

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.		D Employer identification number 13-1644147
	Doing Business As		E Telephone number (212) 541-7800
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	434 WEST 33RD STREET		G Gross receipts \$ 196,986,791.
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10001-2601		
F Name and address of principal officer: CECILE RICHARDS SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	

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

J Website: ▶ **WWW.PLANNEDPARENTHOOD.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1922** **M** State of legal domicile: **NY**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: LEADERSHIP AND ADVOCACY IN THE FIELD OF REPRODUCTIVE HEALTH - SEE SCHEDULE O	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	31
	4 Number of independent voting members of the governing body (Part VI, line 1b)	31
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	649
	6 Total number of volunteers (estimate if necessary)	40
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0.
	b Net unrelated business taxable income from Form 990-T, line 34	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 132,739,759. Current Year 169,312,084.
	9 Program service revenue (Part VIII, line 2g)	1,799,101. 1,709,162.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,437,167. 3,269,994.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,393,031. 2,326,045.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	139,369,058. 176,617,285.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14 Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		40,609,798. 50,162,220.
16a Professional fundraising fees (Part IX, column (A), line 11e)		7,260,458. 4,988,509.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 23,939,978.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		44,126,265. 53,017,878.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	137,835,653. 148,198,672.	
19 Revenue less expenses. Subtract line 18 from line 12	1,533,405. 28,418,613.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 307,429,404. End of Year 353,684,105.
	21 Total liabilities (Part X, line 26)	72,207,067. 75,109,910.
	22 Net assets or fund balances. Subtract line 21 from line 20	235,222,337. 278,574,195.

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	WALLACE D'SOUZA, CHIEF FINANCIAL OFFICER Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN P00501222
	Firm's name ▶ KPMG LLP	Firm's EIN ▶ 13-5565207		
	Firm's address ▶ 345 PARK AVENUE NEW YORK, NY 10154-0102	Phone no. (212) 758-9700		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 85,720,936. including grants of \$ 36,021,975.) (Revenue \$ 842,520.) INCREASE ACCESS - PROGRAMS DESIGNED TO IMPROVE ACCESS TO REPRODUCTIVE HEALTH SERVICES AND INFORMATION BY LEVERAGING TECHNOLOGY, ENHANCING EXISTING CAPACITY, AND SECURING THE ROLE OF WOMEN'S HEALTH CENTERS IN THE EVOLVING HEALTHCARE SYSTEM.

4b (Code:) (Expenses \$ 10,993,088. including grants of \$ 1,805,837.) (Revenue \$ 863,842.) ENGAGE COMMUNITIES - PROGRAMS DESIGNED TO ENGAGE BROAD AND DIVERSE COMMUNITIES TO REDUCE HEALTH DISPARITIES AND IMPROVE SEXUAL HEALTH FOR THE NEXT GENERATION.

4c (Code:) (Expenses \$ 5,892,913. including grants of \$ 1,552,898.) (Revenue \$ 303,072.) BUILD ADVOCACY CAPACITY- PROGRAMS DESIGNED TO BUILD THE ORGANIZATIONAL CAPACITY AND EXPERTISE NECESSARY TO BE EFFECTIVE IN PROTECTING AND EXPANDING ACCESS TO THE FULL RANGE OF REPRODUCTIVE HEALTH SERVICES.

4d Other program services (Describe in Schedule O.) (Expenses \$ 5,829,619. including grants of \$ 649,355.) (Revenue \$)

4e Total program service expenses 108,436,556.

Part IV Checklist of Required Schedules

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

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AMERICA, INC.

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Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1a 260		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 649		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
	4a		
b	If "Yes," enter the name of the foreign country: SUDAN, KENYA, NIGERIA See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10 Section 501(c)(7) organizations.	Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations.	Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts.	Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ELZBIETA SZAFRAN-BODZIONY C/O PPFA - (212)541-7800**
434 WEST 33RD STREET, NEW YORK, NY 10001

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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) ALEXIS MCGILL JOHNSON CHAIRPERSON	1.00	X		X				0.	0.	0.
(2) NAOMI ABERLY VICE CHAIR	1.00	X		X				0.	0.	0.
(3) LOU ZELLNER TREASURER THRU 3/29/14	1.00	X		X				0.	0.	0.
(4) MICHAEL NEWTON TREASURER STARTING 3/29/14	1.00	X		X				0.	0.	0.
(5) VERONICA DELA ROSA SECRETARY	1.00	X		X				0.	0.	0.
(6) SHERI BONNER DIRECTOR THRU 3/29/14	1.00	X						0.	0.	0.
(7) CECILIA BOONE DIRECTOR	1.00	X						0.	0.	0.
(8) KAREN CAMPBELL DIRECTOR THRU 3/29/14	1.00	X						0.	0.	0.
(9) CINDY CHAVEZ DIRECTOR THRU 3/29/14	1.00	X						0.	0.	0.
(10) ANDREINA CORDOVA DIRECTOR THRU 3/29/14	1.00	X						0.	0.	0.
(11) DHARMA CORTES DIRECTOR	1.00	X						0.	0.	0.
(12) KIM CUSTER DIRECTOR STARTING 3/29/14	1.00	X						0.	0.	0.
(13) STEPHEN DEBERRY DIRECTOR	1.00	X						0.	0.	0.
(14) MALLIKA DUTT DIRECTOR STARTING 3/29/14	1.00	X						0.	0.	0.
(15) COLLEEN FOSTER DIRECTOR STARTING 3/29/14	1.00	X						0.	0.	0.
(16) JUANITA FRANCIS DIRECTOR	1.00	X						0.	0.	0.
(17) LINDA GRUBER DIRECTOR	1.00	X						0.	0.	0.

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (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			
(18) CATHY HAMPTON DIRECTOR	1.00	X						0.	0.	0.
(19) SASHA HEINZ DIRECTOR THRU 3/29/14	1.00	X						0.	0.	0.
(20) MARYANA ISKANDER DIRECTOR	1.00	X						0.	0.	0.
(21) KATE JHAVERI DIRECTOR	1.00	X						0.	0.	0.
(22) DR. PAULA JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(23) DAVID KARP DIRECTOR STARTING 3/29/14	1.00	X						0.	0.	0.
(24) MINI KRISHNAN DIRECTOR STARTING 3/29/14	1.00	X						0.	0.	0.
(25) JILL LAFER DIRECTOR	1.00	X						0.	0.	0.
(26) KEN LAMBRECHT DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								3,269,500.	414,536.	460,064.
d Total (add lines 1b and 1c)								3,269,500.	414,536.	460,064.

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 **102**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
O'BRIEN, MCCONNELL & PEARSON, 1133 19TH STREET NW #30, WASHINGTON, DC 20036	CONSULTING	6,469,624.
GRASSROOTS CAMPAIGNS, INC., 1321 15TH STREET, SUITE 100, DENVER, CO 80202	CANVASSING	2,230,668.
BLACKBAUD, INC. PO BOX 930256, ATLANTA, GA 31193	CONSULTING	1,203,597.
CALL 4 HEALTH HCAS OF FL INC., 4720 NW BOCA RATON BLVD #D-103, BOCA RATON, FL	CALL CENTER SERVICES	1,045,418.
SLALOM, LLC 821 2ND AVE #1900, SEATTLE, WA 98104	CONSULTING	804,338.

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 **66**

SEE PART VII, SECTION A CONTINUATION SHEETS

PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC.

13-1644147

Form 990

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) REV. TIMOTHY MCDONALD DIRECTOR	1.00	X						0.	0.	0.
(28) MARGOT MILLIKEN DIRECTOR	1.00	X						0.	0.	0.
(29) KIMBERLY OLSON DIRECTOR STARTING 3/29/14	1.00	X						0.	0.	0.
(30) ANNA QUINDLEN DIRECTOR	1.00	X						0.	0.	0.
(31) NATHALIE RAYES DIRECTOR STARTING 3/29/14	1.00	X						0.	0.	0.
(32) DALE REISS DIRECTOR	1.00	X						0.	0.	0.
(33) JOE SOLMONESE DIRECTOR	1.00	X						0.	0.	0.
(34) JENNIFER ALLAN SOROS DIRECTOR THRU 3/29/14	1.00	X						0.	0.	0.
(35) DAYLE STEINBERG DIRECTOR	1.00	X						0.	0.	0.
(36) JUDY TABAR DIRECTOR	1.00	X						0.	0.	0.
(37) KATHLEEN TAIT DIRECTOR	1.00	X						0.	0.	0.
(38) AISHA TYLER DIRECTOR THRU 3/29/14	1.00	X						0.	0.	0.
(39) CECILE RICHARDS PRESIDENT	33.00 2.00			X				451,752.	31,405.	107,771.
(40) WALLACE D'SOUZA CHIEF FINANCIAL OFFICER	33.00 2.00			X				206,091.	10,847.	40,665.
(41) LISA DAVID CHIEF OPERATING OFFICER	35.00				X			376,032.	0.	42,996.
(42) SANDRA SEDACCA CHIEF DEVELOPMENT OFFICER	33.00 2.00				X			338,584.	17,820.	35,398.
(43) THOMAS SUBAK CHIEF INFORMATION OFFICER	35.00				X			272,647.	0.	34,837.
(44) DAWN LAGUENS CHIEF EXPERIENCE OFFICER	28.00 7.00				X			344,489.	91,022.	45,615.
(45) DEBRA ALLIGOOD WHITE SR VP & GENERAL COUNSEL	33.00 2.00				X			289,057.	15,214.	19,872.
(46) JENNIE THOMPSON MANAGING DIRECTOR OF DEVEL	33.00 2.00					X		280,563.	14,766.	22,954.
Total to Part VII, Section A, line 1c										

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.

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Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	877,763.					
	b	Membership dues						
	c	Fundraising events	458,127.					
	d	Related organizations						
	e	Government grants (contributions)	9,846.					
	f	All other contributions, gifts, grants, and similar amounts not included above	167,966,348.					
	g	Noncash contributions included in lines 1a-1f: \$	24,547,663.					
	h	Total. Add lines 1a-1f	169,312,084.					
	Program Service Revenue	2 a	NATIONAL CALL CENTER	927,467.	927,467.			
b		MEETING REVENUE	324,042.	324,042.				
c		ATTORNEY FEE AWARDS	257,980.	257,980.				
d		RESEARCH	100,649.	100,649.				
e		SMART 800	99,024.	99,024.				
f		All other program service revenue						
g		Total. Add lines 2a-2f	1,709,162.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	1,934,321.			1,934,321.		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties	169,207.			169,207.		
	6 a	Gross rents	(i) Real					
			(ii) Personal					
			b	Less: rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	20,078,510.				
			(ii) Other					
			b	Less: cost or other basis and sales expenses	18,742,837.			
			c	Gain or (loss)	1,335,673.			
	d	Net gain or (loss)	1,335,673.			1,335,673.		
	8 a	Gross income from fundraising events (not including \$ 458,127. of contributions reported on line 1c). See Part IV, line 18	a	66,263.				
			b	Less: direct expenses	332,664.			
c			Net income or (loss) from fundraising events	-266,401.			-266,401.	
9 a	Gross income from gaming activities. See Part IV, line 19	a						
		b	Less: direct expenses					
		c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a	1,594,277.					
		b	Less: cost of goods sold	1,294,005.				
		c	Net income or (loss) from sales of inventory	300,272.	300,272.			
Miscellaneous Revenue		Business Code						
11 a	OVERHEAD FEES	900099	1,380,350.			1,380,350.		
b	SERVICE FEES & OTHER MISC REV	900099	616,079.			616,079.		
c	MED INSURANCE REFUND	900099	126,538.			126,538.		
d	All other revenue	900099						
e	Total. Add lines 11a-11d		2,122,967.					
12	Total revenue. See instructions.		176,617,285.	2,009,434.	0.	5,295,767.		

PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC.

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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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	36,337,929.	36,337,929.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	3,692,136.	3,692,136.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,693,204.	1,306,667.	747,333.	639,204.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	38,722,848.	25,547,191.	6,085,165.	7,090,492.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,652,446.	1,074,263.	270,657.	307,526.
9 Other employee benefits	4,515,063.	2,973,679.	146,101.	1,395,283.
10 Payroll taxes	2,578,659.	1,625,651.	423,288.	529,720.
11 Fees for services (non-employees):				
a Management				
b Legal	736,939.	475,886.	133,708.	127,345.
c Accounting	545,599.	114,603.	396,312.	34,684.
d Lobbying	57,993.	56,027.		1,966.
e Professional fundraising services. See Part IV, line 17	4,988,509.			4,988,509.
f Investment management fees	381,827.		381,827.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	21,526,817.	16,741,710.	3,188,954.	1,596,153.
12 Advertising and promotion	1,256,077.	1,238,853.	1,534.	15,690.
13 Office expenses	3,989,574.	2,905,331.	445,316.	638,927.
14 Information technology	556,426.	181,422.	149,313.	225,691.
15 Royalties				
16 Occupancy	2,334,675.	1,613,047.	313,966.	407,662.
17 Travel	5,109,997.	4,298,294.	395,396.	416,307.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,254,928.	1,745,227.	379,376.	130,325.
20 Interest	1,118,115.	725,036.	171,021.	222,058.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,947,387.	752,785.	967,408.	227,194.
23 Insurance	550,644.	334,494.	126,038.	90,112.
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	6,542,106.	2,445,464.		4,096,642.
b REPAIRS & MAINTENANCE	1,191,360.	233,267.	747,898.	210,195.
c OUTSIDE PRINTING & ARTW	1,183,897.	885,181.	65,319.	233,397.
d BANK CHARGES & LOCKBOX	1,142,508.	729,994.	201,900.	210,614.
e All other expenses	591,009.	402,419.	84,308.	104,282.
25 Total functional expenses. Add lines 1 through 24e	148,198,672.	108,436,556.	15,822,138.	23,939,978.
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"/> X if following SOP 98-2 (ASC 958-720)	11,024,664.	4,121,062.	0.	6,903,602.

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.

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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	13,330,753.	1	40,098,106.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	70,113,681.	3	51,111,501.
	4	Accounts receivable, net	2,840,258.	4	2,570,728.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	993,775.	8	653,403.
	9	Prepaid expenses and deferred charges	1,114,737.	9	957,519.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 71,201,761.		
	b	Less: accumulated depreciation	10b 16,377,110.		
			53,818,507.	10c	54,824,651.
	11	Investments - publicly traded securities	157,066,358.	11	190,557,611.
	12	Investments - other securities. See Part IV, line 11	4,745,314.	12	9,174,049.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	3,406,021.	15	3,736,537.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	307,429,404.	16	353,684,105.	
Liabilities	17	Accounts payable and accrued expenses	14,722,152.	17	17,199,943.
	18	Grants payable		18	
	19	Deferred revenue	1,284,746.	19	152,180.
	20	Tax-exempt bond liabilities	35,570,000.	20	33,505,000.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	20,630,169.	25	24,252,787.
	26	Total liabilities. Add lines 17 through 25	72,207,067.	26	75,109,910.
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	105,174,370.	27	142,287,710.
	28	Temporarily restricted net assets	107,458,892.	28	111,275,413.
	29	Permanently restricted net assets	22,589,075.	29	25,011,072.
	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	235,222,337.	33	278,574,195.	
34	Total liabilities and net assets/fund balances	307,429,404.	34	353,684,105.	

Form 990 (2013)

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	176,617,285.
2	Total expenses (must equal Part IX, column (A), line 25)	2	148,198,672.
3	Revenue less expenses. Subtract line 2 from line 1	3	28,418,613.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	235,222,337.
5	Net unrealized gains (losses) on investments	5	9,716,589.
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	5,216,656.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	278,574,195.

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?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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		

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2013

Open to Public Inspection

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

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	81,406,695.	179,504,200.	155,090,170.	132,739,759.	169,312,084.	718,052,908.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	81,406,695.	179,504,200.	155,090,170.	132,739,759.	169,312,084.	718,052,908.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						176,570,674.
6 Public support. Subtract line 5 from line 4.						541,482,234.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	81,406,695.	179,504,200.	155,090,170.	132,739,759.	169,312,084.	718,052,908.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	600,122.	630,852.	687,132.	1,504,066.	2,103,528.	5,525,700.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,580,125.	1,423,121.	1,205,209.	2,046,640.	2,189,230.	8,444,325.
11 Total support. Add lines 7 through 10						732,022,933.
12 Gross receipts from related activities, etc. (see instructions)					12 14,268,935.	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	73.97 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	70.78 %
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

SECTION B, LINE 10,

EXPLANATION: OTHER INCOME CONSISTS OF SPECIAL EVENTS AND AFFILIATE AND
OTHER FEES.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2013

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

Open to Public Inspection

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

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

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2013

PLANNED PARENTHOOD FEDERATION OF

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												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	168,329.	168,329.												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	521,087.	521,087.												
c	Total lobbying expenditures (add lines 1a and 1b)	689,416.	689,416.												
d	Other exempt purpose expenditures	135,978,641.	141,619,212.												
e	Total exempt purpose expenditures (add lines 1c and 1d)	136,668,057.	142,308,628.												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	1,000,000.												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	250,000.												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.	0.												
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.	0.												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total	
2a	Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c	Total lobbying expenditures	985,977.	990,098.	712,808.	689,416.	3,378,299.
d	Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f	Grassroots lobbying expenditures	155,077.	107,020.	215,357.	168,329.	645,783.

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

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

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

PART II-A, COLUMN B

EXPLANATION: AFFILIATES INCLUDED IN LINES 1D(B) AND 1E(B):

PLANNED PARENTHOOD FOUNDATION 13-3772613

434 WEST 33RD STREET

NEW YORK, NY 10001

EXPENSES: \$713

Part IV Supplemental Information (continued)

VOXENT 61-1541009

72960 FRED WARING DRIVE

PALM DESERT, CA 92260

EXPENSES \$5,639,858

PPFA 21ST CENTURY INC. 16-1681541

434 WEST 33RD STREET

NEW YORK, NY 10001

EXPENSES \$0

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

Multiple horizontal lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2013

Open to Public Inspection

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

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

Part I 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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for various purposes (land for public use, natural habitat, etc.), a table for held easements at the end of the tax year, and questions about monitoring and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	87,847,469.	48,304,508.	37,243,759.	32,559,226.	30,011,505.
b Contributions	2,191,597.	36,037,595.	12,468,491.	54,510.	285,287.
c Net investment earnings, gains, and losses	12,074,314.	4,483,364.	-445,583.	5,236,474.	2,262,434.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,070,814.	977,998.	962,159.	606,452.	
f Administrative expenses					
g End of year balance	101,042,566.	87,847,469.	48,304,508.	37,243,758.	32,559,226.

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

- a Board designated or quasi-endowment 64.70 %
- b Permanent endowment 24.80 %
- c Temporarily restricted endowment 10.50 %

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:

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

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		29,700,000.		29,700,000.
b Buildings		12,072,491.	754,531.	11,317,960.
c Leasehold improvements		17,241,255.	5,799,857.	11,441,398.
d Equipment		12,188,015.	9,822,722.	2,365,293.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 54,824,651.

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		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO RELATED ORGANIZATIONS	6,122,792.
(3) LIABILITY UNDER SPLIT INTEREST AGREEMENTS	13,778,683.
(4) AMOUNTS HELD ON BEHALF OF AFFILIATES	4,351,312.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	24,252,787.

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	189,259,547.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	9,716,589.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	2,013,495.	
e	Add lines 2a through 2d	2e		11,730,084.
3	Subtract line 2e from line 1		3	177,529,463.
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	381,827.	
b	Other (Describe in Part XIII.)	4b	-1,294,005.	
c	Add lines 4a and 4b	4c		-912,178.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	176,617,285.

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	148,950,850.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	1,294,005.	
e	Add lines 2a through 2d	2e		1,294,005.
3	Subtract line 2e from line 1		3	147,656,845.
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	381,827.	
b	Other (Describe in Part XIII.)	4b	160,000.	
c	Add lines 4a and 4b	4c		541,827.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	148,198,672.

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.

PART V, LINE 4:

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

PART X, LINE 2:

EXPLANATION: THE FIN 48 FOOTNOTE PER THE AUDITED FINANCIAL STATEMENTS

STATES THAT THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS

Part XIII Supplemental Information (continued)

ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	1,722,260.
GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUST	330,516.
GAIN ON HEDGED INTEREST RATE SWAP AGREEMENTS	96,514.
LOSS ON CONTRIBUTIONS RECEIVABLE	-135,795.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	2,013,495.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD	-1,294,005.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD	1,294,005.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

REVOCAION OF GRANTS AWARDED IN PRIOR YEAR	160,000.
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**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

2013

Open to Public Inspection

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

Employer identification number
13-1644147

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA/CARIBBEAN	0	4	PROGRAM SERVICES	REPRODUCTIVE HEALTH	277,145.
CENTRAL AMERICA/CARIBBEAN	0	0	GRANTS		853,204.
SOUTH AMERICA	0	3	PROGRAM SERVICES	REPRODUCTIVE HEALTH	260,067.
SOUTH AMERICA	0	0	GRANTS		1,360,526.
SUB-SAHARAN AFRICA	2	21	PROGRAM SERVICES	REPRODUCTIVE HEALTH	1,974,614.
SUB-SAHARAN AFRICA	0	0	GRANTS		1,478,406.
NORTH AMERICA	0	2	PROGRAM SERVICES	REPRODUCTIVE HEALTH	5,019.
CENTRAL AMERICA/CARIBBEAN	0	0	INVESTMENT		3,314,897.
3 a Sub-total	2	30			9,523,878.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	2	30			9,523,878.

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

Schedule F (Form 990) 2013

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	20,000.	WIRE TRANSFER	2,158.	CONTRACEPTIVE SUPPLIES	COST
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	42,232.	WIRE TRANSFER	0.		
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	75,270.	WIRE TRANSFER	0.		
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	39,963.	WIRE TRANSFER	0.		
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	52,176.	WIRE TRANSFER	0.		
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	120,433.	WIRE TRANSFER	0.		
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	58,617.	WIRE TRANSFER	6,062.	CONTRACEPTIVE SUPPLIES	COST
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	69,965.	WIRE TRANSFER	1,673.	CONTRACEPTIVE SUPPLIES	COST

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

3 Enter total number of other organizations or entities **0**

PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC.

13-1644147

Schedule F (Form 990)

Page 2

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	38,478.	WIRE TRANSFER	0.		
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	13,061.	WIRE TRANSFER	0.		
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	54,945.	WIRE TRANSFER	11,709.	CONTRACEPTIVE SUPPLIES	COST
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	85,256.	WIRE TRANSFER	0.		
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	45,676.	WIRE TRANSFER	0.		
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	39,282.	WIRE TRANSFER	0.		
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	35,608.	WIRE TRANSFER	0.		
		CENTRAL AMERICA / CARIBBEAN	REPRODUCTIVE HEALTH PROGRAMS	50,783.	WIRE TRANSFER	6,053.	CONTRACEPTIVE SUPPLIES	COST
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	34,190.	WIRE TRANSFER	5,988.	CONTRACEPTIVE SUPPLIES	COST

PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC.

13-1644147

Schedule F (Form 990)

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	14,043.	WIRE TRANSFER	13,280.	CONTRACEPTIVE SUPPLIES	COST
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	53,142.	WIRE TRANSFER	2,246.	CONTRACEPTIVE SUPPLIES	COST
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	74,722.	WIRE TRANSFER	0.		
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	10,156.	WIRE TRANSFER	23,596.	CONTRACEPTIVE SUPPLIES	COST
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	7,454.	WIRE TRANSFER	22,990.	CONTRACEPTIVE SUPPLIES	COST
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	39,848.	WIRE TRANSFER	0.		
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	415,230.	WIRE TRANSFER	0.		
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	30,200.	WIRE TRANSFER	0.		
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	10,767.	WIRE TRANSFER	0.		

PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC.

13-1644147

Schedule F (Form 990)

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	25,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	35,020.	WIRE TRANSFER	0.		
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	68,500.	WIRE TRANSFER	0.		
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	139,608.	WIRE TRANSFER	0.		
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	90,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	58,600.	WIRE TRANSFER	0.		
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	44,394.	WIRE TRANSFER	778.	CONTRACEPTIVE SUPPLIES	COST
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROGRAMS	194,821.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	44,542.	WIRE TRANSFER	0.		

PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC.

13-1644147

Schedule F (Form 990)

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	98,416.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	23,052.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	24,998.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	22,887.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	27,729.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	29,489.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	16,948.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	40,408.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	68,380.	WIRE TRANSFER	0.		

PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC.

13-1644147

Schedule F (Form 990)

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	115,471.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	69,342.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	30,167.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	129,188.	WIRE TRANSFER	56,273.	CONTRACEPTIVE SUPPLIES	COST
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	24,889.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	58,019.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	28,232.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	36,476.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	40,809.	WIRE TRANSFER	0.		

PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC.

13-1644147

Schedule F (Form 990)

Page 2

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	15,034.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	15,034.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	25,057.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	12,862.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	130,565.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	192,211.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	24,942.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	46,114.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	26,210.	WIRE TRANSFER	0.		

PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC.

13-1644147

Schedule F (Form 990)

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	44,818.	WIRE TRANSFER	0.		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2013

Part V Supplemental Information

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

PART I, LINE 2:

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

PART I, LINE 3:

EXPLANATION: INVESTMENTS ARE RECORDED AT YEAR END BOOK VALUE AND EXPENDITURES ARE REPORTED ON THE ACCRUAL METHOD OF ACCOUNTING.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2013

Open To Public Inspection

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

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

Part I 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 Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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			
O'BRIEN, MCCONNELL & PEARSON - 1133 19TH STREET NW,	CONSULTING		X	26,152,827.	7,205,329.	18,947,498.
M+R STRATEGIC SERVICES, INC. - 1901 L STREET NW, STE 800,	CONSULTING		X	4,572,054.	272,979.	4,299,075.
GRASSROOTS CAMPAIGNS, INC. - 59 TEMPLE PLACE, BOSTON, MA	CANVASSING		X	1,049,817.	2,261,872.	-1,212,055.
DONOR SERVICES GROUP - 6715 SUNSET BLVD, LOS ANGELES, CA	TELEMARKETING		X	1,042,726.	780,773.	261,953.
TELEFUND - PO BOX 120557, BOSTON, MA 02112	TELEMARKETING		X	382,702.	233,755.	148,947.
GORDON SCHWENKMEYER INC - 360 N SEPULVEDA BLVD, EL SEGUNDO,	TELEMARKETING		X	364,153.	239,460.	124,693.
INTEGRAL RESOURCES, INC. - 1972 MASSACHUSETTS AVE,	TELEMARKETING		X	241,868.	268,758.	-26,890.
SD&A TELESERVICES - 5757 W CENTURY BLVD, LOS ANGELES, CA	TELEMARKETING		X	214,681.	115,508.	99,173.
PUBLIC INTEREST COMMUNICATIONS, INC. - 7700	TELEMARKETING		X	58,396.	46,256.	12,140.
SHARE - 3008 MONTICELLO BLVD, CLEVELAND HEIGHTS, OH 44118	TELEMARKETING		X	47,822.	50,575.	-2,753.
Total				34,127,046.	11,475,265.	22,651,781.

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

PLANNED PARENTHOOD FEDERATION OF

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		ANNUAL GALA (event type)	(event type)	NONE (total number)		
Revenue	1	Gross receipts	524,390.			524,390.
	2	Less: Contributions	458,127.			458,127.
	3	Gross income (line 1 minus line 2)	66,263.			66,263.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	112,558.			112,558.
	7	Food and beverages	132,739.			132,739.
	8	Entertainment	66,800.			66,800.
	9	Other direct expenses	20,566.			20,566.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				332,663.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-266,400.

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	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)					
8	Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

PLANNED PARENTHOOD FEDERATION OF

Schedule G (Form 990 or 990-EZ) 2013 AMERICA, INC.

13-1644147 Page 3

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

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

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

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

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

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

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

Part IV Supplemental Information (continued)

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

(I) NAME OF FUNDRAISER: DONOR SERVICES GROUP

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

(I) NAME OF FUNDRAISER: TELEFUND

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

(I) NAME OF FUNDRAISER: GORDON SCHWENKMEYER INC

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

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

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

(I) NAME OF FUNDRAISER: SD&A TELESERVICES

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

(I) NAME OF FUNDRAISER: PUBLIC INTEREST COMMUNICATIONS, INC.

(I) ADDRESS OF FUNDRAISER:

7700 LEESBURG PIKE SUITE 301N, FALLS CHURCH, VA 22043

PART I, LINE 2B, COLUMN (V):

EXPLANATION: AMOUNTS PAID TO SELECT TELEMARKETERS, SUCH AS GRASSROOTS
CAMPAIGNS, INC., RESULTED IN A CURRENT YEAR LOSS BUT SECURED FUTURE
DONORS.

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

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

Part IV Supplemental Information (continued)

\$6,542,106 OF OTHER REIMBURSED EXPENSES WERE PAID DIRECTLY TO
PROFESSIONAL FUNDRAISERS FOR DIRECT
POSTAGE/FREIGHT(\$2,898,335), PRINTING(\$2,085,766), MAIL HOUSE
COSTS(\$873,053), LIST USAGE(\$586,543), AND OTHER COSTS(\$98,409).

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

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

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

**Employer identification number
13-1644147**

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFFILIATE CHIEF EXECUTIVES COUNCIL, INC. - 4 SKYLINE DR - HAWTHORNE, NY 10532	31-1319168	501C (3)	7,500.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH.
BETTER HEALTH PARTNERSHIP 1144 LOCUST ST PHILADELPHIA, PA 19107	23-3084482	501C (3)	76,508.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH.
CHARLES VANDALIA, LLC 671 VANDALI ST ST. PAUL, MN 55114	26-0142749	LLC	37,245.	0.			TO PROVIDE TECHNOLOGY SUPPORT TO PP AFFILIATES.
CONGRESSIONAL BLACK CAUCUS FOUNDATION, INC. - 1720 MASSACHUSETTS AVE NW - WASHINGTON, DC 20036	52-1160561	501C (3)	5,400.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH.
GUTTMACHER INSTITUTE 125 MAIDEN LANE, 7TH FLOOR NEW YORK, NY 10038	13-2890727	501C (3)	50,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH.
MT. BAKER PLANNED PARENTHOOD 1509 CORNWALL AVE BELLINGHAM, WA 98225	91-0846274	501C (3)	27,850.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **80.**
- 3** Enter total number of other organizations listed in the line 1 table ▶ **4.**

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

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NATIONAL ASSOCIATION OF BLACK JOURNALISTS - 1100 KNIGHT HALL SUITE 3100 - COLLEGE PARK, MD 20742	52-1266959	501C (3)	12,500.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH.
NEW YORK STATE AFFILIATES OF PP 406 JAMESVILLE AVE SYRACUSE, NY 13210	13-3834672	501C (3)	37,741.	0.			TO PROVIDE TECHNOLOGY SUPPORT TO PP AFFILIATES.
PP ACTION FUND, INC. 434 WEST 33RD ST NEW YORK, NY 10001	13-3539048	501C (4)	4,500,000.	0.			TO SUPPORT ADVOCACY EFFORTS. THIS GRANT PROHIBITS LOBBYING AND ELECTORAL ACTIVITY.
PP ADVOCATES OF OREGON PO BOX 12267 PORTLAND, OR 97212	93-1040482	501C (4)	15,020.	0.			TO SUPPORT ADVOCACY EFFORTS. THIS GRANT PROHIBITS LOBBYING AND ELECTORAL ACTIVITY.
PP AFFILIATES OF NJ PO BOX 928 ELIZABETH, NJ 07207	51-0172233	501C (3)	48,478.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP ASSOCIATION OF HIDALGO COUNTY 916 EAST HACKBERRY, SUITE A SAN DIEGO, CA 92108	74-1655329	501C (3)	27,261.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP ASSOCIATION OF LUBBOCK, INC. BRIERCOFT OFFICE PARK, BLDG 14 LUBBOCK, TX 79401	75-1220739	501C (3)	11,531.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP ASSOCIATION OF MERCER AREA 437 EAST STATE ST, UNIT 1 TRENTON, NJ 08608	21-0723248	501C (3)	32,722.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP ASSOCIATION OF UTAH 654 SOUTH 900 EAST SALT LAKE CITY, UT 84102	87-0288909	501C (3)	283,373.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.

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PP CENTER FOR CHOICE 4600 GULF FREEWAY HOUSTON, TX 77023	68-0610636	501C (3)	826,630.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP COLUMBIA WILLAMETTE 3727 NE MARTIN LUTHER KINGS JR BLVD PORTLAND, OR 97212	93-6031270	501C (3)	726,946.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP GULF COAST 4600 GULF FREEWAY HOUSTON, TX 77023	74-1100163	501C (3)	542,061.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP HEALTH SYSTEMS INC. 100 S BOYLAN AVE RALEIGH, NC 27603	56-1282557	501C (3)	1,087,736.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP HUDSON PECONIC 4 SKYLINE DR HAWTHORNE, NY 10532	11-2454790	501C (3)	214,129.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP KEYSTONE 5920 HAMILTON BLVD ALLENTOWN, PA 18106	23-2450112	501C (3)	499,526.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP LEAGUE OF MASSACHUSETTS 1055 COMMONWEALTH AVE BOSTON, MA 02215	04-0610636	501C (3)	399,535.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP MAR MONTE 1691 THE ALAMEDA SAN JOSE, CA 95126	94-1583439	501C (3)	732,857.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP MOHAWK HUDSON 1424 GRENESEE ST UTICA, NY 13502	14-6004167	501C (3)	27,659.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.

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PP OF ARIZONA 5651 N 7TH ST PHOENIX, AZ 85014	86-0146520	501C (3)	1,346,289.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF ARKANSAS & EASTERN OKLAHOMA 5921 WEST 12TH ST, SUITE C LITTLE ROCK, AR 72204	73-0685955	501C (3)	84,205.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF CENTRAL & GREATER NORTHERN NJ - 196 SPEEDWELL AVE - MORRISTOWN, NJ 07960	22-1643997	501C (3)	165,877.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF CENTRAL & WESTERN NY 114 UNIVERSITY AVE ROCHESTER, NY 14605	16-0746860	501C (3)	46,876.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF CENTRAL NORTH CAROLINA 1765 DOBBINS DR, PO BOX 3258 CHAPEL HILL, NC 27514	58-1484820	501C (3)	558,568.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF COLLIER COUNTY 1425 CREECH RD NAPLES, FL 34103	65-0450515	501C (3)	62,823.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF DELAWARE 625 SHIPLEY ST WILMINGTON, DE 19801	51-0066725	501C (3)	137,527.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF GREATER OHIO 206 EAST STATE ST COLUMBUS, OH 43215	31-4379502	501C (3)	725,065.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF GREATER ORLANDO 726 SOUTH TAMPA AVE ORLANDO, FL 32805	59-3092996	501C (3)	291,844.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.

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PP OF GREATER TEXAS 7424 GREENVILLE AVE #206 DALLAS, TX 75231	52-1243220	501C (3)	1,554,098.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF GREATER WASHINGTON & NORTH IDAHO - 123 E INDIAN AVE, SUITE 100 - SPOKANE, WA 99207	91-6071384	501C (3)	93,323.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF HAWAII 1350 S KING ST, SUITE 309 HONOLULU, HI 96814	99-6012377	501C (3)	35,100.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF ILLINOIS 18 S MICHIGAN AV, 6TH FLOOR CHICAGO, IL 60603	36-2170901	501C (3)	2,419,079.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF INDIANA & KENTUCKY 200 S MERIDIAN ST, SUITE 400 INDIANAPOLIS, IN 46225	35-0874276	501C (3)	426,038.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF KANSAS & MID-MISSOURI 4401 WEST 109TH ST #200 OVERLAND PARK, KS 66211	44-0565390	501C (3)	409,243.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF LOS ANGELES 400 WEST 30TH ST LOS ANGELES, CA 05401	95-2408623	501C (3)	361,191.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF MARYLAND 330 NORTH HOWARD ST BALTIMORE, MD 21201	52-0607930	501C (3)	108,656.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF METROPOLITAN NEW JERSEY 151 WASHINGTON ST NEWARK, NJ 07102	22-1539559	501C (3)	43,200.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.

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PP OF METROPOLITAN WASHINGTON D.C. 1108 16TH ST NW WASHINGTON, DC 20036	53-0204621	501C (3)	763,906.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF MID AND SOUTH MICHIGAN 3100 PROFESSIONAL DR, PO BOX 3673 ANN ARBOR, MI 48104	38-1707521	501C (3)	531,421.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF MIDDLE & EAST TENNESSEE 50 VANTAGE WAY SUITE #102 NASHVILLE, TN 37228	62-6050064	501C (3)	783,197.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF MID-HUDSON VALLEY 178 CHURCH ST POUGHKEEPSIE, NY 12601	14-1344810	501C (3)	49,287.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF MINNESOTA, ND & SD 671 VANDALIA ST ST. PAUL, MN 55114	41-0948382	501C (3)	372,700.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF MONTANA 2525 4TH AVE N SUITE 201 BILLINGS, MT 59101	81-0307201	501C (3)	72,506.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF NASSAU COUNTY 540 FULTON AVE HEMPSTEAD, NY 11550	11-1776035	501C (3)	71,919.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF NEW YORK CITY, INC. 26 BLEECKER ST NEW YORK, NY 10012	13-2621497	501C (3)	768,657.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF NORTH FLORIDA, INC. 3850 BEACH BLVD JACKSONVILLE, FL 32207	59-1061757	501C (3)	60,560.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.

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PP OF NORTHERN NEW ENGLAND 128 LAKESIDE AVE, #301 BURLINGTON, VT 05401	03-0222941	501C (3)	324,588.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF ORANGE & SAN BERNARDINO COUNTIES - 700 S. TUSTIN ST - ORANGE, CA 92866	95-6152773	501C (3)	71,015.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF SANTA BARBARA, VENTURA & SAN LUIS OBISPO COUNTIES, INC. - 518 GARDEN ST - SANTA BARBARA, CA 93101	95-2319356	501C (3)	92,181.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF SOUTH CENTRAL NEW YORK, INC. 117 HAWLEY ST BINGHAMTON, NY 13901	16-1552690	501C (3)	16,340.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF SOUTH FLORIDA & THE TREASURE COAST, INC. - 2300 N. FLORIDA MANGO RD - WEST PALM BEACH, FL 33409	59-1391115	501C (3)	1,267,341.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF SOUTHEASTERN PENNSYLVANIA 1144 LOCUST ST PHILADELPHIA, PA 19107	23-1352509	501C (3)	2,047,883.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF SOUTHEASTERN VIRGINIA 515 NEWTOWN RD VIRGINIA BEACH, VA 23462	54-0929058	501C (3)	140,871.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF SOUTHERN NEW ENGLAND, INC. CT. - 345 WHITNEY AVE - NEW HAVEN, CT 06511	06-0263565	501C (3)	447,441.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF SOUTHERN NEW JERSEY 317 BROADWAY CAMDEN, NJ 08103	21-6008381	501C (3)	13,217.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.

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PP OF SOUTHWEST & CENTRAL FLORIDA, INC - 736 CENTRAL AVE - SARASOTA, FL 34236	59-1274328	501C (3)	735,804.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF SOUTHWEST OHIO REGION 2314 AUBURN AVE CINCINNATI, OH 45219	31-0536688	501C (3)	390,409.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF THE GREAT NORTHWEST 2001 E MADISON ST SEATTLE, WA 98122	91-0686012	501C (3)	637,005.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF THE GREATER MEMPHIS REGION 2430 POPLAR AVE, SUITE 100 MEMPHIS, TN 38112	62-6073178	501C (3)	234,436.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF THE HEARTLAND 1171 7TH ST SEATTLE, WA 98122	42-0727488	501C (3)	728,531.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF THE NORTH COUNTRY NY 160 STONE ST WATERTOWN, NY 13601	16-0919175	501C (3)	22,111.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF THE PACIFIC SOUTHWEST 1075 CAMINO DEL RIO SOUTH SAN DIEGO, CA 92108	95-6111785	501C (3)	186,497.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF THE ROCKY MOUNTAINS 7155 E 38TH AVE DENVER, CO 80207	84-0404253	501C (3)	1,174,173.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF THE SOUTHEAST 75 PIEDMONT AVE NE, SUITE 800 ATLANTA, GA 30303	58-6045874	501C (3)	1,198,263.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.

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PP OF THE SOUTHERN FINGER LAKES 314 W STATE ST ITHACA, NY 14850	16-0953368	501C (3)	54,841.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH.
PP OF THE ST. LOUIS REGION & SW MISSOURI - 4251 FOREST PARK AVE - ST. LOUIS, MO 63108	43-0652666	501C (3)	640,227.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF THE UPPER HUDSON , INC. 855 CENTRAL AVE ALBANY, NY 12206	14-6000805	501C (3)	25,373.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF WEST TEXAS 314 SECOR ST MIDLAND, TX 79701	75-1229350	501C (3)	20,317.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF WESTERN PENNSYLVANIA 933 LIBERTY AVE PITTSBURGH, PA 15222	25-0965474	501C (3)	222,619.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF WISCONSIN 302 N JACKSON ST MILWAUKEE, WI 53202	39-0863391	501C (3)	571,874.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP PASADENA & SAN GABRIEL VALLEY, INC. - 2233 LAKE AVE, 2ND FLOOR - ALTADENA, CA 91001	95-1916050	501C (3)	52,313.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP SHASTA PACIFIC 2185 PACHECO ST CONCORD, CA 94520	94-1575233	501C (3)	555,675.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP SOUTHWESTERN OREGON 3579 FRANKLIN BLVD EUGENE, OR 97403	93-0573822	501C (3)	89,666.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.

Schedule I (Form 990)

PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC.

Schedule I (Form 990)

13-1644147

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP SOUTH TEXAS 104 BABCOCK RD SAN ANTONIO, TX 78201	47-1297211	501C (3)	901,580.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PROTECT OUR FAMILIES 7155 E 38TH AVE DENVER, CO 80207	84-1464199	501C (4)	125,000.	0.			TO SUPPORT ADVOCACY EFFORTS. THIS GRANT PROHIBITS LOBBYING AND ELECTORAL ACTIVITY.
REPRODUCTIVE HEALTH SERVICES OF PPSLR - 4251 FOREST PARK AVE - ST. LOUIS, MO 63108	43-1848056	501C (3)	264,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
SIX RIVERS PP 3225 TIMBER FALL CT EUREKA, CA 95503	94-2333653	501C (3)	15,805.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
VIRGINIA LEAGUE FOR PP, INC. 201 N HAMILTON ST RICHMOND, VA 23221	54-0505973	501C (3)	399,909.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.
PP OF WEST AND NORTHERN MICHIGAN 425 CHERRY ST SE GRAND RAPIDS, MI 49503	38-1782520	501C (3)	44,461.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH AS WELL AS GENERAL SUPPORT.

Schedule I (Form 990)

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

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

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

PART I, LINE 2:

EXPLANATION: GRANT MONITORING PROCESS:

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2013

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" 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?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2013

PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC.

13-1644147

Schedule J (Form 990) 2013

Page 2

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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CECILE RICHARDS PRESIDENT	(i)	427,597.	23,375.	780.	99,422.	1,344.	552,518.	0.
	(ii)	29,726.	1,625.	54.	6,912.	93.	38,410.	0.
(2) WALLACE D'SOUZA CHIEF FINANCIAL OFFICER	(i)	205,820.	0.	271.	8,661.	29,971.	244,723.	0.
	(ii)	10,833.	0.	14.	456.	1,577.	12,880.	0.
(3) LISA DAVID CHIEF OPERATING OFFICER	(i)	375,198.	0.	834.	13,241.	29,755.	419,028.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SANDRA SEDACCA CHIEF DEVELOPMENT OFFICER	(i)	337,820.	0.	764.	7,125.	26,503.	372,212.	0.
	(ii)	17,780.	0.	40.	375.	1,395.	19,590.	0.
(5) THOMAS SUBAK CHIEF INFORMATION OFFICER	(i)	272,362.	0.	285.	7,650.	27,187.	307,484.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DAWN LAGUENS CHIEF EXPERIENCE OFFICER	(i)	312,619.	31,640.	230.	10,843.	25,238.	380,570.	0.
	(ii)	82,601.	8,360.	61.	2,865.	6,669.	100,556.	0.
(7) DEBRA ALLIGOOD WHITE SR VP & GENERAL COUNSEL	(i)	264,929.	23,750.	378.	0.	18,878.	307,935.	0.
	(ii)	13,944.	1,250.	20.	0.	994.	16,208.	0.
(8) JENNIE THOMPSON MANAGING DIRECTOR OF DEVEL	(i)	279,434.	0.	1,129.	10,458.	11,349.	302,370.	0.
	(ii)	14,707.	0.	59.	550.	597.	15,913.	0.
(9) MOLLY EAGAN VP PLANNED PARENTHOOD EXPERIENCE	(i)	243,958.	0.	468.	14,926.	35,575.	294,927.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ELIZABETH LILEY NAT'L DIR PRINCIPAL & MAJOR GIFTS	(i)	217,544.	0.	244.	2,617.	17,913.	238,318.	0.
	(ii)	22,836.	0.	26.	275.	1,880.	25,017.	0.
(11) ANN MCGUINNESS SR PRINCIPAL GIFTS OFFICER	(i)	23,400.	0.	0.	1,377.	7.	24,784.	0.
	(ii)	210,600.	0.	0.	12,393.	58.	223,051.	0.
(12) EILEEN TWIGGS VP HIT & BUSINESS INITIATIVES	(i)	199,734.	24,677.	260.	11,939.	10,996.	247,606.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4B:

EXPLANATION: THE PRESIDENT, CECILE RICHARDS, PARTICIPATED IN A 457(F) PLAN BEGINNING IN CALENDAR YEAR 2011. TOTAL AMOUNT DEFERRED TO THIS PLAN FOR THE CALENDAR YEAR 2013 AMOUNTED TO \$93,380.

Supplemental Information on Tax-Exempt Bonds

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

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

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

Part I Bond Issues SEE PART VI FOR COLUMN (F) CONTINUATIONS

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

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	1,000,000.			
2 Amount of bonds legally defeased				
3 Total proceeds of issue	30,000,000.			
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds				
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds	30,000,000.			
11 Other spent proceeds				
12 Other unspent proceeds				
13 Year of substantial completion	2011			
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X		
15 Were the bonds issued as part of an advance refunding issue?		X		
16 Has the final allocation of proceeds been made?	X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

Part III Private Business Use

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

**PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC.**

Schedule K (Form 990) 2013

13-1644147

Page 2

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	<input checked="" type="checkbox"/>							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	<input checked="" type="checkbox"/>							
c Are there any research agreements that may result in private business use of bond-financed property?		<input checked="" type="checkbox"/>						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	5.40							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6 Total of lines 4 and 5	5.40							
7 Does the bond issue meet the private security or payment test?		<input checked="" type="checkbox"/>						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		<input checked="" type="checkbox"/>						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	<input checked="" type="checkbox"/>							

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: PUBLIC FINANCE AUTHORITY

(F) DESCRIPTION OF PURPOSE:

TO PROVIDE FUNDS FOR PURCHASE OF NEW YORK OFFICE

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	296	24,547,663.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

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

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

Schedule M (Form 990) (2013)

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

Multiple horizontal lines for supplemental information.

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.

OMB No. 1545-0047

2013

Open to Public
Inspection

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

Name of the organization PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.	Employer identification number 13-1644147
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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE MISSION OF PPFA SHALL BE TO PROVIDE LEADERSHIP IN:

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

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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

EXPENSES \$ 1,935,387. INCLUDING GRANTS OF \$ 220,729. REVENUE \$ 0.

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

EXPENSES \$ 3,894,232. INCLUDING GRANTS OF \$ 428,626. REVENUE \$ 0.

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

EXPLANATION: PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. ("PPFA") IS A NOT-FOR-PROFIT MEMBERSHIP ORGANIZATION. THE MEMBERS OF PPFA ARE ITS

Name of the organization	PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.	Employer identification number	13-1644147
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SEPARATELY INCORPORATED AFFILIATES (ALL 501(C)(3) PUBLIC CHARITIES) AND THE PPFA BOARD OF DIRECTORS. EACH AFFILIATE HAS THREE (3) MEMBERSHIP VOTES, AND EACH MEMBER OF THE BOARD OF DIRECTORS HAS ONE (1) MEMBERSHIP VOTE.

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

EXPLANATION: THE MEMBERS OF PLANNED PARENTHOOD FEDERATION OF AMERICA ELECT THE BOARD OF DIRECTORS.

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

EXPLANATION: THE MEMBERSHIP APPROVES CHANGES IN THE BYLAWS.

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

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

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

EXPLANATION: CONFLICT OF INTEREST POLICY - PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. ("PPFA") ASKS ITS KEY EMPLOYEES, OTHER EMPLOYEES, OFFICERS AND OTHER BOARD MEMBERS TO REVIEW AND SIGN A CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS. PPFA'S LEGAL COUNSEL FOLLOWS UP TO RESOLVE ANY DISCLOSED CONFLICTS. IF A CONFLICT IS IDENTIFIED, THE INTERESTED INDIVIDUAL MAY NOT

Name of the organization	PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.	Employer identification number	13-1644147
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PARTICIPATE IN DELIBERATIONS OR DISCUSSIONS, BE PRESENT FOR A VOTE, OR VOTE ON THE MATTER.

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

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

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, WA, WV, WI

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

EXPLANATION: PLANNED PARENTHOOD FEDERATION OF AMERICA'S ANNUAL REPORT AND FORM 990 ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND ARE AVAILABLE UPON REQUEST.

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

EXPLANATION: EXECUTIVE COMMITTEE

PPFA BYLAWS PROVIDE FOR AN EXECUTIVE COMMITTEE WHICH IS RESPONSIBLE TO

Name of the organization	PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.	Employer identification number	13-1644147
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THE BOARD AND HAS FULL POWER TO ACT IN THE OPERATION AND MANAGEMENT OF PPFA IF AN URGENT MATTER ARISES BETWEEN BOARD MEETINGS. THE COMMITTEE MUST REQUEST THAT THE BOARD RATIFY THE COMMITTEE'S DECISIONS AT THE NEXT REGULARLY SCHEDULED BOARD MEETING. ALL MEMBERS OF THE EXECUTIVE COMMITTEE ARE MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER:

PROGRAM SERVICE EXPENSES	16,741,710.
MANAGEMENT AND GENERAL EXPENSES	3,188,954.
FUNDRAISING EXPENSES	1,596,153.
TOTAL EXPENSES	21,526,817.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	21,526,817.

FORM 990, PART IX, LINE 11G - FEES FOR SERVICE - OTHER

EXPLANATION: \$21,526,818 OF OTHER FEES FOR SERVICES CONSISTED OF CONSULTANT FEES (\$11,675,428), OTHER PROFESSIONAL FEES (\$6,720,317), REIMBURSED EXPENSES (\$880,885), DATABASE FEES(\$600,000), LIST USAGE (\$571,116), SECURITY EXPENSES (\$490,929), RECRUITMENT FEES (\$470,903), AND TEMPORARY HELP (\$117,240).

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

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	1,722,260.
GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUST	330,516.
GAIN ON HEDGED INTEREST RATE SWAP AGREEMENTS	96,514.
LOSS ON CONTRIBUTIONS RECEIVABLE	-135,795.
REVOCATION OF GRANTS AWARDED IN PRIOR YEAR	160,000.

TRANSFER OF PLANNED PARENTHOOD FOUNDATION'S NET ASSETS TO

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

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

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" 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
434W33CHC, LLC - 13-1644147 C/O PPFA 434 WEST 33RD ST NEW YORK, NY 10001	REAL ESTATE	VIRGINIA	0.	0.	PPFA
PROPER ATTIRE LLC - 27-1986483 C/O PPFA 434 WEST 33RD ST NEW YORK, NY 10001	CONDOM SALES	DELAWARE	409,648.	936,592.	PPFA
COMMUNITY CONNECT, LLC. - 46-3961161 C/O PPFA 434 WEST 33RD ST NEW YORK, NY 10001	AFFORDABLE CARE ACT CANVASSING	DELAWARE	6,000,000.	245,910.	PPFA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
PLANNED PARENTHOOD ACTION FUND, INC. (PPAF) - 13-3539048, 434 WEST 33RD STREET, NEW YORK, NY 10001	ADVOCACY	NEW YORK	501(C)(4)	N/A	PPFA	X	
PLANNED PARENTHOOD FOUNDATION - 13-3772613 434 WEST 33RD STREET NEW YORK, NY 10001	SUPPORTING	NEW YORK	501(C)(3)	LINE 11A, I	PPFA	X	
PLANNED PARENTHOOD VOTES - 13-4128897 434 WEST 33RD STREET NEW YORK, NY 10001	POLITICAL ACTIVITIES	NEW YORK	527	N/A	PLANNED PARENTHOOD ACTION FUND, INC.	X	
PLANNED PARENTHOOD ACTION FUND INC. PAC - 13-3885199, 434 WEST 33RD STREET, NEW YORK, NY 10001	POLITICAL ACTIVITIES	NEW YORK	527	N/A	PLANNED PARENTHOOD ACTION FUND, INC.	X	

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

Schedule R (Form 990) 2013

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?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PLANNED PARENTHOOD ACTION FUND INC.	A	41,327.	ESTIMATE BASED ON USAGE
(2) PLANNED PARENTHOOD ACTION FUND INC.	B	4,500,000.	ACTUAL AMOUNT DISBURSED
(3) PLANNED PARENTHOOD ACTION FUND INC.	L	824,056.	ESTIMATE BASED ON USAGE
(4) VOXENT	M	531,598.	ACTUAL AMOUNT DISBURSED
(5) PLANNED PARENTHOOD ACTION FUND INC.	N	556,294.	ESTIMATE BASED ON USAGE
(6) PLANNED PARENTHOOD ACTION FUND INC.	O	8,119,270.	ESTIMATE BASED ON USAGE

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) PLANNED PARENTHOOD ACTION FUND INC.	Q	9,540,947.	ACTUAL AMOUNT DISBURSED
(8) PLANNED PARENTHOOD FOUNDATION	S	3,043,161.	ACTUAL AMOUNT TRANSFERRED
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part VII Supplemental Information

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

PART II

EXPLANATION: DIRECT CONTROL OVER SECTION 527 ORGANIZATIONS

PLANNED PARENTHOOD FEDERATION OF AMERICA DOES NOT DIRECTLY CONTROL

PLANNED PARENTHOOD VOTES OR PLANNED PARENTHOOD ACTION FUND PAC, INC.

DIRECT CONTROL OVER THESE ENTITIES IS EXERCISED BY PLANNED PARENTHOOD

ACTION FUND, INC.