDITION, THE TOTAL AMOUNT DEFERRED TO THIS PLAN AND REPORTED FOR CALENDAR YEAR 2018 AMOUNTED TO \$75,000.

FORM 990, PART VII

DR. LEANA WEN WAS HIRED AS PRESIDENT AND CEO OF THE PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. ON NOVEMBER 12, 2018, TAKING OVER FOR TRANSITION CHAIR JOE SOLMONESE. DR WEN'S EMPLOYMENT AS PRESIDENT AND CEO ENDED ON JULY 16, 2019. FORMER BOARD MEMBER ALEXIS MCGILL-JOHNSON WAS APPOINTED THE ACTING PRESIDENT AND CEO ON JULY 16, 2019 UNTIL A NEW PRESIDENT IS HIRED.

PART I, LINE 4A:

CECILE RICHARDS'S EMPLOYMENT AS PRESIDENT AND CEO ENDED ON 05/02/2018 AND DURING CALENDAR YEAR 2018 SHE RECEIVED A SEVERANCE PAYMENT OF \$525,000.

TOM SUBAK'S EMPLOYMENT AS CHIEF STRATEGY OFFICER ENDED ON 07/03/2018 AND DURING CALENDAR YEAR 2018 HE RECEIVED A SEVERANCE PAYMENT OF \$380,000.

Part III Supplemental Information

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, LINE 3:

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC., USED THE FOLLOWING

METHODS TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT:

COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, FORM 990 OF

OTHER ORGANIZATIONS, COMPENSATION SURVEY/STUDY AND APPROVAL BY THE BOARD

OR COMPENSATION COMMITTEE.

**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.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

**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	849.	41,358,633.	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**

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

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

Schedule M (Form 990) 2018

JSA

Part II **Supplemental Information.** 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.

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNT REPORTED IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

13-1644147

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE MISSION OF PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. ("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:

RESEARCH - PROGRAMS DESIGNED TO PROMOTE CLINICAL RESEARCH.

EXPENSES \$4,260,797 INCLUDING GRANTS OF \$1,120,366 REVENUE \$146,339.

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

THE PPFA BYLAWS PROVIDE FOR AN EXECUTIVE COMMITTEE WHICH IS RESPONSIBLE
TO THE BOARD AND HAS FULL POWER TO ACT IN THE OPERATION AND MANAGEMENT
OF PPFA IF AN URGENT MATTER ARISES BETWEEN BOARD MEETINGS. THE COMMITTEE
MUST REQUEST THAT THE BOARD RATIFY THE COMMITTEE'S DECISIONS AT THE NEXT
REGULARLY SCHEDULED BOARD MEETING. ALL MEMBERS OF THE EXECUTIVE

Name of the organization PLANNED PARENTHOOD FEDERATION OF AMERICA, INC	Employer identification number 13-1644147
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COMMITTEE ARE MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 4:

SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS

THE BYLAWS OF PPFA WERE AMENDED ON MAY 4, 2019, WITH RESPECT TO VARIOUS ASPECTS OF GOVERNANCE INCLUDING MEMBERSHIP VOTING, THE RESPONSIBILITIES OF THE BOARD AND MEMBERSHIP, AND BOARD AND COMMITTEE COMPOSITION.

FORM 990, PART VI, SECTION A, LINE 6:

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 HAS TWO (2) MEMBERSHIP VOTES, AND THE BOARD OF DIRECTORS HAVE TWO (2) MEMBERSHIP VOTES.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS OF PPFA ELECT THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

IN ADDITION TO THE BOARD, THE MEMBERSHIP APPROVES CHANGES TO THE BYLAWS AND CHANGES TO THE DUES FORMULA FOR THE NATIONAL PROGRAM SUPPORT TO BE CONTRIBUTED BY THE MEMBERS OF PPFA.

FORM 990, PART VI, SECTION B, LINE 11B:

PPFA'S FORM 990 IS PREPARED EXTERNALLY BY AN INDEPENDENT PAID TAX PREPARER. THE DRAFT FORM 990 IS THEN REVIEWED INTERNALLY BY THE ORGANIZATION'S FINANCE STAFF, CFO, AND LEGAL DEPARTMENT. ANY REVISIONS

Name of the organization PLANNED PARENTHOOD FEDERATION OF AMERICA, INC	Employer identification number 13-1644147
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ARE PRESENTED TO THE ORGANIZATION AND ONCE THE DRAFT FORM 990 IS REVISED, THE FINAL DRAFT FORM 990 IS REVIEWED BY THE ORGANIZATION'S AUDIT COMMITTEE. ONCE THE DRAFT 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 V, LINES 4A & B

THE KENYA BANK ACCOUNTS ARE IN PPFA'S NAME BUT THESE ASSETS WERE TRANSFERRED OVER TO PPFA INTERNATIONAL AFRICA REGIONAL OFFICE WHEN PP GLOBAL STARTED OPERATIONS IN JULY 2016.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST POLICY - PPFA ASKS ITS KEY EMPLOYEES, OTHER EMPLOYEES, OFFICERS AND OTHER BOARD MEMBERS TO REVIEW AND SIGN A CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS. PPFA'S LEGAL COUNSEL FOLLOWS UP TO RESOLVE ANY DISCLOSED CONFLICTS. IF A CONFLICT IS IDENTIFIED, THE INTERESTED INDIVIDUAL MAY NOT BE PRESENT AT, OR PARTICIPATE IN DELIBERATION, OR VOTE ON THE MATTER GIVING RISE TO THE CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION REVIEW PROCESS - PPFA HAS A COMPENSATION SETTING BODY (THE "BODY") THAT REVIEWS AND APPROVES THE COMPENSATION OF THE LEADERSHIP STAFF OF PPFA INCLUDING THE PRESIDENT AND CEO, CHIEF FINANCIAL OFFICER, EVP AND CHIEF OPERATING OFFICER, AND OTHER MEMBERS OF THE EXECUTIVE TEAM. THIS INDEPENDENT BODY IS COMPRISED OF THE OFFICERS OF THE PPFA BOARD AND

Name of the organization

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC

Employer identification number

13-1644147

3 OTHER DIRECTORS, 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. PROCEEDINGS ARE DOCUMENTED CONTEMPORANEOUSLY IN MINUTES.

FORM 990, PART VI, SECTION C, LINE 19:

PPFA'S ANNUAL REPORT AND FORM 990 ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND ARE AVAILABLE UPON REQUEST.

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

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS : \$ 502,515

GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUST : 13,535

=====

TOTAL TO FORM 990, PART XI, LINE 9 \$ 516,050

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

AL, AK, 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,

ATTACHMENT 2

Name of the organization PLANNED PARENTHOOD FEDERATION OF AMERICA, INC	Employer identification number 13-1644147
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ATTACHMENT 2 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
M&R STRATEGIC SERVICES INC 1101 CONNECTICUT AVE NW WASHINGTON, DC 20036	CONSULTING	11,595,573.
O'BRIEN GARRETT 1133 19TH ST NW STE 300 WASHINGTON, DC 20036	CONSULTING AND OTHER	9,236,635.
MCKINSEY & COMPANY, INC. UNITED STATES 280 CONGRESS ST STE 1100 BOSTON, MA 02210	CONSULTING	4,100,000.
ATOS IT OUTSOURCING SERVICES, LLC 2828 NORTH HASKELL DALLAS, TX 75204	IT SERVICES	1,910,421.
DOCASAP INC 22025 AVONWORTH SQ BROADLANDS, VA 20148	IT SERVICES	1,880,073.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC

Employer identification number

13-1644147

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) PROPER ATTIRE LLC C/O PPFA 123 WILLIAM ST. 10TH NEW YORK, NY 10038 27-1986483	CONDOM SALES	DE	0.	2,732.	PPFA
(2) COMMUNITY CONNECT, LLC. C/O PPFA 123 WILLIAM ST. 10TH NEW YORK, NY 10038 46-3961161	CARE ACT	DE	0.	0.	PPFA
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) PLANNED PARENTHOOD ACTION FUND, INC. 123 WILLIAM ST. 10TH FL NEW YORK, NY 10038 13-3539048	ADVOCACY	NY	501(C)(4)	N/A	PPFA	X	
(2) PLANNED PARENTHOOD VOTES 123 WILLIAM ST. 10TH FL NEW YORK, NY 10038 13-4128897	POLITICAL ACT	NY	527	N/A	PPAF	X	
(3) PLANNED PARENTHOOD ACTION FUND INC. PAC 123 WILLIAM ST. 10TH FL NEW YORK, NY 10038 13-3885199	POLITICAL ACT	NY	527	N/A	PPAF	X	
(4) PLANNED PARENTHOOD GLOBAL, INC. 123 WILLIAM ST. 10TH FL NEW YORK, NY 10038 47-5312115	GLOBAL SEXUAL	DE	501(C)(3)	LINE 7	PPFA	X	
(5) PP FEDERATION OF AMERICA INTERNATIONAL ARGWINGS KODHEK RD, CHAKA PL NAIROBI, KE 53538-00200 13-3539048	CHARITABLE OP	KE	501(C)(3)	LINE 7	PP GLOBAL	X	
(6) PLANNED PARENTHOOD GLOBAL-UGANDA LIMITED BANK BLDG, PLOT 4 NILE AVE PO BOX 7128, KAMPALA UG 71 13-3539048	CHARITABLE OP	UG	501(C)(3)	LINE 7	PP GLOABL	X	
(7)							

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

Schedule R (Form 990) 2018

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) COMMUNITY OUTREACH GROUP, LLC 46-5346839 C/O PPAF 123 WILLIAM ST, 10TH FL NEW YORK, NY 10038	COMMUNITY-BASED	DE	PPAF	C CORP					X
(2) PPGLOBAL, S.A. C/O PP GLOBAL 123 WILLIAM ST, 10TH FL NEW YORK, NY 10038	CHARITABLE OPERAT	EC	PP GLOBAL	C CORP					X
(3) CHARITABLE REMAINDER TRUST (20)	CHARITABLE TRUST	NY	PPFA	TRUST					X
(4) CHARITABLE LEAD TRUST (2)	CHARITABLE TRUST	NY	PPFA	TRUST					X
(5) POOLED INCOME FUND	POOLED INCOME FUN	MO	PPFA	TRUST					X
(6)									
(7)									

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PLANNED PARENTHOOD ACTION FUND, INC.	A	52,525.	ESTIMATE USAGE
(2) PLANNED PARENTHOOD GLOBAL, INC.	B	25,252,840.	ACTUAL AMOUNT
(3) PLANNED PARENTHOOD ACTION FUND, INC.	L	4,547,311.	ESTIMATE USAGE
(4) PLANNED PARENTHOOD GLOBAL, INC.	L	2,526,428.	ESTIMATE USAGE
(5) COMMUNITY OUTREACH GROUP, INC.	M	150,117.	ACTUAL AMOUNT
(6) PLANNED PARENTHOOD ACTION FUND, INC.	N	793,138.	ESTIMATE USAGE

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

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

	Yes	No
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	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses.	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PLANNED PARENTHOOD GLOBAL, INC.	N	440,657.	ESTIMATE USAGE
(2) PLANNED PARENTHOOD ACTION FUND, INC.	O	9,886,522.	ESTMATED USAGE
(3) PLANNED PARENTHOOD GLOBAL, INC.	O	7,822,767.	ESTIMATE USAGE
(4) PLANNED PARENTHOOD ACTION FUND, INC.	Q	15,279,497.	ESTIMATE USAGE
(5) PLANNED PARENTHOOD GLOBAL, INC.	Q	10,789,852.	ESTIMATE USAGE
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on 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 sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

PLANNED PARENTHOOD ACTION FUND, INC.

DIRECT CONTROLLING ENTITY: PLANNED PARENTHOOD FEDERATION OF AMERICA,
INC.

NAME OF RELATED ORGANIZATION:

PLANNED PARENTHOOD GLOBAL, INC.

DIRECT CONTROLLING ENTITY: PLANNED PARENTHOOD FEDERATION OF AMERICA,
INC.

NAME AND ADDRESS OF RELATED ORGANIZATION:

PP FEDERATION OF AMERICA INTERNATIONAL AFRICA REGIONAL OFFICE
ARGWINGS KODHEK RD, CHAKA PL, PO BOX 53538-00200, NAIROBI, KENYAPART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR
TRUST:

NAME OF RELATED ORGANIZATION:

COMMUNITY OUTREACH GROUP, LLC

DIRECT CONTROLLING ENTITY: PLANNED PARENTHOOD ACTION FUND, INC.

PART II

DIRECT CONTROL OVER SECTION 527 ORGANIZATIONS:

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. DOES NOT DIRECTLY

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

CONTROL PLANNED PARENTHOOD VOTES OR PLANNED PARENTHOOD ACTION FUND PAC
INC. DIRECT CONTROL OVER THESE ENTITIES IS EXERCISED BY PLANNED
PARENTHOOD ACTION FUND, INC.