

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
2014
Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: PLANNED PARENTHOOD ACTION FUND 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

D Employer identification number: 13-3539048
E Telephone number: (212) 541-7800
G Gross receipts \$ 28,158,477

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? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶ _____

I Tax-exempt status: 501(c)(3) 501(c) (4) (insert no) 4947(a)(1) or 527

J Website: WWW.PLANNEDPARENTHOODACTION.ORG

K Form of organization: Corporation Trust Association Other ▶ _____
L Year of formation: 1989 **M** State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 TO PROTECT WOMEN'S HEALTH AND REPRODUCTIVE CHOICE THROUGH ADVOCACY

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	16
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	55
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

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	18,143,149	28,057,119
9	Program service revenue (Part VIII, line 2g)	9,580	18,557
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	40,546	82,801
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,193,275	28,158,477
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,074,093	7,233,363
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)	8,117,753	6,470,918
16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,617,790	1,683,733
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,948,026		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	9,047,261	8,749,598
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	22,856,897	24,137,612
19	Revenue less expenses Subtract line 18 from line 12	-4,663,622	4,020,865

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	7,816,061	10,220,967
21	Total liabilities (Part X, line 26)	4,614,563	2,998,604
22	Net assets or fund balances Subtract line 21 from line 20	3,201,498	7,222,363

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including 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: _____
 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 PLANNED PARENTHOOD ACTION FUND WAS ESTABLISHED BY THE PLANNED PARENTHOOD FEDERATION OF AMERICA, INC , TO PROTECT INFORMED INDIVIDUAL CHOICES REGARDING REPRODUCTIVE HEALTH CARE, TO ADVOCATE FOR PUBLIC POLICIES THAT GUARANTEE THE RIGHT TO CHOICE, AS WELL AS FULL AND NON-DISCRIMINATORY ACCESS TO REPRODUCTIVE HEALTH CARE, AND TO FOSTER AND PRESERVE A SOCIAL AND POLITICAL CLIMATE FAVORABLE TO THE EXERCISE OF REPRODUCTIVE CHOICE

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 \$ 13,202,757 including grants of \$ 5,471,354) (Revenue \$)
 BUILD ADVOCACY CAPACITY - BUILD THE ORGANIZATIONAL CAPACITY AND EXPERTISE NECESSARY TO BE EFFECTIVE IN PROTECTING AND EXPANDING ACCESS TO THE FULL RANGE OF REPRODUCTIVE HEALTH SERVICES

4b (Code) (Expenses \$ 2,843,388 including grants of \$ 1,030,929) (Revenue \$ 18,557)
 INCREASE ACCESS - 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

4c (Code) (Expenses \$ 3,090,441 including grants of \$ 730,170) (Revenue \$)
 ENGAGE COMMUNITIES - ENGAGE BROAD AND DIVERSE COMMUNITIES TO REDUCE HEALTH DISPARITIES AND IMPROVE SEXUAL HEALTH FOR THE NEXT GENERATION

See Additional Data

4d Other program services (Describe in Schedule O)
 (Expenses \$ 61,794 including grants of \$ 910) (Revenue \$)

4e Total program service expenses 19,198,380

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> <input checked="" type="checkbox"/>	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> <input checked="" type="checkbox"/>	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule G, Part II</i> <input checked="" type="checkbox"/>		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> <input checked="" type="checkbox"/>		No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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	Yes	
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		No
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		No
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		
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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Contains questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (16); 1b Enter the number of voting members included in line 1a, above, who are independent (16); 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? (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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (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 (No).

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


Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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? 15a The organization's CEO, Executive Director, or top management official (No); 15b Other officers or key employees of the organization (No); 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? (No); 16b 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?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed: AL, AK, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MN, MS, MO, NH, NJ, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, DC, AR
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: [] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records: ELZBIETA SZAFRAN-BODZIONY

C/O PPAF 123 WILLIAM STREET 10TH FL NEW YORK, NY 10038 (212) 541-7800

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, 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

(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			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	847,126	2,446,052	459,725

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 **9**

	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>		No
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>	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>		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 MCCONNELL & PEARSON 1133 19TH ST NW SUITE 300 WASHINGTON, DC 20036	CONSULTING	1,773,721
GRASSROOTS CAMPAIGNS INC 1321 15TH ST SUITE 100 DENVER, CO 80202	CANVASSING	886,337
COMMUNITY OUTREACH GROUP LLC 1110 VERMONT AVE NW WASHINGTON, DC 20005	CONSULTING	585,579
DONOR SERVICE GROUP LLC 6715 SUNSET BLVD LOS ANGELES, CA 90028	TELEMARKETING	271,286
CAMINO PUBLIC RELATIONS 134 W 18TH ST 2ND FL NEW YORK, NY 10011	CONSULTING	208,100

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 **16**

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a					
	b Membership dues 1b	559,510				
	c Fundraising events 1c					
	d Related organizations 1d	3,000,000				
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	24,497,609				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f	28,057,119				
Program Service Revenue	2a WOMEN ARE WATCHING	519100	6,882	6,882		
	b MOBILE VOTER GUIDE	519100	6,625	6,625		
	c MEETING REVENUE	561000	5,050	5,050		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	18,557				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		40,356		40,356	
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		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 Less direct expenses b					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
11a OVERHEAD FEE FROM COG	561000	35,659		35,659		
b MISCELLANEOUS INCOME	900099	6,786		6,786		
c						
d All other revenue						
e Total. Add lines 11a-11d		42,445				
12 Total revenue. See Instructions		28,158,477	18,557	0	82,801	

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	7,233,363	7,233,363		
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	324,776	205,653	61,366	57,757
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	15,000			15,000
7	Other salaries and wages	4,731,987	3,851,542	294,801	585,644
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	164,956	134,344	10,250	20,362
9	Other employee benefits	886,603	715,830	52,281	118,492
10	Payroll taxes	347,596	279,778	23,893	43,925
11	Fees for services (non-employees)				
a	Management				
b	Legal	49,823		49,823	
c	Accounting	21,583		21,583	
d	Lobbying	61,872	61,872		
e	Professional fundraising services See Part IV, line 17	1,683,733			1,683,733
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,796,977	2,369,758	138,406	288,813
12	Advertising and promotion	237,365	237,365		
13	Office expenses	626,580	570,254	11,149	45,177
14	Information technology	37,046	31,517	1,368	4,161
15	Royalties				
16	Occupancy	195,230	157,524	13,153	24,553
17	Travel	1,529,833	1,404,673	66,461	58,699
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	100,259	100,259		
19	Conferences, conventions, and meetings	525,398	496,346	6,063	22,989
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	233,093	187,372	15,949	29,772
23	Insurance	57,930	46,567	3,964	7,399
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	1,579,428	684,118		895,310
b	PRINTING & ARTWORK	217,485	202,784	2,957	11,744
c	BANK CHARGES	188,575		188,575	
d	REPAIRS & MAINTENANCE	132,034	92,872	7,905	31,257
e	All other expenses	159,087	134,589	21,259	3,239
25	Total functional expenses. Add lines 1 through 24e	24,137,612	19,198,380	991,206	3,948,026
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)	3,190,799	1,382,072	0	1,808,727

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	5,731,887	1	8,563,387
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	1,205,878	3	496,936
	4 Accounts receivable, net		4	
	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		8	
	9 Prepaid expenses and deferred charges	365,562	9	95,308
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b		10c
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	512,734	15	1,065,336
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,816,061	16	10,220,967	
Liabilities	17 Accounts payable and accrued expenses	1,618,820	17	1,117,869
	18 Grants payable	655,231	18	363,613
	19 Deferred revenue	2,340,512	19	1,517,122
	20 Tax-exempt bond liabilities		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		25	
	26 Total liabilities. Add lines 17 through 25	4,614,563	26	2,998,604
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	442,945	27	-385,440
	28 Temporarily restricted net assets	2,758,553	28	7,607,803
	29 Permanently restricted net assets		29	
	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	3,201,498	33	7,222,363	
34 Total liabilities and net assets/fund balances	7,816,061	34	10,220,967	

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	28,158,477
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,137,612
3	Revenue less expenses Subtract line 2 from line 1	3	4,020,865
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,201,498
5	Net unrealized gains (losses) on investments	5	
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,222,363

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
2b 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	
2c 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
3b 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: 13-3539048

Name: PLANNED PARENTHOOD ACTION FUND INC

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

(Code) (Expenses \$ 61,794 including grants of \$ 910) (Revenue \$)

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

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			
(1) LAURA TUCKER CHAIR	1 00	X		X				0	0	0
(1) MICHAEL VACHON VICE CHAIR STARTING 6/26/15	1 00	X		X				0	0	0
(2) MARIA TERESA KUMAR VICE CHAIR & DIR THRU 6/26/15	1 00	X		X				0	0	0
(3) KIKI MCLEAN SECRETARY STARTING 6/26/15	1 00	X		X				0	0	0
(4) SUNITA LEEDS SECRETARY & DIR THRU 6/26/15	1 00	X		X				0	0	0
(5) JULIANNA SMOOT TREASURER	1 00	X		X				0	0	0
(6) NAOMI ABERLY DIRECTOR	1 00	X						0	0	0
(7) PHILLIP AGNEW DIRECTOR	1 00	X						0	0	0
(8) CECILIA BOONE DIRECTOR THRU 6/26/15	1 00	X						0	0	0
(9) LORI CARPENTIER DIRECTOR STARTING 6/26/15	1 00	X						0	0	0
(10) STACY CROSS DIRECTOR STARTING 6/26/15	1 00	X						0	0	0
(11) GOV JIM DOYLE DIRECTOR	1 00	X						0	0	0
(12) JOANNE EGERMAN DIRECTOR	1 00	X						0	0	0
(13) ALEXIS MCGILL JOHNSON DIRECTOR STARTING 6/26/15	1 00	X						0	0	0
(14) KIM MOLSTRE DIRECTOR STARTING 6/26/15	1 00	X						0	0	0
(15) MINYON MOORE DIRECTOR THRU 6/26/15	1 00	X						0	0	0
(16) DONYA NASSER DIRECTOR STARTING 6/26/15	1 00	X						0	0	0
(17) ELAINE TAYLOR ROSE DIRECTOR	1 00	X						0	0	0
(18) SARAH STOESZ DIRECTOR THRU 6/26/15	1 00	X						0	0	0
(19) NINA TURNER DIRECTOR STARTING 6/26/15	1 00	X						0	0	0
(20) URVASHI VAID DIRECTOR	1 00	X						0	0	0
(21) CECILE RICHARDS PRESIDENT	4 00 31 00			X				81,037	754,166	122,749
(22) WALLACE D'SOUZA CHIEF FINANCIAL OFFICER	2 00 33 00			X				12,837	243,900	46,828
(23) DAWN LAGUENS CHIEF EXPERIENCE OFFICER	14 00 21 00				X			191,172	286,758	121,791
(24) JETHRO MILLER CHIEF DEVELOPMENT OFFICER	2 00 33 00				X			9,640	199,924	2,197

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			
(26) DEBRA ALLIGOOD WHITE SR VP & GENERAL COUNSEL	2 00 33 00				X			16,092	305,737	35,258
(1) ANN MCGUINESS SR PRINCIPAL GIFTS OFFICER	31 00 4 00					X		208,039	23,116	31,152
(2) DANA SINGISER VP OF GOVERNMENT AFFAIRS	20 00 15 00					X		129,474	96,879	27,101
(3) JENNIE THOMPSON MANAGING DIRECTOR OF DEVEL	1 00 34 00					X		10,526	273,953	23,126
(4) HOPE WACHTER DEPUTY GENERAL COUNSEL	14 00 21 00					X		92,213	138,319	30,044
(5) ERIC FERRERO VP OF COMMUNICATIONS	15 00 20 00					X		96,096	123,300	19,479

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (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 ACTION FUND INC	Employer identification number 13-3539048
--	--

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	▶	\$	5,218,960
3	Volunteer hours			430

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	▶	\$	2,464,370
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶	\$	4,994,126
4	Did the filing organization file Form 1120-POL for this year?			<input checked="" 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-
(1) DEMOCRATIC LEGISLATIVE CAMPAIGN COMMITTEE	600 E CAPITOL AVE BOX 175 LITTLE ROCK, AR 72202	52-1870839	30,000	
(2) LOUISIANA DEMOCRATIC PARTY	PO BOX 4385 BATON ROUGE, LA 70821	72-0748953	15,000	
(3) EMILY'S LIST	1120 CONNECTICUT AVE NW WASHINGTON, DC 20036	52-1391360	10,000	
(4) FLORIDA PLANNED PARENTHOOD PAC	736 CENTRAL AVENUE SARASOTA, FL 34236	46-5055821	1,454,000	
(5) PP MAINE ACTION FUND PAC	443 CONGRESS STREET PORTLAND, ME 04101	84-1703435	181,000	
(6) PP VIRGINIA PAC	201 N HAMILTON ST RICHMOND, VA 23221	20-8710245	100,000	

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)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">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)														
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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

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

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 I-A, LINE 1	PLANNED PARENTHOOD ACTION FUND COMMUNICATED WITH ITS MEMBERS AND THE GENERAL PUBLIC ABOUT FEDERAL AND STATE ELECTIONS. ITS SPECIFIC ACTIVITIES INCLUDED USE OF THE MAIL, INTERNET, RADIO, TELEVISION ADVERTISING, AND PHONE BANKING TO EDUCATE ITS MEMBERS AND THE PUBLIC ABOUT THE POSITIONS OF CANDIDATES ON ISSUES PERTINENT TO WOMEN'S HEALTH AND TO URGE THEM TO VOTE FOR CANDIDATES LIKELY TO ADVANCE THE ORGANIZATION'S MISSION. PLANNED PARENTHOOD ACTION FUND SUPPORTED OTHER ORGANIZATIONS UNDERTAKING SIMILAR EFFORTS, INCLUDING FUNDRAISING AND ADMINISTRATIVE EXPENSES OF RELATED 527 ORGANIZATIONS (PLANNED PARENTHOOD ACTION FUND INC PAC AND PLANNED PARENTHOOD VOTES).

Additional Data**Software ID:****Software Version:****EIN:** 13-3539048**Name:** PLANNED PARENTHOOD ACTION FUND INC**Form 990, Schedule C, Part 1-C, Line 5**

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's own internal 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-
DEMOCRATIC LEGISLATIVE CAMPAIGN COMMITTEE	600 E CAPITOL AVE BOX 175 LITTLE ROCK, AR 72202	521870839	30000	
LOUISIANA DEMOCRATIC PARTY	PO BOX 4385 BATON ROUGE, LA 70821	720748953	15000	
EMILY'S LIST	1120 CONNECTICUT AVE NW WASHINGTON, DC 20036	521391360	10000	
FLORIDA PLANNED PARENTHOOD PAC	736 CENTRAL AVENUE SARASOTA, FL 34236	465055821	1454000	
PP MAINE ACTION FUND PAC	443 CONGRESS STREET PORTLAND, ME 04101	841703435	181000	
PP VIRGINIA PAC	201 N HAMILTON ST RICHMOND, VA 23221	208710245	100000	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization PLANNED PARENTHOOD ACTION FUND INC

Employer identification number

13-3539048

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor informed consent.

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

Table with 2 columns: Description, Held at the End of the Year. Rows include purpose(s) of easements, total number and acreage, and monitoring details.

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

Table with 2 columns: Description, Amount. Rows include reporting requirements for art and historical treasures, and revenue/asset amounts.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

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

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

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

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

Table with 2 columns: Description (1c-1f) and Amount

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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

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

- a Board designated or quasi-endowment, b Permanent endowment, c Temporarily restricted endowment. The percentages in lines 2a, 2b, and 2c should equal 100%

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

Table with 3 columns: Description (3a(i), 3a(ii), 3b) and Yes/No

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.

Table with 5 columns: Description of property, (a) Cost or other basis (Investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e and Total.

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DUE FROM PLANNED PARENTHOOD FEDERATION OF AMERICA, INC	1,065,336
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	1,065,336

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
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		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

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

Part XIII Supplemental Information (*continued*)

Return Reference	Explanation

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization
PLANNED PARENTHOOD ACTION FUND INC

Employer identification number
13-3539048

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> 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 MCCONNELL & PEARSON 1133 19TH STREET NW SUITE 300 WASHINGTON, DC 20036	CONSULTING		No	3,560,747	96,538	3,464,209
2 MR STRATEGIC SERVICES INC 1901 L STREET NW STE 800 WASHINGTON, DC 20036	CONSULTING		No	593,596	62,963	530,633
3 DONOR SERVICES GROUP 6715 SUNSET BLVD LOS ANGELES, CA 90028	TELEMARKETING		No	543,963	469,421	74,542
4 GRASSROOTS CAMPAIGNS INC 1321 15TH ST SUITE 100 DENVER, CO 80202	CANVASSING		No	476,086	838,464	-362,378
5 TELEFUND INC PO BOX 2366 DENVER, CO 80201	TELEMARKETING		No	66,840	104,290	-37,450
6 ARIA COMMUNICATIONS CORP 717 WEST ST GERMAIN ST ST CLOUD, MN 56301	TELEMARKETING		No	50,554	7,823	42,731
7 INTEGRAL RESOURCES INC 1972 MASSACHUSETTS AVE CAMBRIDGE, MA 02140	TELEMARKETING		No	33,555	104,234	-70,679
8						
9						
10						
Total				5,325,341	1,683,733	3,641,608

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" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				()
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Non-cash 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 activities 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 provide any additional information (see instructions).

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B, COLUMN (V)	ACTIVITIES PROVIDED BY SELECT FUNDRAISERS RESULTED IN A CURRENT YEAR LOSS BUT SECURED FUTURE DONORS
PART 1, LINE 2B, COLUMN (V) & FORM 990, PART IX, LINE 24A	IN ADDITION TO PROFESSIONAL FUNDRAISER EXPENSES INCLUDED IN LINE 11E, \$1,579,428 OF OTHER REIMBURSED EXPENSES WERE PAID DIRECTLY TO PROFESSIONAL FUNDRAISERS FOR POSTAGE (\$636,106), PRINTING (\$470,272), MAILHOUSE COSTS (\$252,950), LIST USAGE (\$195,351), AND MISCELLANEOUS EXPENSES (\$24,749) THE PROESSIONAL FUNDRAISER CONTRACTS AND THE INVOICES PAID DISTINGUISH BETWEEN PAYMENT FOR SERVICES AND PAYMENT OF THESE EXPENSES

**Schedule I
(Form 990)**

OMB No 1545-0047

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

2014

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

▶ Attach to Form 990.

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

PLANNED PARENTHOOD ACTION FUND INC

Employer identification number

13-3539048

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	44
3 Enter total number of other organizations listed in the line 1 table	27

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

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

Part IV Supplemental Information. 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	EXPLANATION THE ORGANIZATION'S MANAGEMENT MONITORS ON A CONTINUING BASIS THE USAGE OF GRANTS TO ENSURE SUCH GRANTS ARE USED FOR INTENDED PURPOSES GRANTEEES ARE REQUIRED TO SUBMIT A NARRATIVE AND FINANCIAL REPORT EXPLAINING HOW THE GRANT FUNDS WERE EXPENDED
PART II	SEVERAL PPFA AFFILIATES MERGED OR HAD NAME CHANGES DURING FISCAL YEAR 2015 THE NAME LISTED ON PART II IS THE NAME OF THE AFFILIATE AT JUNE 30, 2015 AND INCORPORATES THE FOLLOWING CHANGES [1] INCLUDES PAYMENTS TO PP HEALTH SERVICES AND/OR PP CENTRAL NORTH CAROLINA [2] INCLUDES PAYMENTS TO PP OF SOUTH FLORIDA AND THE TREASURE COAST, INC

Additional Data

Software ID:
Software Version:
EIN: 13-3539048
Name: PLANNED PARENTHOOD ACTION FUND 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 Code 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
THE BUS PROJECT - NEW PROGRESSIVE NETWORK PO BOX 15132 PORTLAND, OR 97293	32-0073649	501(C)(4)	10,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
CALIFORNIA PP EDUCATION FUND INC555 CAPITAL MALL 510 SACRAMENTO, CA 95814	68-0358026	501(C)(3)	35,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
DEMOCRATIC LEGISLATIVE CAMPAIGN COMM PROTECT AR600 E CAPITOL AVE BOX 175 LITTLE ROCK, AR 72202	52-1870839	527	30,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS

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 Code 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
LOUISIANA DEMOCRATIC PARTY PO BOX 4385 BATON ROUGE, LA 70821	72-0748953	527	15,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
EMILY'S LIST NON-FEDERAL 1120 CONNECTICUT AVE NW WASHINGTON, DC 20036	52-1391360	527	10,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
FAMILY PLANNING ADVOCATES OF NEW YORK STATE INC 17 ELK ST ALBANY, NY 12207	14-1593876	501(C)(4)	35,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS

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 Code 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
FLORIDA PP PAC6623 GATEWAY AVE UNIT A SARASOTA, FL 34231	46-5055821	527	1,454,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
HIGHER HEIGHTS LEADERSHIP FUND1835 CALIFORNIA ST NW APT D WASHINGTON, DC 20009	46-3554404	501(C)(3)	7,500				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
KANSAS VALUES INSTITUTEPO BOX 2124 PARKER, KS 66072	45-2621342	501(C)(4)	50,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS

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 Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MT BAKER PLANNED PARENTHOOD1509 CORNWALL AVE BELLINGHAM, WA 98225	91-0846274	501(C)(3)	35,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
NATIONAL LATINA INSTITUTE FOR REPRODUCTIVE HEALTH50 BOARD ST NEW YORK, NY 10004	52-1891734	501(C)(3)	10,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
NETROOTS NATION1559B SLOAT BLVD 316 SAN FRANCISCO, CA 94132	20-4465717	501(C)(4)	12,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS

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 Code 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
NETROOTS FOUNDATION 1559B SLOAT BLVD 316 SAN FRANCISCO, CA 94132	20-8672843	501(C)(3)	8,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
NEVADA EDUCATION FUND FOR PP AFFILIATES 550 WEST PLUMB LANE RENO, NV 89509	26-4715618	501(C)(3)	6,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
NEW VOICES PITTSBURGH INC5907 PENN AVE SUITE 340 PITTSBURGH, PA 15206	27-0570462	501(C)(3)	17,500				TO SUPPORT PUBLIC AFFAIRS PROGRAMS

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 Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP ARIZONA INC 5651 N 7TH ST PHOENIX, AZ 85014	86-0146520	501(C)(3)	60,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
PP ASSOCIATION OF UTAH 654 S 900 E SALT LAKE CTY, UT 84102	87-0288909	501(C)(3)	8,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
PP GREATER MEMPHIS REGION 2430 POPLAR AVE MEMPHIS, TN 38112	62-6073178	501(C)(3)	300,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS

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 Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP GULF COAST INC4600 GULF FREEWAY HOUSTON, TX 77023	74-1100163	501(C)(3)	42,500				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
PP LEAGUE OF MASSACHUSETTS INC1055 COMMONWEALTH AVE BOSTON, MA 02215	04-2698497	501(C)(3)	119,500				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
PP LOS ANGELES400 WEST 30TH ST LOS ANGELES, CA 90007	95-2408623	501(C)(3)	13,483				TO SUPPORT PUBLIC AFFAIRS PROGRAMS

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 Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP MINNESOTA ND & SD 671 VANDALIA ST ST PAUL, MN 55114	41-0948382	501(C)(3)	8,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
PP SOUTH ATLANTIC 1100 SOUTH BOYLAN AVENUE RALEIGH, NC 27603	56-1282557	501(C)(3)	14,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
PP OF COLLIER COUNTY 1425 CREECH ROAD NAPLES, FL 34103	65-0450515	501(C)(3)	10,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS

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 Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP OF GREATER ORLANDO 726 SOUTH TAMPA AVE ORLANDO, FL 32805	59-3092996	501(C)(3)	8,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
PP OF GREATER TEXAS INC 7424 GREENVILLE AVE DALLAS, TX 75231	52-1243220	501(C)(3)	70,949				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
PP OF GREATER WASHINGTON & N IDAHO 1117 TIETON DR YAKIMA, WA 98902	91-6071384	501(C)(3)	7,500				TO SUPPORT PUBLIC AFFAIRS PROGRAMS

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 Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP OF INDIANA & KENTUCKY INC200 SOUTH MERIDIAN ST NO 400 INDIANAPOLIS,IN 46225	35-0874276	501(C)(3)	75,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
PP OF MIDDLE & EAST TENNESSEE INC50 VANTAGE WAY NASHVILLE,TN 37228	62-6050064	501(C)(3)	665,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
PP OF NASSAU COUNTY INC540 FULTON AVE HEMPSTEAD,NY 11550	11-1776035	501(C)(3)	8,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS

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 Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP OF NEW YORK CITY INC 26 BLEECKER ST NEW YORK, NY 10012	13-2621497	501(C)(3)	42,175				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
PP OF NORTHERN NEW ENGLAND INC 128 LAKESIDE AVE 301 BURLINGTON, VT 05401	03-0222941	501(C)(3)	75,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
PP OF SANTA BARBARA VENTURA & SAN LUIS OBISPO COUNTIES INC 518 GARDEN ST SANTA BARBARA, CA 93101	95-2319356	501(C)(3)	8,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS

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 Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP OF SOUTH EAST & NORTH FLORIDA 22300 N FLORIDA MANGO RD WEST PALM BEACH, FL 33409	59-1391115	501(C)(3)	24,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
PP OF SOUTHERN NEW ENGLAND INC 345 WHITNEY AVE NEW HAVEN, CT 06511	06-0263565	501(C)(3)	45,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
PP OF SOUTHERN NEW JERSEY INC 317 S BROADWAY CAMDEN, NJ 08103	21-6008381	501(C)(3)	6,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS

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 Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP OF SOUTHWEST & CENTRAL FLORIDA INC736 CENTRAL AVE SARASOTA, FL 34236	59-1274328	501(C)(3)	8,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
PP OF THE HEARTLAND INCPO BOX 4557 DES MOINES, IA 50305	42-0727488	501(C)(3)	50,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
PP OF THE PACIFIC SOUTHWEST1075 CAMINO DEL RIO SOUTH SAN DEIGO, CA 92108	95-6111785	501(C)(3)	7,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS

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 Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP OF THE ROCKY MOUNTAINS INC7155 E 38TH AVE DENVER, CO 80207	84-0404253	501(C)(3)	674,402				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
PP OF ST LOUIS REGION & SW MISSOURI4251 FOREST PARK AVE ST LOUIS, MO 63108	43-0652666	501(C)(3)	85,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
PP OF WISCONSIN INC302 N JACKSON ST MILWAUKEE, WI 53202	39-0863391	501(C)(3)	8,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS

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 Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP NORTHERN CALIFORNIA2185 PACHECO ST CONCORD, CA 94520	94-1575233	501(C)(3)	6,200				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
PP SOUTHEAST INC75 PIEDMONT AVE NE STE 800 ATLANTA, GA 30303	58-6045874	501(C)(3)	33,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
PP SOUTH TEXAS104 BABCOCK RD SAN ANTONIO, TX 78201	74-1297211	501(C)(3)	8,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS

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

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PP ADVOCATES OF ARIZONA 5651 N 7TH ST PHOENIZ, AZ 85014	86-0701472	501(C)(4)	11,844				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
PP ADVOCATES OF INDIANA & KENTUCKY INC PO BOX 397 INDIANAPOLIS, IN 46206	35-0874276	501(C)(3)	6,543				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
PP ADVOCATES OF MICHIGAN PO BOX 19104 LANSING, MI 48901	38-2765858	501(C)(4)	227,424				TO SUPPORT PUBLIC AFFAIRS PROGRAMS

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 Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP ADVOCATES OF OHIO 206 EAST STATE ST COLUMBUS, OH 43215	31-0937837	501(C)(4)	351,667				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
PP ADVOCATES OF OREGON PO BOX 12267 PORTLAND, OR 97212	93-1040482	501(C)(4)	27,878				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
PP ADVOCATES OF VIRGINIA INC 201 N HAMILTON ST RICHMOND, VA 23221	54-1186756	501(C)(4)	52,619				TO SUPPORT PUBLIC AFFAIRS PROGRAMS

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 Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP ADVOCATES OF WISCONSIN 302 N JACKSON ST MILWAUKEE, WI 53202	39-1678012	501(C)(4)	40,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
PP AFFILIATES OF MICHIGAN PO BOX 15041 LANSING, MI 48901	38-2346424	501(C)(4)	148,240				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
PP ASSOCIATION OF PENNSYLVANIA 1514 N 2ND ST HARRISBURG, PA 17102	23-1989400	501(C)(3)	40,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS

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 Code 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
PPVOTES COLORADO 7155 E 38TH AVE DENVER, CO 80207	84-1191279	501(C)(4)	25,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
PP SOUTHEAST ADVOCATES 75 PIEDMONT AVE NE STE 800 ATLANTA, GA 30303	58-1899303	501(C)(4)	268,428				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
PP VOTERS OF ARKANSAS 5921 W12TH STREET SUITE B LITTLE ROCK, AR 72204	46-1203976	501(C)(4)	20,469				TO SUPPORT PUBLIC AFFAIRS PROGRAMS

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 Code 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
FLORIDA ALLIANCE OF PP AFFILIATES INC736 CENTRAL AVE 100 SARASOTA, FL 34236	59-3142119	501(C)(4)	167,537				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
PP TEXAS VOTES201 E BEN WHITE BLDG B STE 100 AUSTIN, TX 78704	46-5305326	501(C)(4)	315,433				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
PP MAINE ACTION FUND PAC443 CONGRESS ST PORTLAND, ME 04101	84-1703535	527	181,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS

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 Code 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
PPVOTES NORTHWEST 2001 E MADISON ST SEATTLE, WA 98122	94-3168114	501(C)(4)	96,869				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
PP NEW HAMPSHIRE ACTION FUND18 LOWAVE CONCORD, NH 03301	03-0222941	501(C)(4)	149,653				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
PP VERMONT ACTION FUND128 LAKESIDE AVE BURLINGTON, VT 05401	03-0326364	501(C)(4)	10,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS

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 Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP MAINE ACTION FUND 138 LAKESIDE AVE BURLINGTON, VT 05401	46-5689688	501(C)(4)	8,647				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
PP OF MINNESOTA NORTH DAKOTA SOUTH DAKOTA 671 VANDALIA ST SAINT PAUL, MN 55114	41-0948382	501(C)(3)	500,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
VIRGINIA LEAGUE FOR PP 201 N HAMILTON ST RICHMOND, VA 23221	54-0505973	501(C)(3)	10,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS

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 Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP VIRGINIA POLITICAL ACTION COMMITTEE 201 N HAMILTON ST RICHMOND, VA 23221	20-8710245	527	100,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
SISTERREACH 1750 MADISON AVE MEMPHIS, TN 38104	45-4013343	501(C)(3)	20,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
SISTERSONG 1237 RALPH D ABERNATHY BLVD SW ATLANTA, GA 30310	51-0544927	501(C)(3)	25,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS

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 Code 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
VOICE FOR CHOICEPP OF NEW YORK CITY ACTION FUND26 BLEECKER ST NEW YORK, NY 10012	13-3731867	501(C)(4)	7,168				TO SUPPORT PUBLIC AFFAIRS PROGRAMS
WOMEN WITH A VISION 6345 BELLAIRE DR NEW ORLEANS, LA 70124	72-1202185	501(C)(3)	15,000				TO SUPPORT PUBLIC AFFAIRS PROGRAMS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2014

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
PLANNED PARENTHOOD ACTION FUND INC

Employer identification number

13-3539048

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b 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

2 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?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in 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, LINE 4B	THE PRESIDENT'S, CECILE RICHARDS, BASE COMPENSATION IN 2014 WAS \$500,700 IN ADDITION TO COMPENSATION, PPFA MAINTAINS A NONQUALIFIED DEFERRED COMPENSATION PLAN ("457(F) PLAN") FOR CERTAIN KEY EMPLOYEES UNDER THIS PLAN, AT THE DIRECTION OF THE BOARD OF DIRECTORS, THE PRESIDENT'S TOTAL OF \$280,240 WAS CONTRIBUTED BY PPFA BETWEEN 2011-2013 AND REPORTED AS COMPENSATION ON THE FORM 990 OVER THESE PREVIOUS THREE YEARS THE PLAN REQUIRES VESTING EVERY THREE YEARS IN 2014, \$333,729 VESTED AND WAS PAID OUT, WHICH IS REPORTED IN THE 2014 FORM 990 BECAUSE OF THE REQUIREMENTS OF THE FORM 990, \$280,240 OF THIS COMPENSATION WAS ACTUALLY EARNED AND REPORTED ON THE FORM 990 IN PRIOR YEARS BUT IS ALSO DISCLOSED ON THE 2014 FORM 990 BECAUSE IT WAS PAID OUT DURING THIS TIME 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 2014 AMOUNTED TO \$76,174
PART 1, LINE 3	PLANNED PARENTHOOD FEDERATION OF AMERICA, INC (PPFA), A RELATED ORGANIZATION, USED THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT COMPENSATION COMMITTEE, FORM 990 OF OTHER ORGANIZATIONS,COMPENSATION SURVEY/STUDY AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

Additional Data

Software ID:
Software Version:
EIN: 13-3539048
Name: PLANNED PARENTHOOD ACTION FUND 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 in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CECILE RICHARDS, PRESIDENT	(i)	61,586	0	19,451	14,827	271	96,135	16,266
	(ii)	439,114	0	315,052	105,721	1,930	861,817	263,974
WALLACE D'SOUZA, CHIEF FINANCIAL OFFICER	(i)	11,573	1,250	14	747	1,594	15,178	0
	(ii)	219,884	23,750	266	14,193	30,294	288,387	0
DAWN LAGUENS, CHIEF EXPERIENCE OFFICER	(i)	179,000	12,000	172	35,840	12,877	239,889	0
	(ii)	268,500	18,000	258	53,759	19,315	359,832	0
JETHRO MILLER, CHIEF DEVELOPMENT OFFICER	(i)	8,485	1,150	5	0	101	9,741	0
	(ii)	175,975	23,850	99	0	2,096	202,020	0
DEBRA ALLIGOOD WHITE, SR VP & GENERAL COUNSEL	(i)	14,821	1,250	21	710	1,053	17,855	0
	(ii)	281,594	23,750	393	13,489	20,006	339,232	0
ANN MCGUINNESS, SR PRINCIPAL GIFTS OFFICER	(i)	208,039	0	0	12,855	15,182	236,076	0
	(ii)	23,116	0	0	1,428	1,687	26,231	0
DANA SINGISER, VP OF GOVERNMENT AFFAIRS	(i)	129,365	0	109	7,955	7,546	144,975	0
	(ii)	96,798	0	81	5,953	5,647	108,479	0
JENNIE THOMPSON, MANAGING DIRECTOR OF DEVEL	(i)	10,479	0	47	375	481	11,382	0
	(ii)	272,743	0	1,210	9,759	12,511	296,223	0
HOPE WACHTER, DEPUTY GENERAL COUNSEL	(i)	92,137	0	76	5,681	6,336	104,230	0
	(ii)	138,205	0	114	8,522	9,505	156,346	0
ERIC FERRERO, VP OF COMMUNICATIONS	(i)	96,014	0	82	2,902	5,630	104,628	0
	(ii)	123,195	0	105	3,724	7,223	134,247	0

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2014

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization PLANNED PARENTHOOD ACTION FUND INC

Employer identification number

13-3539048

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JENNIFER TREAT	SEE PART V BELOW	15,000	CONSULTING SERICES		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV,	A FAMILY MEMBER OF A CURRENT KEY EMPLOYEE PROVIDES SERVICES TO PLANNED PARENTHOOD ACTION FUND THE ARRANGEMENT FOR THESE SERVICES IS NEGOTIATED ON AN ARM'S LENGTH BASIS AND IS REVIEWED BY INDEPENDENT MEMBERS OF THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS UNDER THE ORGANIZATION'S CONFLICT OF INTEREST POLICY

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.**

2014

**Open to Public
Inspection**

Name of the organization
PLANNED PARENTHOOD ACTION FUND INC

Employer identification number

13-3539048

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	PLANNED PARENTHOOD ACTION FUND HAS AN EXECUTIVE COMMITTEE THAT MAY EXERCISE ALL THE AUTHORITY OF THE FULL BOARD EXCEPT FOR MATTERS REQUIRING THE APPROVAL OF THE REGULAR MEMBERS, FILLING OF VACANCIES ON THE BOARD OR COMMITTEES, A MENDMENT OR REPEAL OF RESOLUTIONS OF THE BOARD THAT BY THEIR TERMS MAY NOT BE AMENDED OR REPEALED BY THE COMMITTEE, REMOVAL OF VOTING DIRECTORS, INDEMNIFICATION, DISPOSITION OF REAL PROPERTY, AND DISSOLUTION ALL MEMBERS OF THE EXECUTIVE COMMITTEE ARE MEMBERS OF THE BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	MEMBERS AND ELECTION OF MEMBERS THE ACTION FUND IS A NOT-FOR-PROFIT MEMBERSHIP ORGANIZATION THERE ARE THREE CLASSES OF MEMBERS OF THE ACTION FUND REGULAR, CONTRIBUTING AND ASSOCIATE MEMBERS THE ASSOCIATE MEMBERS ELECT ONE DIRECTOR, THE REGULAR MEMBERS ELECT THE BALANCE OF THE DIRECTORS REGULAR MEMBERS ARE THOSE INDIVIDUALS WHO SERVE AS VOTING MEMBERS OF THE BOARD OF DIRECTORS OF PLANNED PARENTHOOD FEDERATION OF AMERICA, INC CONTRIBUTING MEMBERS ARE THOSE INDIVIDUALS WHO (1)PAY ANNUAL DUES IN AN AMOUNT ESTABLISHED BY THE BOARD, OR (2)ARE "LIFETIME MEMBERS" AS A RESULT OF MAKING ONE OR MORE DUES PAYMENTS IN AN AMOUNT ESTABLISHED BY THE BOARD CONTRIBUTING MEMBERS HAVE NO VOTING OR OTHER RIGHTS WITH RESPECT TO THE CORPORATION ASSOCIATE MEMBERS ARE THOSE INDIVIDUALS WHO ANNUALLY AFFIRM THEIR DESIRE TO BE A MEMBER PURSUANT TO A PROPERLY EXECUTED FORM PROVIDED BY THE CORPORATION

Return Reference**Explanation**

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

SEE RESPONSE TO PART VI, SECTION A, LINE 6

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	IN ADDITION TO THE BOARD, THE REGULAR MEMBERS APPROVE CHANGES TO THE BYLAWS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	BOARD REVIEW OF FORM 990 THE PLANNED PARENTHOOD ACTION FUND USES THE SERVICES OF THE EMPLOYEES OF PLANNED PARENTHOOD FEDERATION OF AMERICA, INC ("PPFA"), A RELATED ORGANIZATION THE PLANNED PARENTHOOD ACTION FUND FORM 990 IS PREPARED BY THE ORGANIZATION'S SHARED 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 ACTION FUND'S FINANCE COMMITTEE ONCE THE DRAFT FORM 990 IS APPROVED BY THE FINANCE COMMITTEE, COPIES OF THE COMPLETE FORM 990 ARE PROVIDED TO EACH VOTING MEMBER OF THE GOVERNING BOARD PRIOR TO SUBMISSION AND FILING WITH THE INTERNAL REVENUE SERVICE

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY PLANNED PARENTHOOD ACTION FUND USES THE SERVICES OF THE EMPLOYEES OF PLANNED PARENTHOOD FEDERATION OF AMERICA, INC (PPFA), A RELATED ORGANIZATION ANNUALLY, PPFA ASKS ITS KEY EMPLOYEES, AS WELL AS ALL OTHER EMPLOYEES, AND OFFICERS TO REVIEW AND SIGN A CONFLICT OF INTEREST POLICY IN ADDITION, THE ACTION FUND HAS ITS BOARD MEMBERS SIGN A CONFLICT OF INTEREST POLICY ANNUALLY THE ACTION FUND'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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION REVIEW PROCESS PLANNED PARENTHOOD ACTION FUND USES THE SERVICES OF THE EMPLOYEES OF PLANNED PARENTHOOD FEDERATION OF AMERICA, INC (PPFA), A RELATED ORGANIZATION 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 REVIEW AND APPROVAL OF THE SALARIES OF THESE EMPLOYEES TAKES PLACE ON AN ANNUAL BASIS USING COMPARABILITY DATA SUCH AS INDUSTRY SURVEYS, DOCUMENTED COMPENSATION OF PERSONS HOLDING SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS, AND/OR INDEPENDENT COMPENSATION STUDIES THE PROCEEDINGS ARE DOCUMENTED CONTEMPORANEOUSLY IN MINUTES

Return Reference**Explanation**FORM 990, PART VI, SECTION
C, LINE 19PUBLIC DISCLOSURE OF GOVERNING DOCUMENTS: PLANNED PARENTHOOD ACTION FUND'S FINANCIAL
REPORT AND FORM 990 ARE AVAILABLE UPON REQUEST

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER FEES FOR SERVICES PROGRAM SERVICE EXPENSES 2,369,758 MANAGEMENT AND GENERAL EXPENSES 138,406 FUNDRAISING EXPENSES 288,813 TOTAL EXPENSES 2,796,977

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	FEES FOR SERVICES - OTHER OTHER FEES FOR SERVICES OF \$2,796,977 CONSIST OF CONSULTANT FEES (\$2,468,945), TEMPORARY HELP FROM EXTERNAL AGENCIES (\$55,248), MARKETING (\$51,604), REIMBURSED EXPENSES (\$22,278), AND OTHER PROFESSIONAL FEES (\$198,902)

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2014

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.**
▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
PLANNED PARENTHOOD ACTION FUND INC

Employer identification number

13-3539048

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) PLANNED PARENTHOOD FEDERATION OF AMERICA INC 434 WEST 33RD STREET NEW YORK, NY 10001 13-1644147	SEXUAL HEALTH	NY	501(C)(3)	LINE 7	N/A		No
(2) PLANNED PARENTHOOD ACTION FUND INC PAC 434 WEST 33RD STREET NEW YORK, NY 10001 13-3885199	POLITICAL ACTIVITY	NY	527		PLANNED PARENTHOOD ACTION FUND	Yes	
(3) PLANNED PARENTHOOD VOTES 434 WEST 33RD STREET NEW YORK, NY 10001 13-4128897	POLITICAL ACTIVITY	NY	527		PLANNED PARENTHOOD ACTION FUND	Yes	
(4) PPFA 21ST CENTURY INC 434 WEST 33RD STREET NEW YORK, NY 10001 16-1681541	SUPPORTING	NY	501(C)(3)	LINE 11A, I	PPFA	Yes	
(5) VOXENT 72960 FRED WARING DRIVE PALM DESERT, CA 92260 61-1541009	TECHNOLOGY SUPPORT	CA	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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) COMMUNITY OUTREACH GROUP LLC C/O PPAF 434 WEST 33RD ST NEW YORK, NY 10001 46-5346839	COMMUNITY-BASED ORGANIZING, ADVOCACY AND CANVASSING ACTIVITIES	DE	PLANNED PARENTHOOD ACTION FUND INC	C	6,676,716	448,209	100 000 %	Yes	

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		No
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	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PLANNED PARENTHOOD VOTES	B	61,280	ACTUAL BASED ON USAGE
(2) PLANNED PARENTHOOD ACTION FUND INC PAC	L	111,630	ACTUAL PAYMENTS
(3) COMMUNITY OUTREACH GROUP LLC	M	1,782,721	ACTUAL PAYMENTS
(4) PLANNED PARENTHOOD VOTES	S	175,000	ACTUAL PAYMENTS

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

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

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

Part VII Supplemental Information

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

Return Reference**Explanation**