



2008 Income Tax Returns

PLANNED PARENTHOOD FEDERATION OF AMERICA INC.

Return of Organization Exempt From Income Tax

2008

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning 07/01, 2008, and ending 06/30, 2009

Form header section containing fields B through K: B Check if applicable: C Name of organization PLANNED PARENTHOOD FEDERATION OF AMER... D Employer identification number 13-1644147... E Telephone number (212) 541-7800... F Name and address of principal officer: CECILE RICHARDS... G Gross receipts \$ 214,124,947... H(a) Is this a group return for affiliates? Yes No... H(b) Are all affiliates included? Yes No... I Tax-exempt status: X 501(c)(3) 4947(a)(1) or 527... J Website: WWW.PLANNEDPARENTHOOD.ORG... K Type of organization: X Corporation... L Year of formation: 1922... M State of legal domicile: NY

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Activities & Governance... 7b Net unrelated business taxable income... 8-12 Revenue... 13-19 Expenses... 20-22 Net Assets or Fund Balances

Part II Signature Block

Signature block section containing: Sign Here, Under penalties of perjury, I declare that I have examined this return... Signature of officer, Date, Preparer's signature, Date, Preparer's identifying number P00741489, Firm's name (or yours if self-employed) KPMG LLP, address, and ZIP + 4 345 PARK AVENUE NEW YORK, NY 10154-0102, EIN 13-5565207, Phone no. 212-758-9700

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE STATEMENT 1

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

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

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 45,280,600. including grants of \$ 25,011,342.) (Revenue \$ _____)

GRANTS AND SERVICES TO AFFILIATES - USA DOMESTIC CENTERED PROGRAMS DESIGNED TO ASSIST THE FEDERATION'S AFFILIATES IN THEIR EFFORTS TO PROVIDE OUTSTANDING SERVICES TO PATIENTS AND THE COMMUNITIES THEY SERVE.

4b (Code: _____) (Expenses \$ 14,654,469. including grants of \$ 2,504,737.) (Revenue \$ _____)

SERVICE TO THE FIELD OF FAMILY PLANNING - USA DOMESTIC-CENTERED PROGRAMS DESIGNED TO ENSURE THE FEDERATION'S LEADERSHIP IN SERVICE TO THE ENTIRE FIELD OF FAMILY PLANNING AND REPRODUCTIVE CHOICE, INCLUDING ADVOCACY, MEDICAL SERVICES AND EDUCATION.

4c (Code: _____) (Expenses \$ 6,218,347. including grants of \$ 1,733,175.) (Revenue \$ _____)

INTERNATIONAL ASSISTANCE - FAMILY PLANNING - PROGRAMS DESIGNED TO ADVANCE THE REPRODUCTIVE HEALTH AND THE RIGHTS OF WOMEN AND THEIR FAMILIES OUTSIDE THE UNITED STATES.

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

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ▶ \$ 66,153,416. (Must equal Part IX, Line 25, column (B).)

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 Schedule B, Schedule of Contributors?	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? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any accounts where 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; 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 hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</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 U.S.?	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21	Did the organization report more than \$5,000 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 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, questions 3, 4, or 5? <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 questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) 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	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <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 section 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, Parts II, III, IV, and V, line 1</i>	X	
35	Is any related organization 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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, question text, and Yes/No columns. Includes questions 1a through 12b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions about voting members, family relationships, management delegation, organizational changes, asset diversions, members/stockholders, governing body decisions, meeting documentation, local chapters, Form 990 review, and officer reachability.

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows include questions about conflict of interest policy, disclosure requirements, whistleblower policy, document retention, compensation review, and joint venture arrangements.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include questions about state filing requirements, public inspection of forms, website availability, and disclosure of governing documents and contact information.

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

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

- 1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(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			
SEE SCHEDULE J-2										

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

Table with 7 columns: (A) Name and title, (B) Average hours per week, (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.

1b Total 2,166,533. 101,550. 201,886.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 57

Table with 3 columns: Question number, Question text, Yes/No columns. Questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1 contains 'SEE STATEMENT 4'.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 35

Part VIII Statement of Revenue

13-1644147

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 512,851.					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d 100,000.					
	e	Government grants (contributions) . .	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f 104,922,981.					
	g	Noncash contributions included in lines 1a-1f: \$	28,758,107.					
	h	Total. Add lines 1a-1f ▶		105,535,832.				
	Program Service Revenue	2a	MEETING REVENUE	Business Code 900099	454,217.	454,217.		
		b						
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f ▶		454,217.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		948,375.		948,375.		
	4	Income from investment of tax-exempt bond proceeds . . . ▶		NONE				
	5	Royalties ▶		NONE				
	6a	Gross Rents	(i) Real					
			(ii) Personal					
			b	Less: rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss) ▶		NONE				
	7a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			b	Less: cost or other basis and sales expenses	103,638,675.	106,612,999.		
			c	Gain or (loss)	-2,974,324.			
	d	Net gain or (loss) ▶		-2,974,324.		-2,974,324.		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18.	a	278,700.				
			b	Less: direct expenses	91,971.			
			c	Net income or (loss) from fundraising events ▶		186,729.		186,729.
	9a	Gross income from gaming activities. See Part IV, line 19.	a					
b			Less: direct expenses					
c			Net income or (loss) from gaming activities ▶		NONE			
10a	Gross sales of inventory, less returns and allowances	a	1,536,837.					
		b	Less: cost of goods sold	1,062,181.				
		c	Net income or (loss) from sales of inventory. ▶		474,656.	474,656.		
Miscellaneous Revenue			Business Code					
11a	MEDICAL REFUND	900099	440,796.			440,796.		
		b	PPF/PPAF ADMIN/OCCUPANCY FEE	900099	140,400.		140,400.	
		c	LIST RENTAL	900099	154,217.		154,217.	
		d	All other revenue	900099	996,898.		996,898.	
		e	Total. Add lines 11a-11d ▶		1,732,311.			
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		106,357,796.	928,873.	NONE	-106,909.		

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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 U.S. See Part IV, line 21 . . .	27,516,079.	27,516,079.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	1,733,175.	1,733,175.		
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	1,091,824.	450,422.	403,360.	238,042.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	19,648,970.	13,722,205.	3,550,491.	2,376,274.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	750,646.	524,227.	135,639.	90,780.
9 Other employee benefits	2,349,592.	1,769,468.	268,194.	311,930.
10 Payroll taxes	1,351,407.	923,455.	252,500.	175,452.
11 Fees for services (non-employees):				
a Management	NONE			
b Legal	876,091.	555,052.	251,841.	69,198.
c Accounting	291,895.	116,800.	175,095.	NONE
d Lobbying	108,412.	98,633.		9,779.
e Professional fundraising services. See Part IV, line 17	2,080,221.			2,080,221.
f Investment management fees	129,470.		129,470.	
g Other	7,975,896.	6,081,965.	909,704.	984,227.
12 Advertising and promotion	80,939.	31,696.	42,570.	6,673.
13 Office expenses	7,146,081.	3,844,711.	737,291.	2,564,079.
14 Information technology	306,653.	232,051.	43,816.	30,786.
15 Royalties	NONE			
16 Occupancy	4,901,792.	3,606,061.	624,072.	671,659.
17 Travel	1,961,144.	1,702,821.	126,025.	132,298.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	951,630.	822,330.	83,118.	46,182.
20 Interest	343,818.	250,967.	44,720.	48,131.
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	1,815,716.	1,325,473.	236,043.	254,200.
23 Insurance	400,499.	311,352.	53,342.	35,805.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>SUBSCRIPTION & REFERENCE PUB</u>	120,170.	94,556.	9,834.	15,780.
b <u>MISCELLANEOUS EXPENSES</u> _____	652,107.	439,917.	140,115.	72,075.
c _____				
d _____				
e _____				
f All other expenses _____				
25 Total functional expenses. Add lines 1 through 24f	84,584,227.	66,153,416.	8,217,240.	10,213,571.
26 Joint Costs. Check here <input checked="" type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	7,532,880.	3,312,427.		4,220,453.

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,200.	1	1,435.
	2 Savings and temporary cash investments	5,954,738.	2	4,685,706.
	3 Pledges and grants receivable, net	28,744,493.	3	10,394,498.
	4 Accounts receivable, net	2,623,838.	4	2,087,773.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sales or use	523,978.	8	750,198.
	9 Prepaid expenses and deferred charges	653,021.	9	869,159.
	10a Land, buildings, and equipment: cost basis	10a 21,672,865.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D.	10b 8,134,438.	15,015,198.	10c 13,538,427.
	11 Investments - publicly traded securities	SFMT 5 65,389,909.	11	94,855,782.
	12 Investments - other securities. See Part IV, line 11	4,059,146.	12	2,209,922.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,392,115.	15	2,812,045.
16 Total assets. Add lines 1 through 15 (must equal line 34)	126,358,636.	16	132,204,945.	
Liabilities	17 Accounts payable and accrued expenses	10,327,145.	17	8,893,197.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	11,815,000.	20	10,940,000.
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 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		24	
	25 Other liabilities. Complete Part X of Schedule D	16,527,368.	25	16,016,423.
	26 Total liabilities. Add lines 17 through 25.	38,669,513.	26	35,849,620.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	29,167,161.	27	30,821,451.
	28 Temporarily restricted net assets	39,610,429.	28	47,067,928.
	29 Permanently restricted net assets	18,911,533.	29	18,465,946.
	Organizations that do not follow SFAS 117, 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	87,689,123.	33	96,355,325.
34 Total liabilities and net assets/fund balances	126,358,636.	34	132,204,945.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?		X
c	If "Yes" to lines 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?		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits?		

Public Charity Status and Public Support

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization PLANNED PARENTHOOD FEDERATION OF AMERICA INC.	Employer identification number 13-1644147
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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: (Please check only **one** organization.)

- 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)**. (Attach Schedule H.)
- 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)**. (see instructions)
- 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 - Other
- 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?
 - (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?

	Yes	No
11g(i)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- h Provide the following information about the organizations the organization supports.

(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 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.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (See instructions.) 12 16,611,449.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 83.99%. Row 15: Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 91.62%.

16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]

b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test - 2008. 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 "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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

Table with 3 columns: Description, Line Number, Percentage. Rows include: 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)); 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows include: 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)); 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

19a 33 1/3% support tests - 2008. 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.
19b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
SPECIAL EVENTS		1,382,878.	335,347.	146,227.	278,700.	2,143,152.
TOTALS		1,382,878.	335,347.	146,227.	278,700.	2,143,152.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2008

Name of the organization

PLANNED PARENTHOOD FEDERATION OF AMERICA INC.

Employer identification number

13-1644147

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33¹/₃ % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization PLANNED PARENTHOOD FEDERATION OF AMERICA INC.	Employer identification number 13-1644147
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	_____	\$ 8,415,379.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	_____	\$ 21,549,647.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	_____	\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	_____	\$ 5,435,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization PLANNED PARENTHOOD FEDERATION OF AMERICA INC.

Employer identification number

13-1644147

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	DONATED STOCK _____ _____ _____	\$ 21,549,647.	VAR _____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury
Internal Revenue Service

To be completed by organizations described below.
Attach to Form 990 or Form 990-EZ.

- If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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(cy)(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), 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 To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details.

- 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 To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details.

- 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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details.

- 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 of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and 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.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A** Check if the filing organization belongs to an affiliated group.
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)	157,689.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	625,185.													
c Total lobbying expenditures (add lines 1a and 1b)	782,874.													
d Other exempt purpose expenditures	73,587,782.													
e Total exempt purpose expenditures (add lines 1c and 1d)	74,370,656.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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.													
h Subtract line 1g from line 1a. Enter -0- if line g is more than line a														
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c														
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 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2 a Lobbying non-taxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% line 2a, column(e))					6,000,000.
c Total lobbying expenditures	208,540.	336,296.	832,238.	782,874.	2,159,948.
d Grassroots non-taxable 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	144,729.	85,126.	116,565.	157,689.	504,109.

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?.

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carryover lobbying and political expenditures from the prior year?.

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

Table with 2 main columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 2a Current year; 2b Carryover from last year; 2c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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?; 5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4).

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5 and Part II-B, line 1i. Also, complete this part for any additional information.

Series of horizontal dashed lines for providing supplemental information.

Supplemental Financial Statements

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

Employer identification number

PLANNED PARENTHOOD FEDERATION OF AMERICA INC.

13-1644147

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

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

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

Table with 3 columns: Question number, Description, and Held at the End of the Year. Rows include purpose(s) of easements, number of easements, acreage, and monitoring expenses.

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

Table with 3 columns: Question number, Description, and Amount. Rows include questions about reporting art and historical treasures and the amounts reported.

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

- 3 Using the organization's 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 XIV.
- 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 Trust, Escrow and Custodial Arrangements. Complete if 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 XIV 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 XIV.

Part V Endowment Funds. Complete if 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	35,755,268.				
b Contributions	157,946.				
c Investment earnings or losses	-5,137,961.				
d Grants or scholarships					
e Other expenditures for facilities and programs	763,748.				
f Administrative expenses					
g End of year balance	30,011,505.				

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶ 41.0000 %
 - b Permanent endowment ▶ 59.0000 %
 - c Term endowment ▶ _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---------------------------------------|-----|----|
| (i) unrelated organizations | X | |
| (ii) related organizations | | X |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		13,889,875.	2,874,976.	11,014,899.
d Equipment		7,782,990.	5,259,462.	2,523,528.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				13,538,427.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other _____		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) ▶		

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

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

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

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) ▶	

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

(a) Description of liability	(b) Amount	
Federal income taxes		
AMTS HELD ON BEHALF OF AFFILIATES	1,952,813.	
LIABILITY UNDER SPLIT INTEREST	11,719,493.	
DUE TO RELATED ORGANIZATIONS	2,344,117.	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶	16,016,423.	

In Part XIV, 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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Table with 10 rows and 3 columns: Line number, Description, and Amount. Total revenue: 106,357,796. Total expenses: 84,584,227. Excess or (deficit) for the year: 21,773,569.

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

Table with 5 main rows and sub-rows (a-e) and 3 columns: Line number, Description, and Amount. Total revenue: 94,183,140. Total revenue after adjustments: 106,357,796.

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

Table with 5 main rows and sub-rows (a-e) and 3 columns: Line number, Description, and Amount. Total expenses: 85,516,938. Total expenses after adjustments: 84,584,227.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SEE PAGE 5

Series of horizontal dashed lines for providing supplemental information.

Part XIV Supplemental Information (continued)

ENDOWMENT PURPOSE

SCHEDULE D, PART V

THE PURPOSE OF THE ENDOWMENT FUND IS TO PROVIDE FUTURE INCOME FOR PPFA'S OPERATIONS. THE QUASI-ENDOWMENT DOES SO AS WELL, AS A MEANS OF DIVERSIFYING PPFA'S REVENUE BASE, WHICH OTHERWISE RELIES LARGELY ON ANNUAL FUNDRAISING. THE QUASI-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.

RECONCILING ITEMS

PART XI, XII, XIII

PART XI, LINE 8 - OTHER CHANGES IN NET ASSETS

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	\$ (2,771,906)
LOSS ON BENEFICIAL INTEREST IN PERPETUAL TRUST	\$ (580,070)
LOSS ON HEDGED INTEREST RATE SWAP AGREEMENTS	\$ (367,835)
LOSS ON CONTRIBUTIONS RECEIVABLE	\$ (6,012,744)
TOTAL	\$ (9,732,555)

PART XII, LINE 2D - REVENUE ON AUDIT F/S, BUT NOT ON TAX RETURN

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	\$ (2,771,906)
LOSS ON BENEFICIAL INTEREST IN PERPETUAL TRUST	\$ (580,070)
LOSS ON HEDGED INTEREST RATE SWAP AGREEMENTS	\$ (367,835)
LOSS ON CONTRIBUTIONS RECEIVABLE	\$ (6,012,744)

Part XIV Supplemental Information (continued)

TOTAL \$ (9,732,555)

=====

PART XII, LINE 4B - REVENUE ON TAX RETURN BUT NOT ON AUDIT F/S

COST OF GOODS SOLD \$ (1,062,181)

=====

PART XIII, LINE 2D - EXPENSES ON AUDIT F/S, BUT NOT ON TAX RETURN

COST OF GOODS SOLD \$ 1,062,181

=====

Part XIV Supplemental Information (continued)

FIN 48 - UNCERTAIN TAX POSITIONS

IN JUNE 2006, THE FASB ISSUED FASB INTERPRETATION NO. 48, ACCOUNTING FOR
 UNCERTAINTY IN INCOME TAXES, AN INTERPRETATION OF FASB STATEMENT NO. 109
 (FIN 48), WHICH ADDRESSES THE ACCOUNTING FOR UNCERTAINTIES IN INCOME
 TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS AND PRESCRIBES A
 THRESHOLD OF MORE-LIKELY-THAN-NOT FOR RECOGNITION AND DE-RECOGNITION OF
 TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. FIN 48 ALSO
 PROVIDES RELATED GUIDANCE ON MEASUREMENT, CLASSIFICATION, INTEREST AND
 PENALTIES, AND DISCLOSURE. THERE WAS NO SIGNIFICANT IMPACT TO THE PLANNED
 PARENTHOOD FEDERATION OF AMERICA'S FINANCIAL STATEMENTS AS A RESULT OF
 THE ADOPTION OF FIN 48.

Schedule F
(Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of 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 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
CENTRAL AMERICA/CARIBBEAN	NONE	NONE	PROGRAM SERVICES	REPRODUCTIVE HEALTH	724,238.
SOUTH AMERICA	NONE	NONE	PROGRAM SERVICES	REPRODUCTIVE HEALTH	524,926.
EAST ASIA AND THE PACIFIC	1	5	PROGRAM SERVICES	REPRODUCTIVE HEALTH	353,080.
SOUTH ASIA	NONE	NONE	PROGRAM SERVICES	REPRODUCTIVE HEALTH	121,052.
SUB-SAHARAN AFRICA	3	14	PROGRAM SERVICES	REPRODUCTIVE HEALTH	1,371,795.
NORTH AMERICA	NONE	NONE	PROGRAM SERVICES	REPRODUCTIVE HEALTH	58,752.
Totals ▶	4	19			3,153,843.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2008

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
 Use Schedule F-1 (Form 990) 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)
			SEE SCHEDULE F-1						

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 49
3 Enter total number of other organizations or entities NONE

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Schedule F-1 (Form 990) if additional space is needed.

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

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

INTERNATIONAL GRANT PROCESS

SCHEDULE F

AT THE DEVELOPMENT PHASE OF EACH PROJECT, PLANNED PARENTHOOD FEDERATION OF AMERICA INTERNATIONAL 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 II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F, (Form 990), Part II)

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)
			CENT. AMERICA/CARIBBEAN	REPRO HEALTH	40,810.	WIRE TRANSFE			
			CENT. AMERICA/CARIBBEAN	REPRO HEALTH	35,695.	WIRE TRANSFE	171.	COMMODITIES	COST
			CENT. AMERICA/CARIBBEAN	REPRO HEALTH	45,178.	WIRE TRANSFE	16,965.	COMMODITIES	COST
			CENT. AMERICA/CARIBBEAN	REPRO HEALTH	41,388.	WIRE TRANSFE	2,302.	COMMODITIES	COST
			CENT. AMERICA/CARIBBEAN	REPRO HEALTH	49,683.	WIRE TRANSFE	1,582.	COMMODITIES	COST
			CENT. AMERICA/CARIBBEAN	REPRO HEALTH	12,100.	WIRE TRANSFE	1,290.	COMMODITIES	COST
			CENT. AMERICA/CARIBBEAN	REPRO HEALTH	30,615.	WIRE TRANSFE	280.	COMMODITIES	COST
			CENT. AMERICA/CARIBBEAN	REPRO HEALTH	30,270.	WIRE TRANSFE	402.	COMMODITIES	COST
			CENT. AMERICA/CARIBBEAN	REPRO HEALTH	7,130.	WIRE TRANSFE			
			CENT. AMERICA/CARIBBEAN	REPRO HEALTH	53,800.	WIRE TRANSFE			
			CENT. AMERICA/CARIBBEAN	REPRO HEALTH	10,000.	WIRE TRANSFE			
			CENT. AMERICA/CARIBBEAN	REPRO HEALTH	93,725.	WIRE TRANSFE	24,574.	COMMODITIES	COST
			CENT. AMERICA/CARIBBEAN	REPRO HEALTH	17,785.	WIRE TRANSFE			
			CENT. AMERICA/CARIBBEAN	REPRO HEALTH	80,450.	WIRE TRANSFE	2,672.	COMMODITIES	COST
			SOUTH AMERICA	REPRO HEALTH	200,304.	WIRE TRANSFE			
			SOUTH AMERICA	REPRO HEALTH	43,760.	WIRE TRANSFE			
			SOUTH AMERICA	REPRO HEALTH	50,736.	WIRE TRANSFE	13,382.	COMMODITIES	COST
			SOUTH AMERICA	REPRO HEALTH	110,574.	WIRE TRANSFE			
			EAST ASIA AND THE PACIFI	REPRO HEALTH	77,915.	WIRE TRANSFE			

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F, (Form 990), Part II)

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)
			EAST ASIA AND THE PACIFI	REPRO HEALTH	54,840.	WIRE TRANSFE			
			EAST ASIA AND THE PACIFI	REPRO HEALTH	19,910.	WIRE TRANSFE			
			EAST ASIA AND THE PACIFI	REPRO HEALTH	9,875.	WIRE TRANSFE			
			EAST ASIA AND THE PACIFI	REPRO HEALTH	11,245.	WIRE TRANSFE			
			SOUTH ASIA	REPRO HEALTH	10,440.	WIRE TRANSFE			
			SOUTH ASIA	REPRO HEALTH	17,360.	WIRE TRANSFE			
			SOUTH ASIA	REPRO HEALTH	28,090.	WIRE TRANSFE			
			SUB-SAHARAN AFRICA	REPRO HEALTH	41,735.	WIRE TRANSFE			
			SUB-SAHARAN AFRICA	REPRO HEALTH	29,695.	WIRE TRANSFE			
			SUB-SAHARAN AFRICA	REPRO HEALTH	12,720.	WIRE TRANSFE			
			SUB-SAHARAN AFRICA	REPRO HEALTH	16,755.	WIRE TRANSFE			
			SUB-SAHARAN AFRICA	REPRO HEALTH	17,005.	WIRE TRANSFE	1,644.	COMMODITIES	COST
			SUB-SAHARAN AFRICA	REPRO HEALTH	71,400.	WIRE TRANSFE	6,093.	COMMODITIES	COST
			SUB-SAHARAN AFRICA	REPRO HEALTH	18,230.	WIRE TRANSFE	4,482.	COMMODITIES	COST
			SUB-SAHARAN AFRICA	REPRO HEALTH	5,665.	WIRE TRANSFE	1,239.	COMMODITIES	COST
			SUB-SAHARAN AFRICA	REPRO HEALTH	23,255.	WIRE TRANSFE	4,533.	COMMODITIES	COST
			SUB-SAHARAN AFRICA	REPRO HEALTH	14,145.	WIRE TRANSFE			
			SUB-SAHARAN AFRICA	REPRO HEALTH	5,450.	WIRE TRANSFE			
			SUB-SAHARAN AFRICA	REPRO HEALTH	8,710.	WIRE TRANSFE			

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F, (Form 990), Part II)

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	REPRO HEALTH	9,360.	WIRE TRANSFE			
			SUB-SAHARAN AFRICA	REPRO HEALTH	9,955.	WIRE TRANSFE	3,675.	COMMODITIES	COST
			SUB-SAHARAN AFRICA	REPRO HEALTH	9,423.	WIRE TRANSFE			
			SUB-SAHARAN AFRICA	REPRO HEALTH	9,080.	WIRE TRANSFE			
			SUB-SAHARAN AFRICA	REPRO HEALTH	30,085.	WIRE TRANSFE	3,770.	COMMODITIES	COST
			SUB-SAHARAN AFRICA	REPRO HEALTH	14,240.	WIRE TRANSFE			
			SUB-SAHARAN AFRICA	REPRO HEALTH	53,970.	WIRE TRANSFE	11,153.	COMMODITIES	COST
			SUB-SAHARAN AFRICA	REPRO HEALTH	17,635.	WIRE TRANSFE	3,292.	COMMODITIES	COST
			SUB-SAHARAN AFRICA	REPRO HEALTH	16,770.	WIRE TRANSFE	3,382.	COMMODITIES	COST
			SUB-SAHARAN AFRICA	REPRO HEALTH	30,560.	WIRE TRANSFE	3,083.	COMMODITIES	COST
			SUB-SAHARAN AFRICA	REPRO HEALTH	61,162.	WIRE TRANSFE			

Part III Continuation of Grants and Other Assistance to Individuals Outside the United States. (Schedule F (Form 990), Part III.)

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Name of the organization

PLANNED PARENTHOOD FEDERATION OF AMERICA INC.

Employer identification number

13-1644147

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? 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. Form 990-EZ filers are not required to complete this table.

(i) Name 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 AND PEARS	CONSULTING		X	14,249,149.	559,499.	13,689,650.
DONOR SERVICES GROUP	TELEMARKET		X	549,508.	426,913.	122,595.
TELEFUND	TELEMARKET		X	663,495.	404,707.	258,788.
HARRIS DIRECT	TELEMARKET		X	576,397.	363,976.	212,421.
THE SHARE GROUP	TELEMARKET		X	225,870.	151,004.	74,866.
WATERSHED	CONSULTING		X	1,794,446.	66,183.	1,728,263.
GORDON SCHWENKMEYER INC	TELEMARKET		X	66,380.	57,482.	8,898.
DIRECT ADVANTAGE MARKETING	TELEMARKET		X	133,056.	27,285.	105,771.
SD AND A TELESERVICES	TELEMARKET		X	19,946.	20,162.	-216.
ARIA COMMUNICATIONS	TELEMARKET		X	7,064.	3,010.	4,054.
Total				18,285,311.	2,080,221.	16,205,090.

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. 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))
		GALA (event type)	CHOICE ART (event type)	1 (total number)	
Revenue	1 Gross receipts	266,900.	7,500.	4,300.	278,700.
	2 Less: Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	266,900.	7,500.	4,300.	278,700.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	85,971.	6,000.	NONE	91,971.
	8 Direct expense summary. Add lines 4 through 7 in column (d)				(91,971.)
9 Net income summary. Combine lines 3 and 8 in column (d)					186,729.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					()
8 Net gaming income summary. Combine lines 1 and 7 in column (d)					

	Yes	No
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?	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	13a	%	
b An outside facility	13b	%	
14 Provide the name and address of the person who prepares the organization's gaming/special event books and records:			
Name ▶ _____			
Address ▶ _____			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			
15a			
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:			
Name ▶ _____			
Address ▶ _____			
16 Gaming manager information:			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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?			
17a			
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

PLANNED PARENTHOOD FEDERATION OF AMERICA INC.

Employer identification number

13-1644147

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) 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
SEE SCHEDULE I-1							

- Enter total number of section 501(c)(3) and government organizations 102
- Enter total number of other organizations 2

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

GRANTS _____

FORM 990, SCH I, PART I, LINE 2 _____

THE ORGANIZATION'S MANAGEMENT MONITORS, ON A CONTINUING BASIS, THE USAGE _____

OF GRANTS TO ENSURE SUCH GRANTS ARE USED FOR INTENDED PURPOSES. _____

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)**

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVOCATES FOR YOUTH 2000 M ST NW STE 750 WASHINGTON, DC 20036	521173590	501C(3)	15,284.				REPRODUCTIVE HEALTH
ARABELLA LEGACY FUND 734 15TH ST STE 600 WASHINGTON, DC 20005	205806345	501C(3)	15,000.				REPRODUCTIVE HEALTH
CALIFORNIA PLANNED PARENTHOOD EDUCATION FUN 555 CAPITOL MALL 510 SACRAMENTO, CA 95814	680358026	501C(3)	160,000.				REPRODUCTIVE HEALTH
FAMILY VIOLENCE PREVENTION FUND 383 RHODE ISLAND 304 SACRAMENTO, CA 94103	943110973	501C(3)	10,000.				REPRODUCTIVE HEALTH
GUTTMACHER INSTITUTE 125 MAIDEN LANE 7TH FL NEW YORK, NY 10038	132890727	501C(3)	250,000.				REPRODUCTIVE HEALTH
MT BAKER PLANNED PARENTHOOD 2300 JAMES ST STE 207 BELLINGHAM, WA 98225	910846274	501C(3)	8,247.				REPRODUCTIVE HEALTH
NATIONAL LATINA INSTITUTE FOR REPRODUCTIVE 50 BROAD STREET STE 1825 NEW YORK, NY 10004	521891734	501C(3)	30,000.				REPRODUCTIVE HEALTH
NORTHERN ADIRONDACK PLANNED PARENTHOOD INC 66 BRINKERHOFF ST PLATTSBURGH, NY 12901	237165566	501C(3)	16,587.				REPRODUCTIVE HEALTH
PLANNED PARENTHOOD ACTION FUND 434 WEST 33RD ST NEW YORK, NY 10001	133693391	501C(4)	4,509,223.				REPRODUCTIVE HEALTH
PLANNED PARENTHOOD LOS ANGELES 400 W 30TH STREET LOS ANGELES, CA 90007	952408623	501C(3)	150,541.				REPRODUCTIVE HEALTH
PLANNED PARENTHOOD OF ARIZONA 2255 NORTH WYATT DRIVE TUCSON, AZ 85712	860146520	501C(3)	994,422.				REPRODUCTIVE HEALTH
PLANNED PARENTHOOD OF CENTRAL OHIO 206 EAST STATE STREET COLUMBUS, OH 43219	314379502	501C(3)	140,249.				REPRODUCTIVE HEALTH
PLANNED PARENTHOOD OF DELAWARE 625 SHIPLEY STREET WILMINGTON, DE 19801	510066725	501C(3)	217,428.				REPRODUCTIVE HEALTH
PLANNED PARENTHOOD OF GEORGIA 75 PIEDMONT AVE STE 800 ATLANTA, GA 30303	586045874	501C(3)	280,444.				REPRODUCTIVE HEALTH
PLANNED PARENTHOOD OF MONTANA 100 W WICKS LANE BILLINGS, MT 59105	810307201	501C(3)	31,273.				REPRODUCTIVE HEALTH

2 Enter total number of Section 501(c)(3) and government organizations	102
3 Enter total number of other organizations	2

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)**

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD OF THE GREAT NORTHWEST 2001 EAST MADISON STREET SEATTLE, WA 98225	910686012	501C (3)	153,000.				REPRODUCTIVE HEALTH
PLANNED PARENTHOOD SHASTA DIABLO 101 BROADWAY RICHMOND, CA 94804	941575233	501C (3)	42,363.				REPRODUCTIVE HEALTH
PP ASSOC. OF MERCER AREA 437 E STATE ST TRENTON, NJ 08608	210723248	501C (3)	23,000.				REPRODUCTIVE HEALTH
PP ASSOCIATION OF BUCKS COUNTY 610 LOUIS DRIVE WARMINSTER, PA 18974	231651210	501C (3)	57,021.				REPRODUCTIVE HEALTH
PP ASSOCIATION OF PENNSYLVANIA 300 N 2ND ST STE 400 HARRISBURG, PA 17101	231989400	501C (3)	7,500.				REPRODUCTIVE HEALTH
PP ASSOCIATION OF THE MERCER AREA 437 E STATE STREET TRENTON, NJ 08608	21-0723248	501C (3)	8,258.				REPRODUCTIVE HEALTH
PP ASSOCIATION OF UTAH 654 SOUTH 900 EAST SALT LAKE CITY, UT 84102	87-0288909	501C (3)	28,118.				REPRODUCTIVE HEALTH
PP CENTER OF EL PASO INC 1801 WYOMING STE 202 EL PASO, TX 79902	74-1157987	501C (3)	7,500.				REPRODUCTIVE HEALTH
PP CENTERS OF WEST MICHIGAN 425 CHERRY STREET SE GRAND RAPIDS, MI 49503	38-1782520	501C (3)	6,179.				REPRODUCTIVE HEALTH
PP OF THE COLUMBIA/WILLIAMETTE, INC. 3231 SE 50TH ST PORTLAND, OR 97206	936031270	501C (3)	103,763.				REPRODUCTIVE HEALTH
PP HEALTH SERVICES OF SOUTHWESTERN OREGON 1670 HIGH STREET EUGENE, OR 97401	93-0573822	501C (3)	12,465.				REPRODUCTIVE HEALTH
PP HEALTH SYSTEMS INC 100 S BOYLAN AVENUE RALEIGH, NC 27603	561282557	501C (3)	759,395.				REPRODUCTIVE HEALTH
PP LEAGUE OF MASSACHUSETTS 1055 COMMONWEALTH AVE BOSTON, MA 02215	042698497	501C (3)	214,766.				REPRODUCTIVE HEALTH
PP MAR MONTE 1691 THE ALAMEDA SAN JOSE, CA 95126	94-1583439	501C (3)	211,226.				REPRODUCTIVE HEALTH
PP METROPOLITAN WASHINGTON DC INC 1108 16TH STREET NW WASHINGTON, DC 20036	530204621	501C (3)	367,597.				REPRODUCTIVE HEALTH

2 Enter total number of Section 501(c)(3) and government organizations ▶ _____

3 Enter total number of other organizations ▶ _____

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

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Department of the Treasury
Internal Revenue Service

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP MINNESOTA SO DAKOTA NO DAKOTA 1965 FORD PARKWAY ST PAUL, MN 55116	410948382	501C (3)	820,224.				REPRODUCTIVE HEALTH
PP MOHAWK HUDSON 1424 GENESSE STREET UTICA, NY 13502	146004167	501C (3)	7,092.				REPRODUCTIVE HEALTH
PP NORTH EAST MID PENNSYLVANIA 6900 HAMILTON BLVD TREXELTOWN, PA 18087	232450112	501C (3)	98,810.				REPRODUCTIVE HEALTH
PP NORTHEAST OHIO 444 WEST EXCHANGE STREET AKRON, OH 44302	341015976	501C (3)	360,601.				REPRODUCTIVE HEALTH
PP OF ARKANSAS AND EASTERN OKLAHOMA 5780 S PEORIA TULSA, OK 74105	73-0685955	501C (3)	110,079.				REPRODUCTIVE HEALTH
PP OF WACO FAMILY PLANNING AND SURGICAL SE 1121 ROSS AVE WACO, TX 76703	742329031	501C (3)	141,000.				REPRODUCTIVE HEALTH
PP OF ALABAMA INC 1211 S 27 PLACE SOUTH BIRMINGHAM, AL 35205	63-0341404	501C (3)	360,145.				REPRODUCTIVE HEALTH
PP OF ALASKA 4001 LAKE OTIS PARKWAY ANCHORAGE, AK 99508	23-7033773	501C (3)	17,600.				REPRODUCTIVE HEALTH
PP OF CENTRAL NJ 69 E NEWMAN SPRINGS RD SHREWSBURY, NJ 07702	210658062	501C (3)	15,045.				REPRODUCTIVE HEALTH
PP OF CENTRAL NORTH CAROLINA 1765 DOBBINS AVE CHAPEL HILL, NC 27514	581484820	501C (3)	504,030.				REPRODUCTIVE HEALTH
PP OF CENTRAL PENNSYLVANIA INC 728 S BEAVER STREET YORK, PA 17403	231580959	501C (3)	27,497.				REPRODUCTIVE HEALTH
PP OF CENTRAL TEXAS 1121 ROSS AVENUE PO 1518 WACO, TX 76703	741143143	501C (3)	23,185.				REPRODUCTIVE HEALTH
PP OF CENTRAL WASHINGTON 1117 TIETON DR STE 1000 YAKIMA, WA 98902	91-6071384	501C (3)	14,004.				REPRODUCTIVE HEALTH
PP OF CHESTER COUNTY 8 SOUTH WAYNE ST WEST CHESTER, PA 19382	231683247	501C (3)	70,000.				REPRODUCTIVE HEALTH
PP OF CONNECTICUT INC 345 WHITNEY AVE NEW HAVEN, CT 06511	060263565	501C (3)	151,137.				REPRODUCTIVE HEALTH

2 Enter total number of Section 501(c)(3) and government organizations ▶ _____

3 Enter total number of other organizations ▶ _____

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)**

Name of the organization PLANNED PARENTHOOD FEDERATION OF AMERICA INC.	Employer identification number 13-1644147
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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP OF EAST CENTRAL IOWA 3425 FIRST AV SE 100 CEDAR RAPIDS, IA 52402	421132892	501C(3)	12,825.				REPRODUCTIVE HEALTH
PP OF GOLDEN GATE 815 EDDY ST 100 SAN FRANCISCO, CA 94109	946138828	501C(3)	175,022.				REPRODUCTIVE HEALTH
PP OF GREATER IOWA 1171 7TH STREET DES MOINES, IA 50314	42-0727488	501C(3)	501,906.				REPRODUCTIVE HEALTH
PP OF GREATER NORTHERN NEW JERSEY 196 SPEEDWELL AVENUE MORRISTOWN, NJ 07960	221643997	501C(3)	28,521.				REPRODUCTIVE HEALTH
PP OF GREATER ORLANDO 726 SOUTH TAMPA AVE 1100 ORLANDO, FL 32805	593092996	501C(3)	373,913.				REPRODUCTIVE HEALTH
PP OF HAWAII 1350 S KING ST 309 HONOLULU, HI 96814	99-6012377	501C(3)	23,158.				REPRODUCTIVE HEALTH
PP OF HOUSTON AND SOUTHEAST TEXAS INC 3601 FANNIN STREET HOUSTON, TX 77004	741100163	501C(3)	1,187,495.				REPRODUCTIVE HEALTH
PP OF HUDSON PECONIC INC 4 SKYLINE DRIVE HAWTHORNE, NY 10532	112454790	501C(3)	98,048.				REPRODUCTIVE HEALTH
PP OF IDAHO INC 1109 MAIN STREET STE 500 BOISE, ID 83702	820297551	501C(3)	86,437.				REPRODUCTIVE HEALTH
PP OF ILLINOIS 18 S MICHIGAN AVE 6TH FL CHICAGO, IL 60603	362170901	501C(3)	1,148,453.				REPRODUCTIVE HEALTH
PP OF INDIANA 200 S MERIDIAN 400 INDIANAPOLIS, IN 46225	350874276	501C(3)	547,188.				REPRODUCTIVE HEALTH
PP OF INLAND NORTHWEST 123 E INDIANA AVENUE 100 SPOKANE, WA 99207	910885036	501C(3)	14,139.				REPRODUCTIVE HEALTH
PP OF KANSAS AND MID MISSOURI 4401 W 109 ST 200 OVERLAND PARK, KS 66211	440565390	501C(3)	843,658.				REPRODUCTIVE HEALTH
PP OF KENTUCKY INC 1025 SOUTH 2ND ST LOUISVILLE, KY 40203	610481704	501C(3)	14,620.				REPRODUCTIVE HEALTH
PP OF MARYLAND 330 N HORWARD STREET BALTIMORE, MD 21201	520607930	501C(3)	24,540.				REPRODUCTIVE HEALTH

2 Enter total number of Section 501(c)(3) and government organizations ▶ _____

3 Enter total number of other organizations ▶ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I-1 (Form 990) 2008**

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

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Internal Revenue Service

**▶ Attach to Form 990 to list additional information for
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Name of the organization PLANNED PARENTHOOD FEDERATION OF AMERICA INC.	Employer identification number 13-1644147
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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP OF METROPOLITAN NEW JERSEY 151 WASHINGTON STREET NEWARK, NJ 07102	22-1539559	501C (3)	13,956.				REPRODUCTIVE HEALTH
PP OF MID AND SOUTH MICHIGAN 3100 PROFESSIONAL 3673 ANN ARBOR, MI 48106	38-1707521	501C (3)	269,962.				REPRODUCTIVE HEALTH
PP OF MIDDLE AND EAST TENNESSEE 50 VANTAGE WAY 102 NASHVILLE, TN 37228	62-6050064	501C (3)	539,835.				REPRODUCTIVE HEALTH
PP OF MID HUDSON VALLEY 178 CHURCH STREET POUGHKEEPSIE, NY 12601	141344810	501C (3)	14,481.				REPRODUCTIVE HEALTH
PP OF NASSAU COUNTY 540 FULTON AVE HEMPSTEAD, NY 11550	111776035	501C (3)	29,667.				REPRODUCTIVE HEALTH
PP OF NEBRASKA AND COUNCIL BLUFFS 4610 SOUTH 133 ST STE 109 OMAHA, NE 68137	470391517	501C (3)	242,173.				REPRODUCTIVE HEALTH
PP OF NEW MEXICO INC 719 SAN MATEO NE ALBUQUERQUE, NM 87108	85-0197745	501C (3)	50,804.				REPRODUCTIVE HEALTH
PP OF NEW YORK CITY INC 26 BLEECKER STREET NEW YORK, NY 10012	13-2621497	501C (3)	364,044.				REPRODUCTIVE HEALTH
PP OF NORTH FLORIDA INC 3850 BEACH BLVD JACKSONVILLE, FL 32207	237400545	501C (3)	226,000.				REPRODUCTIVE HEALTH
PP OF NORTH TEXAS INC 7424 GREENVILLE AVE 206 DALLAS, TX 75231	521243220	501C (3)	484,584.				REPRODUCTIVE HEALTH
PP OF NORTHEAST FLORIDA INC 3850 BEACH BOULEVARD JACKSONVILLE, FL 32207	591061757	501C (3)	10,635.				REPRODUCTIVE HEALTH
PP OF NORTHERN NEW ENGLAND 183 TALCOTT RD 101 WILLISTON, VT 05495	030222941	501C (3)	197,947.				REPRODUCTIVE HEALTH
PP OF RHODE ISLAND 111 POINT ST POB 41059 PROVIDENCE, RI 02940	05-0258955	501C (3)	215,000.				REPRODUCTIVE HEALTH
PP TRUST OF SAN ANTONIO AND S CENTRAL TEXAS 104 BABCOCK ROAD SAN ANTONIO, TX 78201	741297211	501C (3)	225,423.				REPRODUCTIVE HEALTH
PP OF SAN DIEGO AND RIVERSIDE COUNTIES 1075 CAMINO DEL RIO S SAN DIEGO, CA 92108	956111785	501C (3)	113,114.				REPRODUCTIVE HEALTH

2 Enter total number of Section 501(c)(3) and government organizations ▶ _____

3 Enter total number of other organizations ▶ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I-1 (Form 990) 2008**

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

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Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)**

Name of the organization

Employer identification number

PLANNED PARENTHOOD FEDERATION OF AMERICA INC.

13-1644147

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP OF ST BARBARA VENTURA AND SAN LUIS OBISP 518 GARDEN ST SANTA BARBARA, CA 93101	952319356	501C(3)	63,814.				REPRODUCTIVE HEALTH
PP OF SOUTH CENTRAL MICHIGAN 4201 W MICHIGAN AVE KALAMAZOO, MI 49006	381811120	501C(3)	307,747.				REPRODUCTIVE HEALTH
PP OF SOUTH CENTRAL NEW YORK 37 DIETZ STREET ONEONTA, NY 13820	161005972	501C(3)	5,998.				REPRODUCTIVE HEALTH
PP OF SOUTH FLORIDA AND THE TREASURE COAST 2300 N FLOR MANGO WEST PALM BEACH, FL 33409	591391115	501C(3)	23,000.				REPRODUCTIVE HEALTH
PP SOUTHEASTERN PENNSYLVANIA 1144 LOCUST STREET PHILADELPHIA, PA 19107	231352509	501C(3)	1,017,775.				REPRODUCTIVE HEALTH
PP OF SOUTHEASTERN VIRGINIA INC 403 YALE DRIVE HAMPTON, VA 23666	540929058	501C(3)	52,493.				REPRODUCTIVE HEALTH
PP OF SOUTHWEST AND CENTRAL FLORIDA INC 736 CENTRAL AVENUE SARASOTA, FL 34236	591274328	501C(3)	947,740.				REPRODUCTIVE HEALTH
PP OF SOUTHWEST OHIO REGION 2314 AUBURN AVENUE CINCINNATI, OH 45219	310536688	501C(3)	411,903.				REPRODUCTIVE HEALTH
PP OF THE GREATER MEMPHIS REGION 1407 UNION AVE STE 300 MEMPHIS, TN 38104	626073178	501C(3)	277,485.				REPRODUCTIVE HEALTH
PP OF THE PALM BEACH AND TREASURE COAST ARE 2300 N FLOR MANGO WEST PALM BEACH, FL 33409	591391115	501C(3)	53,595.				REPRODUCTIVE HEALTH
PP OF THE ROCHESTER SYRACUSE REGION 114 UNIVERSITY AVENUE ROCHESTER, NY 14605	160743085	501C(3)	23,064.				REPRODUCTIVE HEALTH
PP OF THE ROCKY MOUNTAINS 7155 E 38TH AVENUE DENVER, CO 80207	840404253	501C(3)	1,096,593.				REPRODUCTIVE HEALTH
PP OF THE SOUTHERN FINGER LAKES 314 WEST STATE STREET ITHACA, NY 14850	160953368	501C(3)	15,135.				REPRODUCTIVE HEALTH
PP OF THE ST LOUIS REGION 4251 FOREST PARK AVENUE ST LOUIS, MO 63108	43-0652666	501C(3)	809,952.				REPRODUCTIVE HEALTH
PP OF THE TEXAS CAPITAL REGION 201 EAST BEN WHITE BLVD B AUSTIN, TX 78704	741005756	501C(3)	535,480.				REPRODUCTIVE HEALTH

2 Enter total number of Section 501(c)(3) and government organizations ▶ _____

3 Enter total number of other organizations ▶ _____

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Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)**

Name of the organization PLANNED PARENTHOOD FEDERATION OF AMERICA INC.	Employer identification number 13-1644147
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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP OF WEST TEXAS 910 B SOUTH GRANT ODESSA, TX 79761	751229350	501C(3)	279,037.				REPRODUCTIVE HEALTH
PP OF WESTERN NEW YORK 2697 MAIN STREET BUFFALO, NY 14214	160746860	501C(3)	10,216.				REPRODUCTIVE HEALTH
PP OF WESTERN PENNSYLVANIA 933 LIBERTY AVE 2ND FL PITTSBURGH, PA 15222	250965474	501C(3)	275,165.				REPRODUCTIVE HEALTH
PP OF WESTERN WASHINGTON 2001 E MADISON STREET SEATTLE, WA 98122	91-0686012	501C(3)	208,705.				REPRODUCTIVE HEALTH
PP OF WISCONSIN 302 N JACKSON ST MILWAUKEE, WI 53202	390863391	501C(3)	547,297.				REPRODUCTIVE HEALTH
PP PASADENA AND SAN GABRIEL VALLEY INC 1045 NORTH LAKE AVENUE PASADENA, CA 91104	951916050	501C(3)	25,195.				REPRODUCTIVE HEALTH
PP SOUTHERN NJ 317 BROADWAY CAMDEN, NJ 08103	216008381	501C(3)	14,843.				REPRODUCTIVE HEALTH
PP SOUTHWESTERN OREGON 125 S CENTRAL AVE STE 201 MEDFORD, OR 97501	930573822	501C(3)	7,100.				REPRODUCTIVE HEALTH
PP ORANGE AND SAN BERNARDINO COUNTIES INC 700 S TUSTIN STREET ORANGE, CA 92866	95-6152773	501C(3)	18,186.				REPRODUCTIVE HEALTH
SIX RIVERS PP 3222 TIMBERFALL COURT EUREKA, CA 95503	942333653	501C(3)	5,024.				REPRODUCTIVE HEALTH
SOUTH DAKOTA CAMPAIGN FOR HEALTHY FAMILIES PO BOX 1484 SIOUX FALLS, SD 57101	204531771	N/A	132,000.				REPRODUCTIVE HEALTH
TRI RIVERS PLANNED PARENTHOOD 1032 B KINGS HIGHWAY PO 359 ROLLA, MO 65401	430965532	501C(3)	8,871.				REPRODUCTIVE HEALTH
UPPER HUDSON PP INC 259 LARK STREET ALBANY, NY 12210	146000805	501C(3)	16,922.				REPRODUCTIVE HEALTH
VIRGINIA LEAGUE FOR PP 201 N HAMILTON ST RICHMOND, VA 23221	540505973	501C(3)	88,145.				REPRODUCTIVE HEALTH

2 Enter total number of Section 501(c)(3) and government organizations ▶ _____

3 Enter total number of other organizations ▶ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I-1 (Form 990) 2008**

Part III Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III.)

(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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

PLANNED PARENTHOOD FEDERATION OF AMERICA INC.

Employer identification number

13-1644147

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

a Receive a severance payment or change of control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

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

a The organization?

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

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

a The organization?

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

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

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

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

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JULIA NELSON	(i)	119,857.	NONE	62,123.	3,547.	4,731.	190,258.	181,979.
	(ii)	8,311.	NONE	3,304.	226.	302.	12,143.	9,679.
CECILE RICHARDS	(i)	268,279.	31,500.	37,287.	7,861.	1,358.	346,285.	196,457.
	(ii)	29,809.	3,500.	4,143.	873.	151.	38,476.	10,324.
ELLEN GOLOMBEK	(i)	154,051.	15,200.	34,592.	4,823.	9,700.	218,366.	NONE
	(ii)	8,108.	800.	1,821.	254.	511.	11,494.	NONE
VANESSA CULLINS	(i)	225,430.	7,500.	15,321.	13,800.	1,800.	263,851.	130,787.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
BARBARA E OTTEN	(i)	182,569.	16,720.	19,921.	12,692.	24,428.	256,330.	134,997.
	(ii)	9,609.	880.	1,048.	668.	1,286.	13,491.	NONE
KAREN RUFFATTO	(i)	184,663.	14,400.	12,057.	11,664.	18,230.	241,014.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
RONALD E MASON	(i)	172,507.	17,730.	18,894.	7,656.	25,190.	241,977.	116,146.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARYANA ISKANDER	(i)	196,759.	17,900.	31,155.	13,428.	10,268.	269,510.	133,344.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KIM MEREDITH	(i)	209,413.	10,620.	394.	5,891.	15,777.	242,095.	132,877.
	(ii)	23,268.	1,180.	44.	655.	1,753.	26,900.	NONE
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

FOR INFORMATION ON THE COMPENSATION REVIEW PROCESS

PART VI SECTION B LINE 15

SEE SCHEDULE O

SCHEDULE J, LINE 4A

SEVERANCE

JULIA NELSON, FORMER CHIEF FINANCIAL OFFICER RECEIVED SEVERANCE OF \$65,667

FORM 990, SCH J-2

MARIA ACOSTA, CHIEF FINANCIAL OFFICER, AND KAREN RUFFATO, VICE PRESIDENT

OF OPERATIONS AND AFFILIATE RELATIONS, BOTH RECEIVED HOUSING ALLOWANCES

PER AGREED UPON RELOCATION AGREEMENTS. THE BENEFITS WERE TREATED AS

TAXABLE COMPENSATION AND INCLUDED IN THEIR W2S.

Part III Supplemental Information

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

CHANGE OF TITLE/TERM

=====

ELENA MARKS, CHAIRPERSON, TERM ENDED 3/09

ELENA MARKS, DIRECTOR , TERM STARTED 4/09

DEBORAH DE WITT, VICE CHAIRPERSON, TERM ENDED 3/09

DEBORAH DE WITT, TREASURER, TERM STARTED 4/09

JULIA NELSON, FORMER CFO, TERM END 6/08

LIDA L COLEMAN, TREASURER , TERM ENDED 3/09

TEREE CALDWELL JOHNSON, SECRETARY AND DIRECTOR, TERM ENDED 3/09

VALERIE MCCARTHY, CHAIRPERSON, TERM STARTED 4/09

LYN SCHOLLETT, VICE CHAIRPERSON, TERM STARTED 4/09

MATTHEW OPPENHEIMER, SECRETARY, TERM STARTED 4/09

MATTHEW OPPENHEIMER, DIRECTOR, TERM ENDED 3/09

REV MARK BIGELOW, DIRECTOR, TERM ENDED 3/09

CECILIA BOONE, DIRECTOR, TERM STARTED 4/09

TARA BRODERICK, DIRECTOR, TERM STARTED 4/09

JILL JUNE, DIRECTOR, TERM ENDED 3/09

SALLY BEAUCHAMP KAGERER, DIRECTOR, TERM ENDED 3/09

Part III Supplemental Information

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

REV KELVIN SAULS, DIRECTOR, TERM STARTED 4/09

PHILIP RIGUER, DIRECTOR, TERM ENDED 3/09

SONAL SHAH, DIRECTOR, TERM ENDED 3/09

KATHLEEN TAIT, DIRECTOR, TERM STARTED 4/09

MARIA ACOSTA, CHIEF FINANCIAL OFFICER, TERM STARTED 8/08

**SCHEDULE J-2
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the Organization PLANNED PARENTHOOD FEDERATION OF AMERICA INC.	Employer Identification number 13-1644147
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Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(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			
KENETTA BAILEY DIRECTOR	1.	X					NONE	NONE	NONE	
REV MARK BIGELOW DIRECTOR	1.	X					NONE	NONE	NONE	
CECILIA BOONE DIRECTOR	1.	X					NONE	NONE	NONE	
TARA BRODERICK DIRECTOR	1.	X					NONE	NONE	NONE	
KAREN CAMPBELL DIRECTOR	1.	X					NONE	NONE	NONE	
HARRY CARTER DIRECTOR	1.	X					NONE	NONE	NONE	
CINDY CHAVEZ DIRECTOR	1.	X					NONE	NONE	NONE	
ELLEN CHESLER PHD DIRECTOR	1.	X					NONE	NONE	NONE	
LIDA L COLEMAN DIRECTOR	1.	X		X			NONE	NONE	NONE	
VICKI COWART DIRECTOR	1.	X					NONE	NONE	NONE	
ANNETTE CUMMING DIRECTOR	1.	X					NONE	NONE	NONE	
AMANDA DEALEY DIRECTOR	1.	X					NONE	NONE	NONE	
BRIAN FELDMAN DIRECTOR	1.	X					NONE	NONE	NONE	
BENNIE FLEMING EDD DIRECTOR	1.	X					NONE	NONE	NONE	
ELIZABETH HANNLEY DIRECTOR	1.	X					NONE	NONE	NONE	
SASHA HEINZ DIRECTOR	1.	X					NONE	NONE	NONE	
BRYAN HOWARD DIRECTOR	1.	X					NONE	NONE	NONE	
JILL JUNE DIRECTOR	1.	X					NONE	NONE	NONE	
SALLY BEAUCHAMP KAGERER DIRECTOR	1.	X					NONE	NONE	NONE	
ELENA MARKS DIRECTOR	1.	X		X			NONE	NONE	NONE	
REV KELVIN SAULS DIRECTOR	1.	X					NONE	NONE	NONE	

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

Schedule J-2 (Form 990) 2008

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization PLANNED PARENTHOOD FEDERATION OF AMERICA INC.	Employer Identification number 13-1644147
--	---

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(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			
PHILIP RIGUER DIRECTOR	1.	X						NONE	NONE	NONE
SONAL SHAH DIRECTOR	1.	X						NONE	NONE	NONE
GENEVIEVE SHIROMA DIRECTOR	1.	X						NONE	NONE	NONE
SHAMINA SINGH DIRECTOR	1.	X						NONE	NONE	NONE
JENNIFER ALLAN SOROS DIRECTOR	1.	X						NONE	NONE	NONE
KATHLEEN TAIT DIRECTOR	1.	X						NONE	NONE	NONE
LILLIAN A TAMAYO DIRECTOR	1.	X						NONE	NONE	NONE
CAROLYN L WESTHOFF MD DIRECTOR	1.	X						NONE	NONE	NONE
LOU ZELLNER DIRECTOR	1.	X						NONE	NONE	NONE
TEREE CALDWELL JOHNSON SECRETARY TERM ENDED 3/09	1.	X		X				NONE	NONE	NONE
VALERIE MCCARTHY CHAIRPERSON	1.	X		X				NONE	NONE	NONE
LYN SCHOLLETT VICE CHAIRPERSON	1.	X		X				NONE	NONE	NONE
DEBORAH DE WITT TREASURER	1.	X		X				NONE	NONE	NONE
MATTHEW OPPENHEIMER SECRETARY TERM STARTED 4/09	1.	X		X				NONE	NONE	NONE
CECILE RICHARDS PRESIDENT	32.			X				337,066.	37,452.	10,244.
MARIA ACOSTA CFO	33.			X				89,691.	5,725.	2,362.
MARYANA ISKANDER CHIEF OPERATING OFFICER	35.				X			245,814.	NONE	23,696.
KIM MEREDITH VICE PRESIDENT OF DEVELOPMENT	32.				X			220,427.	24,492.	24,076.
ELLEN GOLOMBEK NATIONAL POLITIC AND FIELD DIR	33.					X		203,843.	10,729.	15,288.
VANESSA CULLINS VP OF MEDICAL AFFAIR	35.					X		248,251.	NONE	15,600.
BARBARA E OTTEN VP OF GENERAL COUNSEL	33.					X		219,210.	11,537.	39,074.

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

Schedule J-2 (Form 990) 2008

Continuation Sheet for Form 990

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

Name of the Organization

Employer Identification number

PLANNED PARENTHOOD FEDERATION OF AMERICA INC.

13-1644147

Part I

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(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			
KAREN RUFFATTO VP OF OPER AND AFFILIATE RELAT	35.					X	211,120.	NONE	29,894.	
RONALD E MASON VP OF HUMAN RESOURCES	35.					X	209,131.	NONE	32,846.	
JULIA NELSON FORMER CFO	33.						181,980.	11,615.	8,806.	

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Name of the organization

PLANNED PARENTHOOD FEDERATION OF AMERICA INC.

Employer identification number

13-1644147

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	158	28,705,707.	FMV
10 Securities-Closely held stock	X	1	11,000.	FMV
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 ▶ (<u>ULTRASOUNDS</u>)	X	1	41,400.	FMV
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 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	
32 a 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 revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2008

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

THIRD PARTY SERVICE PROVIDER

SCHEDULE M

THE ORGANIZATION USES A THIRD PARTY INVESTMENT MANAGER TO SELL DONATED

STOCK.

Multiple horizontal dashed lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

PLANNED PARENTHOOD FEDERATION OF AMERICA INC.

Employer identification number

13-1644147

FORM 990, PART VI, SECTION A, LINE 10

BOARD REVIEW OF FORM 990

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 COMPLETE FORM 990

ARE PROVIDED TO EACH VOTING MEMBER OF THE GOVERNING BOARD PRIOR TO

SUBMISSION AND FILING WITH THE INTERNAL REVENUE SERVICE.

Name of the organization PLANNED PARENTHOOD FEDERATION OF AMERICA INC.	Employer identification number 13-1644147
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FORM 990, PART IV, LINE 12

AUDITED FINANCIAL STATEMENTS

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. IS AUDITED IN COMBINATION WITH ITS RELATED ORGANIZATIONS: PLANNED PARENTHOOD ACTION FUND, INC. [EIN: 13-3539048] AND THE PLANNED PARENTHOOD FOUNDATION [EIN: 13-3772613]. ALTHOUGH SEPARATE AUDITED FINANCIAL STATEMENTS ARE NOT ISSUED FOR PLANNED PARENTHOOD FEDERATION OF AMERICA, INC., A CONSOLIDATED AUDITED FINANCIAL STATEMENT WAS PREPARED IN ACCORDANCE WITH GAAP.

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

PART VI SECTION A

LINES 6 AND 7A

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. IS A NOT-FOR-PROFIT MEMBERSHIP ORGANIZATION. THE MEMBERS OF THE FEDERATION ELECT THE BOARD OF DIRECTORS.

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

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

CONFLICT OF INTEREST POLICY

PLANNED PARENTHOOD FEDERATION OF AMERICA (PPFA) ASKS THEIR EMPLOYEES AND

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

VOTE ON THE TRANSACTION.

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

PART VI SECTION C DISCLOSURE

LINE 19

PLANNED PARENTHOOD FEDERATION OF AMERICA'S FINANCIAL REPORT AND FORM 990

ARE AVAILABLE UPON REQUEST.

Name of the organization PLANNED PARENTHOOD FEDERATION OF AMERICA INC.	Employer identification number 13-1644147
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FORM 990, PART VI, SECTION B, LINE 15B

COMPENSATION REVIEW PROCESS

PLANNED PARENTHOOD FEDERATION OF AMERICA HAS A COMPENSATION SETTING BODY (THE BODY) THAT REVIEWS AND APPROVES THE COMPENSATION OF THE FOLLOWING MEMBERS OF PPFA STAFF - PRESIDENT, CHIEF OPERATING OFFICER, CHIEF FINANCIAL OFFICER, GENERAL COUNSEL AND THE TWO HIGHEST PAID STAFF MEMBERS. THIS INDEPENDENT BODY IS COMPRISED OF THE OFFICERS OF THE PPFA BOARD, WITH THE CHAIR OF THE BOARD SERVING AS ITS CHAIR. THE REVIEW AND APPROVAL OF THE SALARIES OF THESE EMPLOYEES TAKES PLACE ON AN ANNUAL BASIS USING COMPARABILITY DATA SUCH AS INDUSTRY SURVEYS, DOCUMENTED COMPENSATION OF PERSONS HOLDING SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS, AND/OR INDEPENDENT COMPENSATION STUDIES. RESULTS ARE DOCUMENTED CONTEMPORANEOUSLY IN MINUTES.

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

FORM 990, SCH R, PART II

PLANNED PARENTHOOD FEDERATION OF AMERICA DOES NOT DIRECTLY CONTROL

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

DIRECT CONTROL OVER THESE ENTITIES IS EXERCISED BY PLANNED PARENTHOOD

ACTION FUND, INC.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2008

**Open to Public
Inspection**

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **See separate instructions.**

Name of the organization
PLANNED PARENTHOOD FEDERATION OF AMERICA INC.

Employer identification number
13-1644147

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(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
PLANNED PARENTHOOD ACTION FUND INC (PPAF) 13-3539048 434 WEST 33RD STREET NEW YORK, NY 10001	ADVOCACY	NY	501 (C) (4)	N/A	N/A
PLANNED PARENTHOOD FOUNDATION 13-3772613 434 WEST 33RD STREET NEW YORK, NY 10001	SUPPORTING	NY	501 (C) (3)	11, TYPE I	N/A
PPFA 21ST CENTURY INC. 16-1681541 C/O PPFA 434 W 33RD STREET NEW YORK, NY 10001	SUPPORTING	NY	501 (C) (3)	11, TYPE I	N/A
PLANNED PARENTHOOD ACTION FUND, INC. PAC 13-3885199 434 WEST 33RD STREET NEW YORK, NY 10001	POLITICAL ACT	NY	527	N/A	PPAF
PLANNED PARENTHOOD VOTES 13-4128897 434 WEST 33RD STREET NEW YORK, NY 10001	POLITICAL ACT	NY	527	N/A	PPAF

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

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions With Related Organizations

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

	Yes	No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Gift, grant, or capital contribution to other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Gift, grant, or capital contribution from other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d Loans or loan guarantees to or for other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Loans or loan guarantees by other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Sale of assets to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Purchase of assets from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Exchange of assets	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Lease of facilities, equipment, or other assets to other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j Lease of facilities, equipment, or other assets from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k Performance of services or membership or fundraising solicitations for other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations by other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m Sharing of facilities, equipment, mailing lists, or other assets	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n Sharing of paid employees	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o Reimbursement paid to other organization for expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p Reimbursement paid by other organization for expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q Other transfer of cash or property to other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
r Other transfer of cash or property from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) SEE SCHEDULE R-1		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part II Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount on box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

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
(7) PLANNED PARENTHOOD ACTION FUND INC.	A	2,321.
(8) PLANNED PARENTHOOD ACTION FUND INC.	B	4,509,223.
(9) PLANNED PARENTHOOD FOUNDATION	C	100,000.
(10) PLANNED PARENTHOOD ACTION FUND INC.	M	96,000.
(11) PLANNED PARENTHOOD FOUNDATION	M	6,000.
(12) PLANNED PARENTHOOD ACTION FUND INC.	N	2,674,481.
(13) PLANNED PARENTHOOD ACTION FUND INC.	Q	89,098.
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

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THE PURPOSE OF THE FEDERATION IS:

- (A) TO PROVIDE LEADERSHIP:
 - IN MAKING EFFECTIVE MEANS OF VOLUNTARY FERTILITY REGULATION, INCLUDING CONTRACEPTION, ABORTION, STERILIZATION, AND INFERTILITY SERVICES, AVAILABLE AND FULLY ACCESSIBLE TO ALL AS A CENTRAL ELEMENT TO REPRODUCTIVE HEALTHCARE:
 - IN ACHIEVING, THROUGH INFORMED INDIVIDUAL CHOICE, A U.S. POPULATION OF STABLE SIZE IN AN OPTIMUM ENVIRONMENT; - IN STIMULATING AND SPONSORING RELEVANT BIOMEDICAL, SOCIO-ECONOMIC, AND DEMOGRAPHIC RESEARCH;
 - IN DEVELOPING APPROPRIATE INFORMATION, EDUCATION, AND TRAINING PROGRAMS.
- (B) TO SUPPORT AND ASSIST EFFORTS TO ACHIEVE SIMILAR GOALS IN THE UNITED STATES AND THROUGHOUT THE WORLD.

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES
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THAILAND
SUDAN
KENYA
NIGERIA

FORM 990, PART VI, LINE 17 - STATES

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

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

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NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
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O BRIEN MCCONNELL PEARSON 1133 19TH STREET NW WASHINGTON, DC 20036	FUNDRAISING	1,754,770.
ML PRINTING 5 BROOKE HOLLOW LANE PEEKSKILL, NY 10566	PRINTING	696,293.
TELEFUND P O BOX 2366 DENVER, CO 80201	TELEMARKETING	682,724.
SHARE GROUP, INC. 73 CHAPEL STREET NEWTON, MA 02458	TELEMARKETING	511,574.
GET ACTIVE SOFTWARE, INC PO BOX 671625 DALLAS, TX 75267	ONLINE GIFT MNGT	367,955.
TOTAL COMPENSATION		----- 4,013,316. =====

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

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DESCRIPTION -----	ENDING BOOK VALUE -----	COST OR FMV -----
CASH AND CASH EQUIVALENTS	62,775,059.	FMV
EQUITY SECURITIES	23,701,973.	FMV
FIXED INCOME SECURITIES	8,378,750.	FMV

TOTALS	94,855,782.	
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