


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

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

PLANNED PARENTHOOD FEDERATION OF AMERICA INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

123 WILLIAM STREET NO 10 FL

City or town, state or province, country, and ZIP or foreign postal code

NEW YORK, NY 10038

F Name and address of principal officer

CECILE RICHARDS

123 WILLIAM STREET NO 10 FL

NEW YORK, NY 10038

H(a) Is this a group return for subordinates?

No

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

13-1644147

E Telephone number

(212) 541-7800

G Gross receipts \$ 314,793,612

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.PLANNEDPARENTHOOD.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1922

M State of legal domicile NY

Part I Summary					
Activities & Governance	1 Briefly describe the organization's mission or most significant activities LEADERSHIP AND ADVOCACY IN THE FIELD OF REPRODUCTIVE HEALTH - SEE SCHEDULE O				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	31		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	31		
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	872		
Revenue	6 Total number of volunteers (estimate if necessary)	6	150		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0		
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0		
	8 Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year	
		187,906,299		226,817,956	
		1,535,496		1,694,449	
		5,016,298		20,730,232	
		1,205,834		3,644,856	
Expenses	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	195,663,927		252,887,493	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	82,821,557		69,175,808	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0		0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	53,252,812		58,015,590	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	5,015,930		7,784,303	
Net Assets or Fund Balances	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 30,019,920				
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	58,201,357		83,209,213	
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	199,291,656		218,184,914	
	19 Revenue less expenses Subtract line 18 from line 12	-3,627,729		34,702,579	
	20 Total assets (Part X, line 16)	Beginning of Current Year		End of Year	
21 Total liabilities (Part X, line 26)		369,436,459		370,743,934	
		95,814,232		66,454,459	
		273,622,227		304,289,475	

Part II Signature Block

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

WALLACE D'SOUZA CHIEF FINANCIAL OFFICER

Type or print name and title

Print/Type preparer's name

Preparer's signature

Paid Preparer Use Only

Firm's name ▶ KPMG LLP

Firm's address ▶ 345 PARK AVENUE

NEW YORK, NY 101540102

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III

Statement of Program Service Accomplishments

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

☐

☒

1

Briefly describe the organization's mission

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 129,202,742 including grants of \$ 61,737,493) (Revenue \$ 1,132,103)

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

4b

(Code) (Expenses \$ 17,258,816 including grants of \$ 2,809,033) (Revenue \$ 413,560)

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

4c

(Code) (Expenses \$ 12,593,390 including grants of \$ 3,572,139) (Revenue \$ 212,511)

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

See Additional Data

4d

Other program services (Describe in Schedule O)

(Expenses \$ 7,567,153 including grants of \$ 1,057,143) (Revenue \$ 29,772)

4e

Total program service expenses ▶ 166,622,101

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

Part IV Checklist of Required Schedules (continued)

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>	21	Yes	
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>	22		No
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>	23	Yes	
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>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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>	25a		No
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>	25b		No
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>	26		No
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>	27		No
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>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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>	32		No
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>	33	Yes	
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>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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>	35b	Yes	
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>	36	Yes	
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>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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.	253	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
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	872
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).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes
b	If "Yes," enter the name of the foreign country: KE, NI 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?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 ☒

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed	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
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20 State the name, address, and telephone number of the person who possesses the organization's books and records ►ELZBIETA SZAFRAN-BODZIONY CO PPFA 123 WILLIAM STREET 10FL NEW YORK, NY 10038 (212) 541-7800	

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

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

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

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

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

[illegible]

Part VII

[illegible]

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	4,569,294	279,838	650,035

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 ► 178

		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>	3 Yes	
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>	4 Yes	
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>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
O'BRIEN GARRETT 1133 19TH STREET NW 300 WASHINGTON, DC 20036	CONSULTING	7,177,612
GRASSROOTS CAMPAIGNS INC 1321 15TH STREET SUITE 100 DENVER, CO 80202	CANVASSING	3,150,027
O'MELVENY & MYERS LLP 1625 EYE STREET NW WASHINGTON, DC 20006	LEGAL	2,996,561
COMMUNITY OUTREACH GROUP INC 123 WILLIAM STREET NEW YORK, NY 10038	CANVASSING	1,982,296
BLUEPRINT DESIGN LLC 234 W 21ST ST 31 NEW YORK, NY 10011	CONSULTING	1,833,800

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 108

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	2,138,523			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	81,000			
	e	Government grants (contributions)	1e	5,110			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	224,593,323			
	g	Noncash contributions included in lines 1a-1f \$		33,090,866			
	h	Total. Add lines 1a-1f ▶					
Program Service Revenue	2a	MEETING REVENUE	Business Code	900099	1,194,430	1,194,430	
	b	VOTER ACTIVATION NETWORK		900099	163,262	163,262	
	c	ATTORNEY FEE AWARDS		900099	162,963	162,963	
	d	RESEARCH		900099	117,049	117,049	
	e	SERVICES TO AFFILIATES		900099	56,745	56,745	
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶			1,694,449		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			4,096,204	
4		Income from investment of tax-exempt bond proceeds . . ▶					
5		Royalties ▶			239,351		239,351
6a		(i) Real		(ii) Personal			
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss) ▶					
7a		(i) Securities		(ii) Other			
		8,417,414		69,600,000			
		10,895,389		50,487,997			
		-2,477,975		19,112,003			
d		Net gain or (loss) ▶			16,634,028		16,634,028
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
a							
b							
b		Less direct expenses b					
c		Net income or (loss) from fundraising events . . ▶					
9a		Gross income from gaming activities See Part IV, line 19					
a							
b							
b		Less direct expenses b					
c		Net income or (loss) from gaming activities . . . ▶					
10a							
		a		616,230			
	b		522,733				
	c			93,497			
Miscellaneous Revenue		Business Code					
11a	INSURANCE SETTLEMENT		900099	1,550,000		1,550,000	
b	OVERHEAD FEES		900099	1,134,569		1,134,569	
c	MEDICAL INSURANCE REFUND		900099	524,472		524,472	
d	All other revenue			102,967		102,967	
e	Total. Add lines 11a-11d ▶			3,312,008			
12	Total revenue. See Instructions ▶			252,887,493	1,787,946	0	24,281,591

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	61,018,007	61,018,007		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	8,157,801	8,157,801		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,468,730	1,370,080	1,276,112	822,538
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	43,783,815	28,772,081	6,636,765	8,374,969
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,869,728	1,227,826	304,627	337,275
9	Other employee benefits	5,895,565	4,018,639	680,065	1,196,861
10	Payroll taxes	2,997,752	1,897,590	495,828	604,334
11	Fees for services (non-employees)				
a	Management				
b	Legal	5,015,932	4,855,905	73,130	86,897
c	Accounting	389,334	2,944	386,390	
d	Lobbying	54,123	54,123		
e	Professional fundraising services. See Part IV, line 17	7,784,303			7,784,303
f	Investment management fees	719,437		719,437	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	28,603,922	23,860,935	4,026,715	716,272
12	Advertising and promotion	707,556	689,782	2,130	15,644
13	Office expenses	7,315,707	3,952,279	1,237,147	2,126,281
14	Information technology	10,107,649	7,898,668	1,296,219	912,762
15	Royalties				
16	Occupancy	5,728,466	3,771,223	1,118,065	839,178
17	Travel	5,835,044	4,888,158	449,786	497,100
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,084,103	3,050,664	820,068	213,371
20	Interest	29,735	20,504	4,186	5,045
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,184,737	1,247,133	630,766	306,838
23	Insurance	892,679	112,993	755,647	24,039
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	OTHER FUNDRAISING EXPEN	7,469,847	2,932,811		4,537,036
b	OUTSIDE PRINTING & ARTW	1,383,730	931,599	89,934	362,197
c	REIMBURSED EXPENSES	968,496	773,388	189,363	5,745
d	REPAIRS & MAINTENANCE	409,062	64,200	344,862	
e	All other expenses	1,309,654	1,052,768	5,651	251,235
25	Total functional expenses. Add lines 1 through 24e	218,184,914	166,622,101	21,542,893	30,019,920
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)	13,912,496	5,462,324	0	8,450,172

Part X

Balance Sheet

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

☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		40,601,803	1	36,334,007
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		62,410,660	3	76,232,112
	4	Accounts receivable, net		2,897,720	4	1,654,743
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		453,331	8	191,978
	9	Prepaid expenses and deferred charges		1,241,737	9	1,645,002
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	18,753,168		
	b	Less: accumulated depreciation	10b	5,335,505	10c	13,417,663
	11	Investments—publicly traded securities		193,616,301	11	228,117,263
	12	Investments—other securities. See Part IV, line 11		10,367,756	12	9,769,114
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		3,671,302	15	3,382,052
	16	Total assets. Add lines 1 through 15 (must equal line 34)		369,436,459	16	370,743,934
Liabilities	17	Accounts payable and accrued expenses		12,605,963	17	25,137,042
	18	Grants payable		33,076,415	18	22,806,078
	19	Deferred revenue		126,194	19	71,930
	20	Tax-exempt bond liabilities		31,395,000	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		18,610,660	25	18,439,409
	26	Total liabilities. Add lines 17 through 25		95,814,232	26	66,454,459
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		138,821,553	27	159,843,708
	28	Temporarily restricted net assets		108,992,786	28	118,902,560
	29	Permanently restricted net assets		25,807,888	29	25,543,207
	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		273,622,227	33	304,289,475
	34	Total liabilities and net assets/fund balances		369,436,459	34	370,743,934

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	252,887,493
2	Total expenses (must equal Part IX, column (A), line 25)	2	218,184,914
3	Revenue less expenses Subtract line 2 from line 1	3	34,702,579
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	273,622,227
5	Net unrealized gains (losses) on investments	5	-4,138,565
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	103,234
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	304,289,475

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		No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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	Yes	
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?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

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

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	3,731,966	including grants of \$	429,659) (Revenue \$	14,683)
RENEW LEADERSHIP - PROGRAMS DESIGNED TO RECRUIT AND DEVELOP YOUNG, DIVERSE LEADERS DEDICATED TO PROVIDING SEXUAL HEALTHCARE AND EDUCATION					
(Code) (Expenses \$	3,835,187	including grants of \$	627,484) (Revenue \$	15,089)
REFRESH OUR BRAND - PROGRAMS DESIGNED TO RAISE VISIBILITY SO THAT DIVERSE COMMUNITIES AND INDIVIDUALS ARE AWARE OF AND UNDERSTAND THE FULL RANGE OF HEALTH SERVICES OFFERED					

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JILL LAFER CHAIRPERSON	1 00	X		X				0	0	0
NAOMI ABERLY VICE CHAIR THRU 6/11/16	1 00	X		X				0	0	0
CATHY HAMPTON VICE CHAIR STARTING 6/11/16	1 00	X		X				0	0	0
MICHAEL NEWTON TREASURER	1 00	X		X				0	0	0
VERONICA DELA ROSA SECRETARY THRU 6/11/16	1 00	X		X				0	0	0
KATE JHAVERI SECRETARY STARTING 6/11/16	1 00	X		X				0	0	0
DHARMA CORTES DIRECTOR	1 00	X						0	0	0
AIMEE BOONE CUNNINGHAM DIRECTOR STARTING 6/11/16	1 00	X						0	0	0
STEPHEN DEBERRY DIRECTOR	1 00	X						0	0	0
MALLIKA DUTT DIRECTOR THRU 9/25/15	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
COLLEEN FOSTER DIRECTOR	1 00	X						0	0	0	
JUANITA FRANCIS DIRECTOR	1 00	X						0	0	0	
LINDA GRUBER DIRECTOR	1 00	X						0	0	0	
MARYANA ISKANDER DIRECTOR	1 00	X						0	0	0	
DR. PAULA JOHNSON DIRECTOR	1 00	X						0	0	0	
MICHELLE JUBELIRER DIRECTOR STARTING 6/11/16	1 00	X						0	0	0	
DAVID KARP DIRECTOR	1 00	X						0	0	0	
MINI KRISHNAN DIRECTOR	1 00	X						0	0	0	
MARIA THERESA KUMAR DIRECTOR	1 00	X						0	0	0	
KEN LAMBRECHT DIRECTOR	1 00	X						0	0	0	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DIANE MAX DIRECTOR	1 00	X						0	0	0
LAURA MEYERS DIRECTOR	1 00	X						0	0	0
REV TIMOTHY MCDONALD DIRECTOR	1 00	X						0	0	0
ALEXIS MCGILL JOHNSON DIRECTOR	1 00	X						0	0	0
MARGOT MILLIKEN DIRECTOR	1 00	X						0	0	0
DONYA NASSER DIRECTOR	1 00	X						0	0	0
KIMBERLY OLSON DIRECTOR	1 00	X						0	0	0
ANNA QUINDLEN DIRECTOR THRU 6/11/16	1 00	X						0	0	0
NATHALIE RAYES DIRECTOR	1 00	X						0	0	0
DALE REISS DIRECTOR THRU 6/11/16	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOE SOLMONESE DIRECTOR	1 00	X						0	0	0
DAYLE STEINBERG DIRECTOR	1 00	X						0	0	0
JUDY TABAR DIRECTOR	1 00	X						0	0	0
CARMEN RITA WONG DIRECTOR STARTING 6/11/16	1 00	X						0	0	0
CECILE RICHARDS PRESIDENT	33 00 2 00			X				570,867	36,438	119,897
WALLACE D'SOUZA CHIEF FINANCIAL OFFICER	32 00 3 00			X				253,561	22,049	48,770
MELVIN GALLOWAY COO STARTING 4/1/2015	35 00				X			259,891	0	12,183
THOMAS SUBAK CHIEF STRATEGY OFFICER	35 00				X			310,543	0	39,495
DAWN LAGUENS CHIEF EXPERIENCE OFFICER	24 00 11 00				X			351,882	158,091	125,153
DEBRA ALLIGOOD WHITE SR VP & GENERAL COUNSEL	32 00 3 00				X			304,632	33,848	38,318

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JETHRO MILLER CHIEF DEVELOPMENT OFFICER	34 00				X			376,206	15,676	9,806
KIMBERLY CUSTER EXEC VP HEALTHCARE	35 00				X			351,246	0	51,394
JENNIE THOMPSON MANAGING DIRECTOR OF DEVEL	33 00					X		260,982	13,736	25,985
MOLLY EAGAN VP PLANNED PARENTHOOD EXPE	2 00					X		265,588	0	56,467
MARVIN RUSSELL CHIEF HUMAN RESOURCE OFFIC	35 00					X		386,049	0	26,825
LATANYA MAPP-FRETT VP & EXEC DIR OF PP GLOBAL	35 00					X		276,902	0	48,049
ROGER EVANS SR COUNSEL, LAW & POLICY	35 00					X		263,415	0	47,693
LISA DAVID FORMER CHIEF OPERATING OFFICER	0 00						X	337,530	0	0

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
PLANNED PARENTHOOD FEDERATION OF AMERICA INC

Employer identification number
13-1644147

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

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

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (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 organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- 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- 9 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		
Total						

Part II

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)	155,090,170	132,739,759	169,312,084	187,871,799	226,817,956	871,831,768
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	155,090,170	132,739,759	169,312,084	187,871,799	226,817,956	871,831,768
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)						164,122,349
6 Public support. Subtract line 5 from line 4						707,709,419

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	155,090,170	132,739,759	169,312,084	187,871,799	226,817,956	871,831,768
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	687,132	1,504,066	2,103,528	3,348,634	4,335,555	11,978,915
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,205,209	2,046,640	2,189,230	1,154,616	3,312,008	9,907,703
11 Total support. Add lines 7 through 10						893,718,386

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

1214,799,211

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))

1479.190%

15 Public support percentage for 2014 Schedule A, Part II, line 14

1571.200%

16a 33 1/3% support test—2015.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 ☒

b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a 10%-facts-and-circumstances test—2015.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 ☐

b 10%-facts-and-circumstances test—2014.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 ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. 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 on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
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)? 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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
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))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>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></div>		
<div>2</div> <div>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></div>		

Section C. Type II Supporting Organizations

	Yes	No
<div>1</div> <div>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></div>		

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?</div>		
<div>2</div> <div>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></div>		
<div>3</div> <div>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></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.</div><div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.</div><div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div></div></div>		
<div>2</div> <div>Activities Test. Answer (a) and (b) below.</div> <div><div>a</div><div>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></div><div><div>b</div><div>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></div></div></div>	Yes	No
<div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div> <div><div>a</div><div>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></div><div><div>b</div><div>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></div></div></div>		

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 **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)	1	
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) <input type="checkbox"/>		

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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).

Facts And Circumstances Test

Return Reference	Explanation
PART II, SECTION B, LINE 10	OTHER INCOME CONSISTS OF SPECIAL EVENTS AND AFFILIATE AND OTHER FEES

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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 the 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	
2	Political expenditures	\$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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-
2				
3				
4				
5				
6				

Part II-A

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

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)	211,056	211,056												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	226,086	226,086												
c	Total lobbying expenditures (add lines 1a and 1b)	437,142	437,142												
d	Other exempt purpose expenditures	202,493,623	207,449,136												
e	Total exempt purpose expenditures (add lines 1c and 1d)	202,930,765	207,886,278												
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000												
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000												
h	Subtract line 1g from line 1a If zero or less, enter -0-	0	0												
i	Subtract line 1f from line 1c If zero or less, enter -0-	0	0												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

☒ Yes

☐ No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(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	712,808	689,416	849,660	437,142	2,689,026
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	215,357	168,329	172,983	211,056	767,725

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).

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

Part III-B

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

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

Part IV

Supplemental Information

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.

Return Reference	Explanation
PART II-A, COLUMN B	AFFILIATES INCLUDED IN LINE 1D(B) AND 1E(B) VOXENT 61-1541009 72960 FRED WARING DRIVE PALM DESERT, CA 92260 EXPENSES \$4,518,372 PPFA 21ST CENTURY INC 16-1681541 123 WILLIAM STREET NEW YORK, NY 10038 EXPENSES \$0 PLANNED PARENTHOOD GLOBAL INC 123 WILLIAM STREET NEW YORK, NY 10038 EXPENSES \$0 THE ABOVE 501(C)(3) ORGANIZATIONS HAVE NOT MADE THE 501 (H) ELECTION

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

	(a) Donor advised funds	(b) Funds and other accounts
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements.

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education)<div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space</div><input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Preservation of a certified historic structure</div>	
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	
a	Total number of conservation easements	Held at the End of the Year
b	Total acreage restricted by conservation easements	2a
c	Number of conservation easements on a certified historic structure included in (a)	2b
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	2d
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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.

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

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

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 in Part XIII

☐

Part V

Endowment Funds.

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
<div>1a</div> Beginning of year balance	118,378,426	101,042,566	87,847,469	48,304,508	37,243,759
<div>b</div> Contributions	27,025,482	15,841,860	2,191,597	36,037,595	12,468,491
<div>c</div> Net investment earnings, gains, and losses	-1,841,039	2,691,810	12,074,314	4,483,364	-445,583
<div>d</div> Grants or scholarships					
<div>e</div> Other expenditures for facilities and programs	1,408,643	1,197,810	1,070,814	977,998	962,159
<div>f</div> Administrative expenses					
<div>g</div> End of year balance	142,154,226	118,378,426	101,042,566	87,847,469	48,304,508

2

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

a

Board designated or quasi-endowment

76 100 %

b

Permanent endowment

18 000 %

c

Temporarily restricted endowment

5 900 %

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

3a(i)

Yes

No

3a(ii)

No

b

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

3b

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to 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)	Accumulated (c)depreciation	(d)Book value
<div>1a</div> Land				
<div>b</div> Buildings				
<div>c</div> Leasehold improvements		9,598,415	2,008,991	7,589,424
<div>d</div> Equipment		9,154,753	3,326,514	5,828,239
<div>e</div> Other				
<div>Total.</div> <div>Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))</div>				13,417,663

Schedule D (Form 990) 2015

Part II

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	248,655,458
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-4,138,565
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	103,234
e	Add lines 2a through 2d	2e	-4,035,331
3	Subtract line 2e from line 1	3	252,690,789
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	719,437
b	Other (Describe in Part XIII)	4b	-522,733
c	Add lines 4a and 4b	4c	196,704
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5	252,887,493

Part III

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	217,988,210
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	522,733
e	Add lines 2a through 2d	2e	522,733
3	Subtract line 2e from line 1	3	217,465,477
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	719,437
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	719,437
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	218,184,914

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.

Return Reference	Explanation
PART V, LINE 4	THE PURPOSE OF THE ENDOWMENT FUND IS TO PROVIDE FUTURE INCOME FOR PPFA'S OPERATIONS. THE BOARD DESIGNATED ENDOWMENT DOES SO AS WELL, AS A MEANS OF DIVERSIFYING PPFA'S REVENUE BASE, WHICH OTHERWISE RELIES LARGELY ON ANNUAL FUNDRAISING. THE BOARD DESIGNATED ENDOWMENT ALSO SERVES THE PURPOSE OF PROVIDING KEY STRATEGIC LONG-TERM PROGRAMMATIC AND OPERATIONAL INVESTMENTS.

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 490,137 LOSS ON BENEFICIAL INTEREST IN PERPETUAL TRUST -289,250 LOSS ON CONTRIBUTIONS RECEIVABLE -97,653
PART XI, LINE 4B - OTHER ADJUSTMENTS	COST OF GOODS SOLD -522,733
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD 522,733

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

 ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
 PLANNED PARENTHOOD FEDERATION OF AMERICA INC

Employer identification number
 13-1644147

Part I

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

- 1

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ 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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	6	49			21,542,391
b Total from continuation sheets to Part I	0	0			211,095
c Totals (add lines 3a and 3b)	6	49			21,753,486

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)	See Add'l Data								
(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 ▶

89

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" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(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 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, do not 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 file Form 5713, International Boycott Report (see Instructions for Form 5713, do not 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).

990 Schedule F, Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART 1, LINE 3	INVESTMENTS ARE RECORDED AT YEAR END BOOK VALUE AND EXPENDITURES ARE REPORTED ON THE ACCRUAL METHOD OF ACCOUNTING

Additional Data

Software ID:

Software Version:

EIN: 13-1644147

Name: PLANNED PARENTHOOD FEDERATION OF
AMERICA INC

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	5	38	PROGRAM SERVICES	REPRODUCTIVE HEALTH	3,051,821
SUB-SAHARAN AFRICA	0	0	GRANTS		3,871,083
CENTRAL AMERICA AND THE CARIBBEAN	1	6	PROGRAM SERVICES	REPRODUCTIVE HEALTH	709,809

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS		1,865,683
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		9,160,053
SOUTH AMERICA	0	4	PROGRAM SERVICES	REPRODUCTIVE HEALTH	556,496

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	0	GRANTS		2,209,940
NORTH AMERICA	0	1	PROGRAM SERVICES	REPRODUCTIVE HEALTH	117,506
NORTH AMERICA	0	0	GRANTS		211,095

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	5,679	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	5,725	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	7,385	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	9,954	WIRE TRANSFER			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	12,449	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	16,319	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	19,084	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	21,628	WIRE TRANSFER			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	25,360	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	25,579	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	31,056	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	38,806	WIRE TRANSFER			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	39,141	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	42,122	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	42,249	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	43,071	WIRE TRANSFER			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	44,768	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	45,223	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	45,897	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	50,202	WIRE TRANSFER			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	53,402	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	57,114	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	59,398	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	59,525	WIRE TRANSFER			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	67,723	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	68,877	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	80,697	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	84,152	WIRE TRANSFER			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	84,294	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	86,478	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	88,366	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	102,671	WIRE TRANSFER			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	151,711	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	236,000	WIRE TRANSFER			
		NORTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	39,929	WIRE TRANSFER			
		NORTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	70,878	WIRE TRANSFER			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	100,288	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	5,736	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	9,698	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	11,200	WIRE TRANSFER			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	14,541	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	24,955	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	26,326	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	38,885	WIRE TRANSFER			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	40,000	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	40,000	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	40,173	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	40,479	WIRE TRANSFER			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	41,660	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	43,485	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	49,389	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	50,027	WIRE TRANSFER			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	57,279	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	57,413	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	58,838	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	60,000	WIRE TRANSFER			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	60,136	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	63,292	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	70,000	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	90,000	WIRE TRANSFER			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	91,804	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	120,000	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	128,461	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	136,495	WIRE TRANSFER			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	245,909	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	486,000	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	17,908	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	19,898	WIRE TRANSFER			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	33,945	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	44,766	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	45,591	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	47,948	WIRE TRANSFER			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	49,648	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	50,493	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	55,438	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	58,094	WIRE TRANSFER			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	59,139	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	59,966	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	69,440	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	78,959	WIRE TRANSFER			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	85,912	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	98,096	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	237,535	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	264,576	WIRE TRANSFER			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	332,597	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	363,531	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	533,600	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	615,431	WIRE TRANSFER			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TO SUPPORT REPRODUCTIVE HEALTH PROGRAMS	634,224	WIRE TRANSFER			

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
PLANNED PARENTHOOD FEDERATION OF AMERICA INC

Employer identification number
13-1644147

Part I Fundraising Activities.

Complete if the organization answered "Yes" 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

e

☒ Solicitation of non-government grants

b

☒ Internet and email solicitations

f

☒ Solicitation of government grants

c

☒ Phone solicitations

g

☐ Special fundraising events

d

☒ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 O'BRIEN GARRETT 1133 19TH STREET NW 300 WASHINGTON, DC 20036	CONSULTING		No	47,884,548	916,812	46,967,736
2 MR STRATEGIC SERVICES INC 1901 L STREET NW STE 800 WASHINGTON, DC 20036	CONSULTING		No	13,215,254	1,639,515	11,575,739
3 GRASSROOTS CAMPAIGNS INC 59 TEMPLE PLACE BOSTON, MA 02111	CANVASSING		No	1,954,196	3,400,000	-1,445,804
4 DONOR SERVICES GROUP 6715 SUNSET BLVD LOS ANGELES, CA 90028	TELEMARKETING		No	417,202	501,266	-84,064
5 PUBLIC INTEREST COMMUNICATIONS INC 7700 LEESBURG PIKE SUITE 301N FALLS CHURCH, VA 22043	TELEMARKETING		No	369,107	194,298	174,809
6 INTEGRAL RESOURCES INC 1972 MASSACHUSETTS AVE CAMBRIDGE, MA 02140	TELEMARKETING		No	220,425	358,944	-138,519
7 SD&A TELESERVICES 5757 W CENTURY BLVD LOS ANGELES, CA 90045	TELEMARKETING		No	175,970	129,519	46,451
8 TELEFUND PO BOX 120557 BOSTON, MA 02112	TELEMARKETING		No	161,180	114,917	46,263
9 GORDON SCHWENKMEYER INC 360 N SEPULVEDA BLVD EL SEGUNDO, CA 90245	TELEMARKETING		No	154,523	188,058	-33,535
10 COMMUNITY OUTREACH GROUP 123 WILLIAM ST 10TH FL NEW YORK, NY 10038	TELEMARKETING		No	24,951	179,316	-154,365
Total ▶				64,577,356	7,622,645	56,954,711

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, DC

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.

Revenue		(a)Event #1	(b)Event #2	(c)Other events	(d)
		(event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Direct Expenses	1 Gross receipts				
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)				
	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.

Revenue		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d)
					Total gaming (add col (a) through col (c))
Direct Expenses	1 Gross revenue				
	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 ▶

15a

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

☐ Yes ☐ No

b

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

c

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

Name ▶

Address ▶

16

Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

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

Part IV

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

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B, COLUMN (V)	AMOUNTS PAID TO SELECT TELEMARKETERS, SUCH AS GRASSROOTS CAMPAIGNS, INC , RESULTED IN A CURRENT YEAR LOSS BUT SECURED FUTURE DONORS PART I, LINE 2B, COLUMN (V) & FORM 990, PART IX, LINE 24A IN ADDITION TO PROFESSIONAL FUNDRAISER EXPENSES INCLUDED ON LINE 11E, \$7,469,847 OF OTHER REIMBURSED EXPENSES WERE PAID DIRECTLY TO PROFESSIONAL FUNDRAISERS FOR DIRECT POSTAGE/FREIGHT (\$3,067,822),PRINTING(\$2,312,238), MAIL HOUSE COSTS(\$1,252,487), LIST USAGE (\$644,909), AND OTHER COSTS(\$192,391) 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

Schedule G (Form 990 or 990-EZ) 2015

2015

Open to Public Inspection

13-1644147

Schedule I (Form 990) 2015

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

Part IV

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

Return Reference	Explanation
PART I, LINE 2	GRANT MONITORING PROCESS THE MAJORITY OF THE GRANTS ARE TO AFFILIATES FOR GENERAL SUPPORT TO FURTHER THEIR MISSION FOR GRANTS THAT ARE AWARDED FOR SPECIFIC PURPOSES,THE ORGANIZATION'S MANAGMENT 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
PART II	* - ON MAY 1, 2016 PP MID AND SOUTH MICHIGAN AND PP WEST AND NORTHERN MICHIGAN MERGED TO BECOME PLANNED PARENTHOOD OF MICHIGAN

Additional Data

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

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETTERHEALTH A PP PARTNERSHIP 1144 LOCUST ST PHILADELPHIA, PA 19107	23-3084482	501C (3)	50,000	0			TO PROVIDE TECHNOLOGY SUPPORT TO PP AFFILIATES
BLACK WOMEN FOR WELLNESS PO BOX 292516 LOS ANGELES, CA 90029	95-4624707	501C (3)	25,000	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
CALIFORNIA PP EDUCATION FUND INC 555 CAPITOL MALL SUITE 510 SACRAMENTO, CA 95814	68-0358026	501C (3)	154,000	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CO ORG FOR LATINA OPPORTUNITY & REPRODUCTIVE RIGHTS PO BOX 40991 DENVER, CO 80204	84-1569021	501C (3)	50,000	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
FLORIDA ALLIANCE OF PP AFFILIATES INC 736 CENTRAL AVE SARASOTA, FL 34236	59-3142119	501C (4)	25,000	0			TO SUPPORT ADVOCACY EFFORTS THIS GRANT PROHIBITS LOBBYING AND ELECTORAL ACTIVITY
MT BAKER PP 1509 CORNWALL AVE BELLINGHAM, WA 98225	91-0846274	501C (3)	154,592	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

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NATIONAL LATINA INSTITUTE FOR REPRODUCTIVE HEALTH 1411 K ST NAW SUITE 602 WASHINGTON,DC 20005	52-1891734	501C (3)	25,000	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP ACTION FUND INC 123 WILLIAM ST 10TH FL NEW YORK,NY 10038	13-3539048	501C (4)	3,000,000	0			TO SUPPORT ADVOCACY EFFORTS THIS GRANT PROHIBITS LOBBYING AND ELECTORAL ACTIVITY
PP ADVOCATES OF MICHIGAN PO BOX 15041 LANSING,MI 48901	38-2765858	501C (4)	50,000	0			TO SUPPORT ADVOCACY EFFORTS THIS GRANT PROHIBITS LOBBYING AND ELECTORAL ACTIVITY

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PP ADVOCATES OF VIRGINIA INC PO BOX 7281 RICHMOND, VA 23221	54-1186756	501C (4)	25,000	0			TO SUPPORT ADVOCACY EFFORTS THIS GRANT PROHIBITS LOBBYING AND ELECTORAL ACTIVITY
PP ARIZONA INC 5651 N 7TH ST PHOENIX, AZ 85014	86-0146520	501C (3)	1,200,218	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP ASSOCIATION OF PENNSYLVANIA 1514 N SECOND ST HARRISBURG, PA 17102	23-1989400	501C (3)	30,000	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

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PP ASSOCIATION OF UTAH 654 SOUTH 900 EAST SALT LAKE CITY, UT 84102	87-0288909	501C (3)	535,621	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP CALIFORNIA CENTRAL COAST 518 GARDEN ST SANTA BARBARA, CA 93101	95-2319356	501C (3)	306,011	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP CENTER FOR CHOICE 4600 GULF FREEWAY HOUSTON, TX 77023	68-0610636	501C (3)	233,000	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

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PP GREATER MEMPHIS REGION INC 2430 POPLAR AVE SUITE 100 MEMPHIS, TN 38112	62-6073178	501C (3)	2,169,441	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP GULF COAST INC 4600 GULF FREEWAY HOUSTON, TX 77023	74-1100163	501C (3)	3,532,602	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP HUDSON PECONIC INC 4 SKYLINE DR HAWTHORNE, NY 10532	11-2454790	501C (3)	498,408	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

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PP KEYSTONE 5920 HAMILTON BLVD ALLENTOWN, PA 18106	23-2450112	501C (3)	550,248	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP LEAGUE OF MASSACHUSETTS INC 1055 COMMONWEALTH AVE BOSTON, MA 02215	04-0610636	501C (3)	1,018,782	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP LOS ANGELES 400 WEST 30TH ST LOS ANGELES, CA 05401	95-2408623	501C (3)	1,148,455	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

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PP MAR MONTE INC 1691 THE ALAMEDA SAN JOSE, CA 95126	94-1583439	501C (3)	1,798,578	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF MICHIGAN 3100 PROFESSIONAL DR ANN ARBOR, MI 48104	38-1707521	501C (3)	1,429,576	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP MINNESOTA NORTH DAKOTA & SOUTH DAKOTA 671 VANDALIA ST ST PAUL, MN 55114	41-0948382	501C (3)	644,231	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

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PP MOHAWK HUDSON INC 1424 GRENESEE ST UTICA,NY 13502	14-6004167	501C (3)	171,068	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP NORTHERN CALIFORNIA 2185 PACHECO ST CONCORD,CA 94520	94-1575233	501C (3)	1,257,494	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF CENTRAL & WESTERN NEW YORK ACTION FUND INC 114 UNIVERSITY AVE ROCHESTER,NY 14605	45-4269785	501C (4)	25,000	0			TO SUPPORT ADVOCACY EFFORTS THIS GRANT PROHIBITS LOBBYING AND ELECTORAL ACTIVITY

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PP OF CENTRAL & WESTERN NEW YORK INC 114 UNIVERSITY AVE ROCHESTER, NY 14605	16-0746860	501C (3)	309,589	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF CENTRAL OKLAHOMA INC 619 NW 23RD ST OKLAHOMA CITY, OK 73103	73-0660035	501C (3)	139,286	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF DELAWARE INC 625 SHIPLEY ST WILMINGTON, DE 19801	51-0066725	501C (3)	279,826	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

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PP OF GREATER OHIO 206 EAST STATE ST COLUMBUS, OH 43215	31-4379502	501C (3)	1,149,768	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF GREATER TEXAS INC 7424 GREENVILLE AVE 206 DALLAS, TX 75231	52-1243220	501C (3)	1,512,921	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF GREATER WASHINGTON & NORTH IDAHO 123 E INDIAN AVE SUITE 100 SPOKANE, WA 99207	91-6071384	501C (3)	242,564	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

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PP OF ILLINOIS 18 S MICHIGAN AVE 6TH FLOOR CHICAGO, IL 60603	36-2170901	501C (3)	2,699,093	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF INDIANA & KENTUCKY INC 200 S MERIDIAN ST SUITE 400 INDIANAPOLIS, IN 46225	35-0874276	501C (3)	1,938,533	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF KANSAS & MID-MISSOURI 4401 WEST 109TH ST 200 OVERLAND PARK, KS 66211	44-0565390	501C (3)	894,172	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

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PP OF MARYLAND INC 330 NORTH HOWARD ST BALTIMORE, MD 21201	52-0607930	501C (3)	430,468	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF METROPOLITAN NEW JERSEY INC 151 WASHINGTON ST NEWARK, NJ 07102	22-1539559	501C (3)	218,133	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF METROPOLITAN WASHINGTON DC INC 1108 16TH ST NW WASHINGTON, DC 20036	53-0204621	501C (3)	1,198,498	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

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PP OF MIDDLE & EAST TENNESSEE INC 50 VANTAGE WAY SUITE 102 NASHVILLE, TN 37228	62-6050064	501C (3)	752,975	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF MONTANA INC 2525 4TH AVE N SUITE 201 BILLINGS, MT 59101	81-0307201	501C (3)	281,071	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF NASSAU COUNTY INC 540 FULTON AVE HEMPSTEAD, NY 11550	11-1776035	501C (3)	200,101	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

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PP OF NEW YORK CITY INC 26 BLEECKER ST NEW YORK, NY 10012	13-2621497	501C (3)	1,970,302	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF NORTHERN NEW ENGLAND INC 128 LAKESIDE AVE 301 BURLINGTON, VT 05401	03-0222941	501C (3)	692,268	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF NORTHERN CENTRAL & SOUTHERN NJ INC 196 SPEEDWELL AVE MORRISTOWN, NJ 07960	22-1643997	501C (3)	714,974	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

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PP OF SOUTH EAST & NORTH FLORIDA 2300 N FLORIDA MANGO RD WEST PALM BEACH, FL 33409	59-1391115	501C (3)	3,148,540	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF SOUTHERN NEW ENGLAND INC 345 WHITNEY AVE NEW HAVEN, CT 06511	06-0263565	501C (3)	791,287	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF SOUTHERN NEW JERSEY INC 317 BROADWAY CAMDEN, NJ 08103	21-6008381	501C (3)	125,442	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

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PP OF SOUTHWEST & CENTRAL FLORIDA INC 736 CENTRAL AVE SARASOTA, FL 34236	59-1274328	501C (3)	1,529,957	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF SOUTHWESTERN OREGON 3579 FRANKLIN BLVD EUGENE, OR 97403	93-0573822	501C (3)	226,873	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF THE COLUMBIA WILLAMETTE INC 3727 NE MLK JR BLVD PORTLAND, OR 97212	93-6031270	501C (3)	780,875	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

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PP OF THE GREAT NW & THE HAWAIIAN ISLANDS 2001 E MADISON SEATTLE, WA 98122	91-0686012	501C (3)	1,473,370	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF THE HEARTLAND INC 1171 7TH ST SEATTLE, WA 98122	42-0727488	501C (3)	1,679,584	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF THE MID-HUDSON VALLEY INC 178 CHURCH ST POUGHKEEPSIE, NY 12601	14-1344810	501C (3)	172,402	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

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PP OF THE NORTH COUNTRY NEW YORK INC 160 STONE ST WATERTOWN,NY 13601	16-0919175	501C (3)	119,869	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF THE PACIFIC SOUTHWEST 1075 CAMINO DEL RIO SOUTH SAN DIEGO,CA 92108	95-6111785	501C (3)	692,551	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF THE SOUTHERN FINGER LAKES INC 314 W STATE ST ITHACA,NY 14850	16-0953368	501C (3)	182,209	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

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PP OF THE ST LOUIS REGION & SW MISSOURI 4251 FOREST PARK AVE ST LOUIS, MO 63108	43-0652666	501C (3)	1,230,526	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF WESTERN PENNSYLVANIA INC 933 LIBERTY AVE PITTSBURGH, PA 15222	25-0965474	501C (3)	503,114	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF WISCONSIN INC 302 N JACKSON ST MILWAUKEE, WI 53202	39-0863391	501C (3)	1,248,819	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

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PP ORANGE & SAN BERNARDINO COUNTIES INC 700 S TUSTIN ST ORANGE, CA 92866	95-6152773	501C (3)	435,115	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP PASADENA & SAN GABRIEL VALLEY INC 2233 LAKE AVE 2ND FLOOR ALTADENA, CA 91001	95-1916050	501C (3)	261,862	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP SOUTH ATLANTIC 100 SOUTH BOYLAN AVE RALEIGH, NC 27603	56-1282557	501C (3)	1,787,039	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

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PP SOUTH TEXAS 104 BABCOCK RD SAN ANTONIO, TX 78201	47-1297211	501C (3)	396,768	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP SOUTHEAST INC 75 PIEDMONT AVE NE SUITE 800 ATLANTA, GA 30303	58-6045874	501C (3)	2,439,855	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP SOUTHEASTERN PENNSYLVANIA 1144 LOCUST ST PHILADELPHIA, PA 19107	23-1352509	501C (3)	1,778,284	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

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PP SOUTHWEST OHIO REGION 2314 AUBURN AVE CINCINNATI, OH 45219	31-0536688	501C (3)	726,590	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
RELIGIOUS INSTITUTE 21 CHARLES ST SUITE 140 WESTPORT, CT 06882	90-0802328	501C (3)	6,000	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
ROCKEFELLER PHILANTHROPY ADVISORS 6 WEST 48TH STREET 10TH FL NEW YORK, NY 10036	13-3615533	501C (3)	100,000	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

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ROCKY MOUNTAIN PP INC 7155 E 38TH AVE DENVER, CO 80207	84-0404253	501C (3)	1,773,933	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
SAMUEL DEWITT PROCTOR CONFERENCE INC 4533 S LAKE PARK CHICAGO, IL 60653	06-1707903	501C (3)	20,000	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
SISTER SONG INC 1237 RALPH DAVID ABERNATHAY BLVD ATLANTA, GA 30310	51-0544927	501C (3)	155,000	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

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SISTERREACH 1750 MADISON AVE SUITE 600 MEMPHIS, IN 38104	45-4013343	501C (3)	30,000	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
STATE INNOVATION EXCHANGE 450 EAST 17TH AVE 310 DENVER, CO 80238	46-1368531	501C (3)	10,000	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
STONE SOUP FILMS ENDOWMENT 1921 SUNDERLAND PLACE NW WASHINGTON, DC 20036	37-1781162	501C (3)	10,000	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

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TENNESSEE ADVOCATES FOR PP 50 VANTAGE WAY SUITE 102 NASHVILLE, TN 37228	46-2511274	501C (4)	75,000	0			TO SUPPORT ADVOCACY EFFORTS THIS GRANT PROHIBITS LOBBYING AND ELECTORAL ACTIVITY
THE CENTER FOR POPULAR DEMOCRACY 449 TROUTMAN STREET NO A BROOKLYN, NY 11237	45-3813436	501C (3)	30,000	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
THE VIRGINIA LEAGUE FOR PP INC 201 N HAMILTON ST RICHMOND, VA 23221	54-0505973	501C (3)	1,096,175	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

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TIDES CENTER PO BOX 29907 SAN FRANCISCO, CA 94129	94-3213100	501C (3)	30,000	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
UPPER HUDSON PP INC 855 CENTRAL AVE ALBANY, NY 12206	14-6000805	501C (3)	156,837	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
WOMEN WITH A VISION 1001 S BROAD ST SUITE 206 NEW ORLEANS, LA 70125	72-1202185	501C (3)	40,000	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
PLANNED PARENTHOOD FEDERATION OF AMERICA INC

Employer identification number
13-1644147

Part I Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>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.</div> <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div>		
<div>b</div> <div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</div>	1b	
<div>2</div> <div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div>	2	
<div>3</div> <div>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.</div> <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
<div>4</div> <div>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:</div>		
<div>a</div> <div>Receive a severance payment or change-of-control payment?</div>	4a	Yes
<div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>	4b	Yes
<div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div>	4c	No
<div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>		
<div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div>		
<div>5</div> <div>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:</div>		
<div>a</div> <div>The organization?</div>	5a	No
<div>b</div> <div>Any related organization?</div>	5b	No
<div>If "Yes," on line 5a or 5b, describe in Part III.</div>		
<div>6</div> <div>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:</div>		
<div>a</div> <div>The organization?</div>	6a	No
<div>b</div> <div>Any related organization?</div>	6b	No
<div>If "Yes," on line 6a or 6b, describe in Part III.</div>		
<div>7</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</div>	7	No
<div>8</div> <div>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.</div>	8	No
<div>9</div> <div>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>	9	

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

For each individual whose compensation must be reported 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 are not listed on Form 990, Part VII.

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

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

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.

Return Reference	Explanation
PART I, LINES 4A-B	PART I, LINE 4A LISA DAVID'S EMPLOYMENT AS CHIEF OPERATING OFFICER ENDED ON NOVEMBER 1, 2014 AND DURING CALENDAR YEAR 2015 SHE RECEIVED A FINAL SEVERANCE PAYMENT OF \$337,500. MARVIN RUSSELL'S EMPLOYMENT AS CHIEF HUMAN RESOURCE OFFICER ENDED ON MAY 1, 2015 AND DURING CALENDAR YEAR 2015 HE RECEIVED A SEVERANCE PAYMENT OF \$312,388. PART I, LINE 4B THE PRESIDENT, CECILE RICHARDS, PARTICIPATED IN A NONQUALIFIED DEFERRED COMPENSATION PLAN ("457(F) PLAN") BEGINNING IN CALENDAR YEAR 2011. THE TOTAL AMOUNT DEFERRED TO THIS PLAN FOR CALENDAR YEAR 2015 AMOUNTED TO \$106,575. THE CHIEF EXPERIENCE OFFICER, DAWN LAGUENS, PARTICIPATED IN A 457(F) PLAN BEGINNING IN CALENDAR YEAR 2014. THE TOTAL AMOUNT DEFERRED TO THIS PLAN FOR THE CALENDAR YEAR 2015 AMOUNTED TO \$77,842.

Additional Data

Software ID:

Software Version:

EIN: 13-1644147

Name: PLANNED PARENTHOOD FEDERATION OF AMERICA INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name 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				
1CECILE RICHARDS PRESIDENT	(i)	523,055	47,000	812	110,929	1,774	683,570	0
	(ii)	33,386	3,000	52	7,081	-	-	0
					113	43,632		
1WALLACE D'SOUZA CHIEF FINANCIAL OFFICER	(i)	230,293	23,000	268	13,959	30,909	298,429	0
	(ii)	20,026	2,000	23	1,214	-	-	0
						2,688	25,951	
2MELVIN GALLOWAY COO STARTING 4/1/2015	(i)	217,027	42,720	144	0	12,183	272,074	0
	(ii)	0	0	0	0	-	-	0
						0	0	
3THOMAS SUBAK CHIEF STRATEGY OFFICER	(i)	310,113	0	430	7,950	31,545	350,038	0
	(ii)	0	0	0	0	-	-	0
						0	0	
4DAWN LAGUENS CHIEF EXPERIENCE OFFICER	(i)	330,874	20,700	308	62,853	23,502	438,237	0
	(ii)	148,653	9,300	138	28,239	-	-	0
						10,559	196,889	
5DEBRA ALLIGOOD WHITE SR VP & GENERAL COUNSEL	(i)	281,381	22,500	751	14,310	20,176	339,118	0
	(ii)	31,265	2,500	83	1,590	-	-	0
						2,242	37,680	
6JETHRO MILLER CHIEF DEVELOPMENT OFFICER	(i)	342,420	33,600	186	6,323	3,091	385,620	0
	(ii)	14,268	1,400	8	263	-	-	0
						129	16,068	
7KIMBERLY CUSTER EXEC VP HEALTHCARE	(i)	276,451	74,515	280	11,356	40,038	402,640	0
	(ii)	0	0	0	0	-	-	0
						0	0	
8JENNIE THOMPSON MANAGING DIRECTOR OF DEVEL	(i)	258,727	0	2,255	11,639	13,046	285,667	0
	(ii)	13,617	0	119	613	-	-	0
						687	15,036	
9MOLLY EAGAN VP PLANNED PARENTHOOD EXPE	(i)	265,297	0	291	15,900	40,567	322,055	0
	(ii)	0	0	0	0	-	-	0
						0	0	
10MARVIN RUSSELL CHIEF HUMAN RESOURCE OFFIC	(i)	73,067	0	312,982	3,496	23,329	412,874	0
	(ii)	0	0	0	0	-	-	0
						0	0	
11LATANYA MAPP-FRETT VP & EXEC DIR OF PP GLOBAL	(i)	261,596	15,000	306	15,473	32,576	324,951	0
	(ii)	0	0	0	0	-	-	0
						0	0	
12ROGER EVANS SR COUNSEL, LAW & POLICY	(i)	226,041	35,000	2,374	13,452	34,241	311,108	0
	(ii)	0	0	0	0	-	-	0
						0	0	
13LISA DAVID FORMER CHIEF OPERATING OFFICER	(i)	0	0	337,530	0	0	337,530	0
	(ii)	0	0	0	0	-	-	0
						0	0	

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

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

▶ Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Department of the Treasury
Internal Revenue Service

Name of the organization
PLANNED PARENTHOOD FEDERATION OF AMERICA INC

Employer identification number
13-1644147

Part I Types of Property

	(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	616	33,090,866	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

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 is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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.

Return Reference

Explanation

SCHEDULE O
(Form 990 or
990-EZ)

Department of the
Treasury
Internal Revenue
Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 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

2015

**Open to Public
Inspection**

Name of the organization PLANNED PARENTHOOD FEDERATION OF AMERICA INC	Employer identification number 13-1644147
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	PPFA BYLAWS PROVIDE FOR AN EXECUTIVE COMMITTEE WHICH IS RESPONSIBLE TO THE BOARD AND HAS FULL POWER TO ACT IN THE OPERATION AND MANAGEMENT OF PPFA IF AN URGENT MATTER ARISES BETWEEN BOARD MEETINGS THE COMMITTEE MUST REQUEST THAT THE BOARD RATIFY THE COMMITTEE'S DECISIONS AT THE NEXT REGULARLY SCHEDULED BOARD MEETING ALL MEMBERS OF THE EXECUTIVE COMMITTEE ARE MEMBERS OF THE BOARD OF DIRECTORS
FORM 990, PART VI, SECTION A, LINE 6	PLANNED PARENTHOOD FEDERATION OF AMERICA, INC ("PPFA") IS A NOT-FOR-PROFIT MEMBERSHIP ORGA NIZATION THE MEMBERS OF PPFA ARE ITS SEPARATELY INCORPORATED AFFILIATES (ALL 501(C)(3) PU BLIC CHARITIES) AND THE PPFA BOARD OF DIRECTORS EACH AFFILIATE HAS THREE (3) MEMBERSHIP V OTES, AND EACH MEMBER OF THE BOARD OF DIRECTORS HAS ONE (1) MEMBERSHIP VOTE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS OF PLANNED PARENTHOOD FEDERATION OF AMERICA ELECT THE BOARD OF DIRECTORS
FORM 990, PART VI, SECTION A, LINE 7B	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	PLANNED PARENTHOOD FEDERATION OF AMERICA, INC 'S FORM 990 IS PREPARED BY THE ORGANIZATION'S FINANCE STAFF AND REVIEWED INTERNALLY BY THE CHIEF FINANCIAL OFFICER AND THE LEGAL DEPARTMENT THE DRAFT FORM 990 IS THEN REVIEWED EXTERNALLY BY AN INDEPENDENT PAID TAX PREPARER ANY REVISIONS ARE PRESENTED TO THE ORGANIZATION AND ONCE REVISED, THE FINAL DRAFT FORM 990 IS REVIEWED BY THE ORGANIZATION'S AUDIT COMMITTEE ONCE THE DRAFT 990 IS APPROVED BY THE AUDIT COMMITTEE, COPIES OF THE COMPLETED FORM 990 ARE PROVIDED TO EACH VOTING MEMBER OF THE GOVERNING BOARD PRIOR TO SUBMISSION AND FILING WITH THE INTERNAL REVENUE SERVICE
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY - PLANNED PARENTHOOD FEDERATION OF AMERICA, INC ("PPFA") ASKS ITS KEY EMPLOYEES, 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 PARTICIPATE IN DELIBERATIONS OR DISCUSSIONS, BE PRESENT FOR A VOTE, OR VOTE ON THE MATTER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION REVIEW PROCESS - PLANNED PARENTHOOD FEDERATION OF AMERICA, INC ("PPFA") HAS A COMPENSATION SETTING BODY (THE "BODY") THAT REVIEWS AND APPROVES THE COMPENSATION OF THE LEADERSHIP STAFF OF PPFA INCLUDING THE PRESIDENT, CHIEF FINANCIAL OFFICER, CHIEF OPERATING OFFICER, AND OTHER MEMBERS OF THE EXECUTIVE TEAM THIS INDEPENDENT BODY IS COMPRISED OF THE OFFICERS OF THE PPFA BOARD AND 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	PLANNED PARENTHOOD FEDERATION OF AMERICA'S ANNUAL REPORT AND FORM 990 ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VIII, LINE 7(II)A-C - OTHER NET GAIN	ON JULY 1, 2015, PPFA SOLD ITS OWNERSHIP OF A CONDOMINIUM UNIT THAT WAS BEING USED AS PPFA'S NEW YORK OFFICE FACILITY REALIZING A GAIN OF \$19,112,003
FORM 990, PART IX, LINE 11G	OTHER PROGRAM SERVICE EXPENSES 23,860,935 MANAGEMENT AND GENERAL EXPENSES 4,026,715 FUN DRAISING EXPENSES 716,272 TOTAL EXPENSES 28,603,922

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	\$28,603,922 OF OTHER FEES FOR SERVICES CONSISTED OF CONSULTANT FEES(\$18,297,172), OTHER PROFESSIONAL FEES (\$7,296,956), SECURITY (\$946,006), DEVELOPMENT DATABASE FEES (\$557,552),TEMPORARY HELP FROM EXTERNAL AGENCIES (\$375,514), ART & CREATIVE FEES (\$299,721), DIRECT MAIL PROCESSING (\$191,357), EXTERNAL RECRUITMENT FEES (\$187,617), MARKETING (\$146,887) AND OTHER MISCELLANEOUS (\$305,140)
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 490,137 LOSS ON BENEFICIAL INTEREST IN PERPETUAL TRUST -289,250 LOSS ON CONTRIBUTIONS RECEIVABLE -97,653

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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 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) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) 434W33CHC LLC C/O PPFA 123 WILLIAM ST 10TH FL NEW YORK, NY 10038 13-1644147	REAL ESTATE	VA	0	0	PPFA
(2) PROPER ATTIRE LLC C/O PPFA 123 WILLIAM ST 10TH FL NEW YORK, NY 10038 27-1986483	CONDOM SALES	DE	417,529	529,275	PPFA
(3) COMMUNITY CONNECT LLC C/O PPFA 123 WILLIAM ST 10TH FL NEW YORK, NY 10038 46-3961161	AFFORDABLE CARE ACT CANVASSING	DE	279	34,539	PPFA

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) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) PLANNED PARENTHOOD ACTION FUND INC (PPAF) 123 WILLIAM ST 10TH FL NEW YORK, NY 10038 13-3539048	ADVOCACY	NY	501(C)(4)	N/A	PPFA	Yes	
(2) PLANNED PARENTHOOD VOTES 123 WILLIAM ST 10TH FL NEW YORK, NY 10038 13-4128897	POLITICAL ACTIVITIES	NY	527	N/A	PLANNED PARENTHOOD ACTION FUND INC	Yes	
(3) PLANNED PARENTHOOD ACTION FUND INC PAC 123 WILLIAM ST 10TH FL NEW YORK, NY 10038 13-3885199	POLITICAL ACTIVITIES	NY	527	N/A	PLANNED PARENTHOOD ACTION FUND INC	Yes	
(4) VOXENT 72960 FRED WARING DRIVE PALM DESERT, CA 92260 61-1541009	TECHNOLOGY SUPPORT	CA	501(C)(3)	LINE 11A, I	PPFA	Yes	
(5) PPFA 21ST CENTURY INC 123 WILLIAM ST 10TH FL NEW YORK, NY 10038 16-1681541	SUPPORTING	DC	501(C)(3)	LINE 11A, I	PPFA	Yes	
(6) PLANNED PARENTHOOD GLOBAL INC 123 WILLIAM ST 10TH FL NEW YORK, NY 10038 47-5312115	GLOBAL SEXUAL HEALTH	NY	501(C)(3)	LINE 11A, I	PPFA	Yes	

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) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" 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
COMMUNITY OUTREACH (1)GROUP LLC C/O PPAF 123 WILLIAM ST 10TH FL NEW YORK, NY 10038 46-5346839	COMMUNITY-BASED ORGANIZING, ADVOCACY AND CANVASSING	DE	PPAF	C					No
CHARITABLE REMAINDER (2)TRUST (18)	CHARITABLE REMAINDER TRUSTS	NY	PPFA	T					No
(3) CHARITABLE LEAD TRUST (2)	CHARITABLE LEAD TRUSTS	NY	PPFA	T					No
(4)POOLED INCOME FUND	POOLED INCOME FUND	MO	PPFA	T					No

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

1

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

a

Receipt of (i) interest, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)
.

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

Yes

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

No

1s

No

2

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
PART II	UNTIL APRIL 1, 2016, PPFA WAS THE SOLE MEMBER OF VOXENT, A CORPORATION INCORPORATED TO PROVIDE TECHNOLOGY SUPPORT SERVICES TO CERTAIN PLANNED PARENTHOOD AFFILIATES. IN ACCORDANCE WITH THE BYLAWS OF VOXENT, PPFA RESIGNED AS, AND RELINQUISHED ALL RIGHTS AND OBLIGATIONS ACCRUING IN CONNECTION WITH BEING A SOLE MEMBER EFFECTIVE MARCH 31, 2016. IN CONNECTION WITH THE RESIGNATION, EACH OF THE INDIVIDUALS APPOINTED BY PPFA TO THE VOXENT BOARD RESIGNED EFFECTIVE AS OF THE SAME TIME. AS SUCH, VOXENT IS NO LONGER AFFILIATED WITH PPFA. ON SEPTEMBER 30, 2015, PLANNED PARENTHOOD GLOBAL, INC. (PP GLOBAL) WAS INCORPORATED TO CONSOLIDATE OVERSIGHT AND MANAGEMENT OF PPFA'S INTERNATIONAL PROGRAMS AND TO FURTHER ITS MISSION TO SUPPORT EFFORTS TO ENSURE THAT WOMEN, MEN, AND YOUNG PEOPLE IN SOME OF THE WORLD'S MOST NEGLECTED AREAS HAVE ACCESS TO REPRODUCTIVE AND SEXUAL HEALTHCARE. PP GLOBAL OPERATIONS COMMENCED IN JULY 2016.
PART II	DIRECT CONTROL OVER SECTION 527 ORGANIZATIONS PLANNED PARENTHOOD FEDERATION OF AMERICA DOES NOT DIRECTLY CONTROL PLANNED PARENTHOOD VOTES OR PLANNED PARENTHOOD ACTION FUND PAC, INC. DIRECT CONTROL OVER THESE ENTITIES IS EXERCISED BY PLANNED PARENTHOOD ACTION FUND, INC.

Additional Data

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

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
PLANNED PARENTHOOD ACTION FUNDINC (PPAF) 123 WILLIAM ST 10TH FL NEW YORK, NY 10038 13-3539048	ADVOCACY	NY	501(C)(4)	N/A	PPFA	Yes	
PLANNED PARENTHOOD VOTES 123 WILLIAM ST 10TH FL NEW YORK, NY 10038 13-4128897	POLITICAL ACTIVITIES	NY	527	N/A	PLANNED PARENTHOOD ACTION FUND INC	Yes	
PLANNED PARENTHOOD ACTION FUND INC PAC 123 WILLIAM ST 10TH FL NEW YORK, NY 10038 13-3885199	POLITICAL ACTIVITIES	NY	527	N/A	PLANNED PARENTHOOD ACTION FUND INC	Yes	
VOXENT 72960 FRED WARING DRIVE PALM DESERT, CA 92260 61-1541009	TECHNOLOGY SUPPORT	CA	501(C)(3)	LINE 11A, I	PPFA	Yes	
PPFA 21ST CENTURY INC 123 WILLIAM ST 10TH FL NEW YORK, NY 10038 16-1681541	SUPPORTING	DC	501(C)(3)	LINE 11A, I	PPFA	Yes	
PLANNED PARENTHOOD GLOBAL INC 123 WILLIAM ST 10TH FL NEW YORK, NY 10038 47-5312115	GLOBAL SEXUAL HEALTH	NY	501(C)(3)	LINE 11A, I	PPFA	Yes	

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

(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	50,299	ESTIMATE BASED ON USAGE
(1)	PLANNED PARENTHOOD ACTION FUND INC	B	3,000,000	ACTUAL AMOUNT DISBURSED
(2)	PLANNED PARENTHOOD ACTION FUND INC	C	81,000	ACTUAL AMOUNT DISBURSED
(3)	PLANNED PARENTHOOD ACTION FUND INC	L	790,998	ESTIMATE BASED ON USAGE
(4)	VOXENT	M	422,233	ACTUAL AMOUNT DISBURSED
(5)	COMMUNITY OUTREACH GROUP INC	M	2,717,332	ACTUAL AMOUNT DISBURSED
(6)	PLANNED PARENTHOOD ACTION FUND INC	N	343,571	ESTIMATE BASED ON USAGE
(7)	PLANNED PARENTHOOD ACTION FUND INC	O	5,945,863	ESTIMATE BASED ON USAGE
(8)	PLANNED PARENTHOOD ACTION FUND INC	Q	7,130,731	ACTUAL AMOUNT DISBURSED