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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☐ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

PLANNED PARENTHOOD FEDERATION OF AMERICA INC

Doing business as

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

123 WILLIAM STREET NO 10 FL

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

NEW YORK, NY 10038

F Name and address of principal officer

CECILE RICHARDS

123 WILLIAM STREET NO 10 FL

NEW YORK, NY 10038

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

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number ▶

I Tax-exempt status

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

J Website: ▶ WWW.PLANNEDPARENTHOOD.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1922

M State of legal domicile NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

LEADERSHIP AND ADVOCACY IN THE FIELD OF REPRODUCTIVE HEALTH - SEE SCHEDULE O

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

3 Number of voting members of the governing body (Part VI, line 1a)

31

4 Number of independent voting members of the governing body (Part VI, line 1b)

31

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

675

6 Total number of volunteers (estimate if necessary)

50

7a Total unrelated business revenue from Part VIII, column (C), line 12

0

7b Net unrelated business taxable income from Form 990-T, line 34

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

226,817,956

9 Program service revenue (Part VIII, line 2g)

1,694,449

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

20,730,232

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

3,644,856

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

252,887,493

344,001,712

2,701,857

12,691,065

7,843,341

367,237,975

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

69,175,808

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

58,015,590

16a Professional fundraising fees (Part IX, column (A), line 11e)

7,784,303

12,203,883

b Total fundraising expenses (Part IX, column (D), line 25) ▶41,752,671

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

83,209,213

88,801,305

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

218,184,914

317,843,167

19 Revenue less expenses Subtract line 18 from line 12

34,702,579

49,394,808

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

370,743,934

446,345,578

21 Total liabilities (Part X, line 26)

66,454,459

85,338,397

22 Net assets or fund balances Subtract line 21 from line 20

304,289,475

361,007,181

Part II Signature Block

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

Sign Here

Signature of officer

2018-04-23

Date

ABIGAIL SMITH INTERIM CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

MARGARET A BRADSHAW

Preparer's signature

MARGARET A BRADSHAW

Date

Check ☐ if self-employed

PTIN P00501222

Firm's name ▶ KPMG LLP

Firm's EIN ▶ 13-5565207

Firm's address ▶ 345 PARK AVENUE

Phone no (212) 758-9700

NEW YORK, NY 101540102

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code) (Expenses \$	82,703,105	including grants of \$	49,771,318) (Revenue \$	815,800)
See Additional Data					

4b	(Code) (Expenses \$	75,882,836	including grants of \$	53,044,892) (Revenue \$	82,379)
See Additional Data					

























4c	(Code) (Expenses \$	43,141,608	including grants of \$	15,631,372) (Revenue \$	1,825,752)
See Additional Data					

See Additional Data Table

4d	Other program services (Describe in Schedule O)				
	(Expenses \$	52,129,706	including grants of \$	36,922,173) (Revenue \$	0)

4e	Total program service expenses ▶	253,857,255
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	275	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	675	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	
b	If "Yes," enter the name of the foreign country ► KE , NI See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒**Section A. Governing Body and Management**

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

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: **AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, WA, WV, WI**

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
► ELZBIETA SZAFRAN-BODZIONY CO PPFA 123 WILLIAM STREET 10FL NEW YORK, NY 10038 (212) 541-7800

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

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

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

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

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

[illegible]

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 157

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
O'BRIEN GARRETT 1133 19TH STREET NW 300 WASHINGTON, DC 20036	CONSULTING	7,847,263
GRASSROOTS CAMPAIGNS INC 1321 15TH STREET SUITE 100 DENVER, CO 80202	CANVASSING	3,580,216
ATOS IT OUTSOURCING SERVICES LLC 2828 NORTH HASKELL DALLAS, TX 75204	IT SERVICES	3,202,780
BLACKBAUD 2000 DANIEL ISLAND DRIVE CHARLESTON, SC 29492	CONSULTING	2,667,865
SHEPARDSON STERN & KAMINSKY 88 PINE STREET NEW YORK, NY 10005	CONSULTING	2,506,604

<p>2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 123</p>	
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Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a	5,467,050			
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c	3,667,027			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	334,867,635			
	g Noncash contributions included in lines 1a-1f \$ _____		41,635,899			
	h Total. Add lines 1a-1f			344,001,712		
Program Service Revenue		Business Code				
	2a ATTORNEY FEE AWARDS	900099	1,825,752	1,825,752		
	b MEETING REVENUE	900099	656,195	656,195		
	c RESEARCH	900099	137,531	137,531		
	d SERVICES TO AFFILIATES	900099	82,379	82,379		
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f		2,701,857			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,233,981			4,233,981
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		273,648			273,648
	6a Gross rents	(i) Real (ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	201,052,930			
	b Less cost or other basis and sales expenses		192,595,846			
	c Gain or (loss)		8,457,084			
	d Net gain or (loss)		8,457,084			8,457,084
	8a Gross income from fundraising events (not including \$ <u>3,667,027</u> of contributions reported on line 1c) See Part IV, line 18	a	60,000			
	b Less direct expenses	b	737,289			
	c Net income or (loss) from fundraising events		-677,289			-677,289
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a	167,995				
b Less cost of goods sold	b	145,921				
c Net income or (loss) from sales of inventory		22,074	22,074			
Miscellaneous Revenue	Business Code					
11a OVERHEAD FEES	900099	7,261,352			7,261,352	
b INSURANCE SETTLEMENT	900099	416,406			416,406	
c WRITE-OFF OF GRANTS PAYABLE	900099	352,473			352,473	
d All other revenue		194,677			194,677	
e Total. Add lines 11a-11d		8,224,908				
12 Total revenue. See Instructions		367,237,975	2,723,931	0	20,512,332	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	155,369,755	155,369,755		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	3,243,257	1,319,744	1,192,878	730,635
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	46,643,266	27,197,863	10,390,782	9,054,621
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	2,082,158	1,217,851	483,128	381,179
9 Other employee benefits.	6,173,716	3,642,950	1,254,318	1,276,448
10 Payroll taxes.	3,325,827	1,894,136	786,782	644,909
11 Fees for services (non-employees):				
a Management.				
b Legal.	2,675,880	2,448,616	4,523	222,741
c Accounting.	459,110		459,110	
d Lobbying.	109,233	109,233		
e Professional fundraising services. See Part IV, line 17.	12,203,883			12,203,883
f Investment management fees.	690,974		690,974	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	31,139,072	28,258,974	2,714,258	165,840
12 Advertising and promotion.	8,316,560	7,119,431		1,197,129
13 Office expenses.	8,551,005	3,377,844	589,957	4,583,204
14 Information technology.	10,212,637	6,234,776	1,245,973	2,731,888
15 Royalties.				
16 Occupancy.	5,046,829	3,126,068	51,804	1,868,957
17 Travel.	5,342,582	4,310,433	571,197	460,952
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	3,157,255	2,439,329	564,738	153,188
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	2,416,957	1,481,521	14,346	921,090
23 Insurance.	848,547	180,801	570,881	96,865
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a OTHER FUNDRAISING EXPEN	7,175,944	2,640,578		4,535,366
b OUTSIDE PRINTING & ARTW	781,274	468,982	24,202	288,090
c REIMBURSED EXPENSES	656,483	554,356	75,327	26,800
d REPAIRS & MAINTENANCE	485,359	3,099	482,260	
e All other expenses	735,604	460,915	65,803	208,886
25 Total functional expenses. Add lines 1 through 24e.	317,843,167	253,857,255	22,233,241	41,752,671
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720).	15,970,158	5,876,642	0	10,093,516

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		36,334,007	1	83,863,983
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		76,232,112	3	68,163,159
	4	Accounts receivable, net		1,495,497	4	514,167
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		191,978	8	152,426
	9	Prepaid expenses and deferred charges		1,645,002	9	2,101,978
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	25,558,749		
	b	Less: accumulated depreciation	10b	7,582,187		
				13,417,663	10c	17,976,562
	11	Investments—publicly traded securities		228,117,263	11	259,131,003
	12	Investments—other securities. See Part IV, line 11		9,769,114	12	10,718,984
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		3,541,298	15	3,723,316	
16	Total assets. Add lines 1 through 15 (must equal line 34)		370,743,934	16	446,345,578	
Liabilities	17	Accounts payable and accrued expenses		25,137,042	17	17,472,604
	18	Grants payable		22,806,078	18	40,833,551
	19	Deferred revenue		71,930	19	114,405
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		18,439,409	25	26,917,837
	26	Total liabilities. Add lines 17 through 25		66,454,459	26	85,338,397
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		159,843,708	27	236,322,255
	28	Temporarily restricted net assets		118,902,560	28	98,503,059
	29	Permanently restricted net assets		25,543,207	29	26,181,867
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
33	Total net assets or fund balances		304,289,475	33	361,007,181	
34	Total liabilities and net assets/fund balances		370,743,934	34	446,345,578	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	367,237,975
2	Total expenses (must equal Part IX, column (A), line 25)	2	317,843,167
3	Revenue less expenses Subtract line 2 from line 1	3	49,394,808
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	304,289,475
5	Net unrealized gains (losses) on investments	5	5,210,978
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,111,920
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	361,007,181

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

Additional Data

Software ID:

Software Version:

EIN: 13-1644147

Name: PLANNED PARENTHOOD FEDERATION OF AMERICA INC

Form 990 (2016)

Form 990, Part III, Line 4a:

PROMOTE HEALTH EQUITY - PROGRAMS DESIGNED TO IMPROVE AND PROTECT THE ABILITY TO PROVIDE HIGH-QUALITY REPRODUCTIVE HEALTHCARE FOR ALL

Form 990, Part III, Line 4b:

STRENGTHEN AND SECURE PLANNED PARENTHOOD - PROGRAMS DESIGNED TO INVEST IN THE FUTURE OF PLANNED PARENTHOOD BY PROMOTING BEST PRACTICES, AND PROVIDING FINANCIAL SUPPORT TO PP AFFILIATES

Form 990, Part III, Line 4c:

MOVEMENT BUILDING - PROGRAMS DESIGNED TO CHANGE THE CULTURE SURROUNDING REPRODUCTIVE HEALTH ISSUES

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

(Code) (Expenses \$ 33,547,366 including grants of \$ 33,007,464) (Revenue \$)

GLOBAL - PROGRAMS DESIGNED TO IMPROVE REPRODUCTIVE HEALTH OUTCOMES INTERNATIONALLY BY SUPPORTING THE ORGANIZATION'S INTERNATIONAL PARTNERS IN HEALTH CARE ADVOCACY, SERVICE DELIVERY AND SEX EDUCATION

(Code) (Expenses \$ 18,582,340 including grants of \$ 3,914,709) (Revenue \$ 0)

DEPLOY 21ST CENTURY TECHNOLOGY - PROGRAMS DESIGNED TO EXPAND THE REACH OF REPRODUCTIVE HEALTH SERVICES AND ADVOCACY THROUGH THE DEPLOYMENT OF DIGITAL TOOLS

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JILL LAFER CHAIRPERSON THRU 3/31/17	1 00	X		X				0	0	0
NAOMI ABERLY CHAIR STARTING 4/1/17	1 00	X		X				0	0	0
CATHY HAMPTON VICE CHAIR	1 00	X		X				0	0	0
MICHAEL NEWTON TREASURER THRU 3/31/17	1 00	X		X				0	0	0
COLLEEN FOSTER TREASURER STARTING 4/1/17	1 00	X		X				0	0	0
KATE JHAVERI SECRETARY	1 00	X		X				0	0	0
DHARMA CORTES DIRECTOR	1 00	X						0	0	0
AIMEE BOONE CUNNINGHAM DIRECTOR	1 00	X						0	0	0
STEPHEN DEBERRY DIRECTOR	1 00	X						0	0	0
VERONICA DELA ROSA DIRECTOR	1 00	X						0	0	0

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

(A)(B)(C)(D)(E)(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PEGGY DREXLER DIRECTOR STARTING 4/1/17	1 00	X						0	0	0
JUANITA FRANCIS DIRECTOR THRU 3/31/17	1 00	X						0	0	0
LINDA GRUBER DIRECTOR THRU 3/31/17	1 00	X						0	0	0
IRIS HARVEY DIRECTOR STARTING 4/1/17	1 00	X						0	0	0
MARYANA ISKANDER DIRECTOR	1 00	X						0	0	0
ALEXIS MCGILL JOHNSON DIRECTOR THRU 3/31/17	1 00	X						0	0	0
PAULA JOHNSON DIRECTOR THRU 7/9/16	1 00	X						0	0	0
MICHELLE JUBELIRER DIRECTOR	1 00	X						0	0	0
DAVID KARP DIRECTOR	1 00	X						0	0	0
MINI KRISHNAN DIRECTOR	1 00	X						0	0	0

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

(A)

(B)

(C)

(D)

(E)

(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARIA TERESA KUMAR DIRECTOR	1 00	X						0	0	0
KEN LAMBRECHT DIRECTOR	1 00	X						0	0	0
DIANE MAX DIRECTOR	1 00	X						0	0	0
REV TIMOTHY MCDONALD DIRECTOR	1 00	X						0	0	0
LAURA MEYERS DIRECTOR THRU 7/6/16	1 00	X						0	0	0
MARGOT MILLIKEN DIRECTOR	1 00	X						0	0	0
DONYA NASSER DIRECTOR	1 00	X						0	0	0
DR MARK NICHOLS DIRECTOR STARTING 4/1/17	1 00	X						0	0	0
KIMBERLY OLSON DIRECTOR	1 00	X						0	0	0
JENNY PRICE DIRECTOR STARTING 4/1/17	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NATHALIE RAYES DIRECTOR	1 00	X						0	0	0
SHONDA RHIMES DIRECTOR STARTING 4/1/17	1 00	X						0	0	0
JOE SOLMONESE DIRECTOR	1 00	X						0	0	0
DAYLE STEINBERG DIRECTOR	1 00	X						0	0	0
SARAH STOESZ DIRECTOR	1 00	X						0	0	0
JUDY TABAR DIRECTOR THRU 3/31/17	1 00	X						0	0	0
CARMEN RITA WONG DIRECTOR	1 00	X						0	0	0
CECILE RICHARDS PRESIDENT & CEO	29 00 6 00			X				525,432	100,082	119,319
WALLACE D'SOUZA CHIEF FINANCIAL OFFICER	31 00 4 00			X				240,315	32,771	52,868
MELVIN GALLOWAY EVP & CHIEF OPERATING OFFICER	32 00 3 00				X			287,541	28,439	26,120

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors												
(A) Name and Title		(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
THOMAS SUBAK		34 00				X			365,295	7,455	41,178	
CHIEF STRATEGY OFFICER& ASST TO PRES		1 00				X						
DAWN LAGUENS		9 00				X			128,624	385,871	124,037	
VP & CHIEF BRAND & EXPERIENCE OFFICER		26 00				X						
DEBRA ALLIGOOD WHITE		30 00				X			285,090	46,410	39,751	
SR VP & GENERAL COUNSEL		5 00				X						
JETHRO MILLER		32 00				X			349,259	38,807	18,817	
CHIEF DEVELOPMENT OFFICER		3 00				X						
KIMBERLY CUSTER		35 00				X			316,782	0	50,930	
EVP HEALTHCARE						X						
DEBORAH NUCATOLA		35 00					X		281,217	0	25,612	
SR DIRECTOR CLINICAL SERVICE							X					
LATANYA MAPP-FRETT		17 00					X		133,327	144,437	53,346	
VP & EXEC DIR OF PP GLOBAL		18 00					X					
JENNIE THOMPSON		32 00					X		245,704	27,300	26,664	
MANAGING DIRECTOR, DEVELOPMENT		3 00					X					
DANNETTE HILL		35 00					X		264,297	0	28,279	
CHIEF HUMAN RESOURCE OFFICER							X					
KATHERINE MAGILL		35 00					X		255,330	0	36,898	
SVP HEALTHCARE STRATEGIES & ADMIN							X					

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

PLANNED PARENTHOOD FEDERATION OF AMERICA INC

Employer identification number

13-1644147

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s) _____

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	132,739,759	169,312,084	187,871,799	226,660,582	344,001,712	1,060,585,936
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	132,739,759	169,312,084	187,871,799	226,660,582	344,001,712	1,060,585,936
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						155,240,176
6	Public support. Subtract line 5 from line 4						905,345,760

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4	132,739,759	169,312,084	187,871,799	226,660,582	344,001,712	1,060,585,936
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,504,066	2,103,528	3,348,634	4,335,555	4,507,629	15,799,412
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,046,640	2,189,230	1,154,616	3,312,008	8,284,908	16,987,402
11	Total support. Add lines 7 through 10						1,093,372,750
12	Gross receipts from related activities, etc. (see instructions)					12	14,730,701

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

14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	82.800 %
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	79.190 %

16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒**b 33 1/3% support test—2015.** 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—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐**b 10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ► ☐
- b 33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ► ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ► ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI Supplemental Information.

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

Facts And Circumstances Test**990 Schedule A, Supplemental Information**

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

Schedule A Form 990 or 990-EZ 2016

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2016

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**A** Check ☒ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		218,587	218,587												
b Total lobbying expenditures to influence a legislative body (direct lobbying)		528,768	528,768												
c Total lobbying expenditures (add lines 1a and 1b)		747,355	747,355												
d Other exempt purpose expenditures		264,994,481	283,728,254												
e Total exempt purpose expenditures (add lines 1c and 1d)		265,741,836	284,475,609												
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000	1,000,000												
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000	250,000												
h Subtract line 1g from line 1a If zero or less, enter -0-		0	0												
i Subtract line 1f from line 1c If zero or less, enter -0-		0	0												
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	689,416	849,660	437,142	747,355	2,723,573
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	168,329	172,983	211,056	218,587	770,955

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-A, COLUMN B	AFFILIATE INCLUDED IN LINE 1D(B) AND 1E(B) PLANNED PARENTHOOD GLOBAL, INC. 123 WILLIAM STREET NEW YORK, NY 10038 EXPENSES \$18,733,773 THE ABOVE 501(C)(3) ORGANIZATION HAS ALSO MADE THE 501 (H) ELECTION

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493115006138

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
PLANNED PARENTHOOD FEDERATION OF AMERICA INC

Employer identification number
13-1644147

Part I

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

(a) Donor advised funds

(b) Funds and other accounts

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes

☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes

☐ No

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

2a

2b

2c

2d

Held at the End of the Year

a

Total number of conservation easements

b

Total acreage restricted by conservation easements

c

Number of conservation easements on a certified historic structure included in (a)

d

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes

☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

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

1a

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

1b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2016

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	142,154,226	118,378,426	101,042,566	87,847,469	48,304,508
b Contributions	524,857	27,025,482	15,841,860	2,191,597	36,037,595
c Net investment earnings, gains, and losses	16,046,726	-1,841,039	2,691,810	12,074,314	4,483,364
d Grants or scholarships					
e Other expenditures for facilities and programs	1,580,395	1,408,643	1,197,810	1,070,814	977,998
f Administrative expenses					
g End of year balance	157,145,414	142,154,226	118,378,426	101,042,566	87,847,469

2

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

a

Board designated or quasi-endowment

76 300 %

b

Permanent endowment

16 700 %

c

Temporarily restricted endowment

7 000 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

No

No

b

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

3b

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		11,592,574	2,978,726	8,613,848
d Equipment		13,966,175	4,603,461	9,362,714
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				17,976,562

Schedule D (Form 990) 2016

Part VII

Investments—Other Securities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

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

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

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

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO RELATED ORGANIZATIONS (NET OF GRANTS PAYABLE)	1,222,115
LIABILITY UNDER SPLIT INTEREST AGREEMENTS	15,081,349
AMOUNTS HELD ON BEHALF OF AFFILIATES AND OTHERS	3,948,827
DEFERRED RENT	6,665,546
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	26,917,837

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

☒

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

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

1	Total revenue, gains, and other support per audited financial statements	1	377,286,594
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	5,210,978
b	Donated services and use of facilities	2b	3,375,774
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	2,006,920
e	Add lines 2a through 2d	2e	10,593,672
3	Subtract line 2e from line 1	3	366,692,922
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	690,974
b	Other (Describe in Part XIII)	4b	-145,921
c	Add lines 4a and 4b	4c	545,053
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	367,237,975

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

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

1	Total expenses and losses per audited financial statements	1	320,568,888
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	3,270,774
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	145,921
e	Add lines 2a through 2d	2e	3,416,695
3	Subtract line 2e from line 1	3	317,152,193
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	690,974
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	690,974
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	317,843,167

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

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

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	THE FIN 48 FOOTNOTE PER THE AUDITED FINANCIAL STATEMENTS STATES THAT THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED PPFA BELIEVES IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 2,075,729 GAIN ON BENEFICIAL INTEREST IN PER PETUAL TRUST 113,244 LOSS ON CONTRIBUTIONS AND OTHER RECEIVABLES -182,053

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	COST OF GOODS SOLD -145,921

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD 145,921

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
PLANNED PARENTHOOD FEDERATION OF
AMERICA INC

Employer identification number

13-1644147

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

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

☐ **Yes** ☐ **No**

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		4,031,050
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			4,031,050
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			4,031,050

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V **Supplemental Information**

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

Return Reference	Explanation
PART 1, LINE 3	INVESTMENTS ARE RECORDED AT YEAR END BOOK VALUE

Return Reference	Explanation
PART 1, QUESTION #3(B) & FORM 990 PART IV, QUESTION 14A OFFICES OUTSIDE US	LEASES FOR RENTAL SPACE IN FOREIGN COUNTRIES ARE IN THE NAME OF PPFA BUT PP GLOBAL, INC IS USING THE SPACE AND PAYING THE RENT PPFA DID NOT INCUR ANY EXPENSES RELATED TO THESE LEASES DURING FISCAL YEAR 2017

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493115006138

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
PLANNED PARENTHOOD FEDERATION OF AMERICA INC

Employer identification number
13-1644147

Part I

Fundraising Activities

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

1

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

a

☒ Mail solicitations

e

☒ Solicitation of non-government grants

b

☒ Internet and email solicitations

f

☒ Solicitation of government grants

c

☒ Phone solicitations

g

☒ Special fundraising events

d

☒ In-person solicitations

2a

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

☒ Yes

☐ No

b

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 O'BRIEN GARRETT 1133 19TH STREET NW 300 WASHINGTON, DC 20036	CONSULTING		No	77,057,062	1,054,633	76,002,429
2 MR STRATEGIC SERVICES INC 1901 L STREET NW STE 800 WASHINGTON, DC 20036	CONSULTING		No	27,416,003	3,858,566	23,557,437
3 GRASSROOTS CAMPAIGNS INC 59 TEMPLE PLACE BOSTON, MA 02111	CANVASSING		No	2,686,919	4,599,074	-1,912,155
4 DONOR SERVICES GROUP 6715 SUNSET BLVD LOS ANGELES, CA 90028	TELEMARKETING		No	1,407,843	1,371,010	36,833
5 PUBLIC INTEREST COMMUNICATIONS INC 7700 LEESBURG PIKE SUITE 301N FALLS CHURCH, VA 22043	TELEMARKETING		No	932,595	195,908	736,687
6 GORDON SCHWENKMEYER INC 360 N SEPULVEDA BLVD EL SEGUNDO, CA 90245	TELEMARKETING		No	337,226	362,080	-24,854
7 SD&A TELESERVICES 5757 W CENTURY BLVD LOS ANGELES, CA 90045	TELEMARKETING		No	276,033	302,305	-26,272
8 INTEGRAL RESOURCES INC 1972 MASSACHUSETTS AVE CAMBRIDGE, MA 02140	TELEMARKETING		No	267,991	351,298	-83,307
9 TELEFUND PO BOX 120557 BOSTON, MA 02112	TELEMARKETING		No	177,116	109,009	68,107
10						
Total				110,558,788	12,203,883	98,354,905

3

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

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

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

Cat No 50083H

Schedule G (Form 990 or 990-EZ) 2016

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		CENTENNIAL GALA (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
1	Gross receipts	3,727,027			3,727,027
2	Less Contributions	3,667,027			3,667,027
3	Gross income (line 1 minus line 2)	60,000			60,000
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	337,763			337,763
	7 Food and beverages	155,238			155,238
	8 Entertainment	1,407			1,407
	9 Other direct expenses	242,881			242,881
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				737,289
11 Net income summary Subtract line 10 from line 3, column (d) ▶				-677,289	

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity conducted in

a	The organization's facility	<div>13a</div>	%
b	An outside facility	<div>13b</div>	%

14

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

Name ▶

Address ▶

15a

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

☐ Yes ☐ No

b

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

c

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

Name ▶

Address ▶

16

Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

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

☐ Yes ☐ No

b

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

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	
Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B, COLUMN (V)	PART 1, LINE 2B COLUMN (VI) AMOUNTS PAID TO SELECT FUNDRAISERS, SUCH AS GRASSROOTS CAMPAIGNS, INC , RESULTED IN A CURRENT YEAR LOSS BUT SECURED FUTURE DONORS PART I, LINE 2B, COLUMN (V) & FORM 990, PART IX, LINE 24A IN ADDITION TO PROFESSIONAL FUNDRAISER EXPENSES INCLUDED ON LINE 11E, \$7,175,944 OF OTHER REIMBURSED EXPENSES WERE PAID DIRECTLY TO PROFESSIONAL FUNDRAISERS FOR DIRECT POSTAGE/FREIGHT(\$3,226,441), PRINTING (\$2,280,960), MAIL HOUSE COSTS(\$1,089,353), LIST USAGE(\$533,719), AND OTHER COSTS (\$45,471) THESE REIMBURSED EXPENSES ARE REPORTED ON FORM 990, PART IX, LINE 24A THE PROFESSIONAL FUNDRAISER'S CONTRACTS AND THE INVOICES PAID DISTINGUISH BETWEEN PAYMENT FOR SERVICES AND PAYMENT FOR THESE EXPENSES

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As Filed Data -

DLN: 93493115006138

Schedule I
(Form 990)

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
PLANNED PARENTHOOD FEDERATION OF AMERICA INC

Employer identification number
13-1644147

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 79

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

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	GRANT MONITORING PROCESS THE MAJORITY OF THE GRANTS ARE TO AFFILIATES FOR GENERAL SUPPORT TO FURTHER THEIR MISSION FOR GRANTS THAT ARE AWARDED FOR SPECIFIC PURPOSES, THE ORGANIZATION'S MANAGEMENT MONITORS, ON A CONTINUING BASIS, THE USAGE OF GRANTS TO ENSURE SUCH GRANTS ARE USED FOR INTENDED PURPOSES THE GRANTEEES ARE REQUIRED TO SUBMIT A NARRATIVE AND FINANCIAL REPORT EXPLAINING HOW THE GRANT FUNDS WERE SPENT
PART II	* - EFFECTIVE JULY 1, 2016 PP KANSAS AND MID-MISSOURI AND PP CENTRAL OKLAHOMA MERGED TO BECOME PP GREAT PLAINS ** - EFFECTIVE OCTOBER 1, 2016 PP CENTRAL AND GREATER NORTHERN NEW JERSEY AND SOUTHERN NEW JERSEY MERGED TO BECOME PP NORTHERN, CENTRAL AND SOUTHERN NEW JERSEY *** - EFFECTIVE JULY 1, 2016 PP OF SANTA BARBARA, VENTURA AND SAN LUIS OBISPO COUNTIES CHANGED THEIR NAME TO PP CALIFORNIA CENTRAL COAST

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFFILIATE CHIEF EXECUTIVES COUNCIL INC PO BOX 180644 DELAFIELD, WI 53018	31-1319168	501(C)(3)	6,281,747				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
BALLOT INITIATIVE STRATEGY CENTER FOUNDATION 1815 ADAMS MILL RD NW NO 300 WASHINGTON, DC 20009	04-3454684	501(C)(3)	25,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETTERHEALTH A PP PARTNERSHIP 1144 LOCUST ST PHILADELPHIA, PA 19107	23-3084482	501(C)(3)	31,263				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
BUSINESS FORWARD FOUNDATION 1155 CONNECTICUT AVE NW STE 1000 WASHINGTON, DC 20036	46-2250437	501(C)(3)	80,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR COMMUNITY CHANGE 1536 U ST NW WASHINGTON, DC 20009	52-0888113	501(C)(3)	50,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
INSTITUTE FOR MEDICAID INNOVATION 1150 18TH ST NW STE 1010 WASHINGTON, DC 20036	31-1661234	501(C)(3)	100,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERMOUNTAIN PP 1116 GRAND AVE STE 1 NO 201 BILLINGS, MT 59102	81-0307201	501(C)(3)	550,015				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
LULAC INSTITUTE INC 221 N KANSAS STE 501 EL PASO, TX 79901	52-2072106	501(C)(3)	17,500				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDICAL DIRECTORS COUNCIL INC 40950 WOODWARD AVE STE 306 BLOOMFIELD HILLS, MI 48304	20-0363930	501(C)(3)	15,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
MOMSRISING EDUCATION FUND 12011 NE BEL RED RD STE 100B BELLEVUE, WA 98005	45-2499952	501(C)(3)	20,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MT BAKER PP 1509 CORNWALL AVE BELLINGHAM, WA 98225	91-0846274	501(C)(3)	409,559				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
NATIONAL KOREAN AMERICAN SERVICE & ED CONSORTIUM (NAKASEC) 900 CRENSHAW BLVD LOS ANGELES, CA 90019	11-3303986	501(C)(3)	10,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL MEDICAL ASSOCIATION 1012 TENTH ST NW WASHINGTON, DC 20001	53-6010805	501(C)(3)	5,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
NEO PHILANTHROPY INC 45 WEST 36TH ST 6TH FLOOR NEW YORK, NY 10018	13-3191113	501(C)(3)	100,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OLYMPIA CENTER INC 169 E FLAGLER ST STE 837 MIAMI, FL 33131	27-3687171	501(C)(3)	15,371				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP ACTION FUND INC 123 WILLIAM ST FL 10 NEW YORK, NY 10038	13-3539048	501(C)(4)	1,200,000				TO SUPPORT ADVOCACY EFFORTS THIS GRANT PROHIBITS LOBBYING AND ELECTORAL ACTIVITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP ADVOCACY FUND OF MASSACHUSETTS INC 1055 COMMONWEALTH AVE BOSTON, MA 02215	22-2517673	501(C)(4)	5,150				TO SUPPORT ADVOCACY EFFORTS THIS GRANT PROHIBITS LOBBYING AND ELECTORAL ACTIVITY
PP ADVOCATES OF ARIZONA 4751 N 15TH ST PHOENIX, AZ 85014	86-0701472	501(C)(4)	5,000				TO SUPPORT ADVOCACY EFFORTS THIS GRANT PROHIBITS LOBBYING AND ELECTORAL ACTIVITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP ADVOCATES OF MICHIGAN PO BOX 15041 LANSING, MI 48901	38-2765858	501(C)(4)	150,000				TO SUPPORT ADVOCACY EFFORTS THIS GRANT PROHIBITS LOBBYING AND ELECTORAL ACTIVITY
PP ADVOCATES OF OREGON PO BOX 12267 PORTLAND, OR 97212	93-1040482	501(C)(4)	23,634				TO SUPPORT ADVOCACY EFFORTS THIS GRANT PROHIBITS LOBBYING AND ELECTORAL ACTIVITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP ADVOCATES OF VIRGINIA INC 201 HAMILTON ST RICHMOND, VA 23221	54-1186756	501(C)(4)	25,150				TO SUPPORT ADVOCACY EFFORTS THIS GRANT PROHIBITS LOBBYING AND ELECTORAL ACTIVITY
PP AFFILIATES OF MICHIGAN 115 W ALLEGAN STE 500 LANSING, MI 48933	38-2346424	501(C)(3)	52,249				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP ARIZONA INC 4751 N 15TH ST PHOENIX, AZ 85014	86-0146520	501(C)(3)	2,695,886				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP ASSOCIATION OF PENNSYLVANIA 1514 N SECOND ST HARRISBURG, PA 17102	23-1989400	501(C)(3)	248,249				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP ASSOCIATION OF UTAH 654 SOUTH 900 EAST SALT LAKE CITY, UT 84102	87-0288909	501(C)(3)	773,650				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP CALIFORNIA CENTRAL COAST 518 GARDEN ST SANTA BARBARA, CA 93101	95-2319356	501(C)(3)	984,236				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP GLOBAL INC 123 WILLIAM ST NEW YORK, NY 10038	47-5312115	501(C)(3)	32,721,503				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP GREAT PLAINS 4401 WEST 109TH ST STE 200 OVERLAND PARK, KS 66211	44-0565390	501(C)(3)	3,604,070				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP GREATER MEMPHIS REGION INC 2430 POPLAR AVE SUITE 100 MEMPHIS, TN 38112	62-6073178	501(C)(3)	4,092,758				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP GULF COAST INC 4600 GULF FREEWAY HOUSTON, TX 77023	74-1100163	501(C)(3)	2,820,845				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP HUDSON PECONIC INC 4 SKYLINE DR HAWTHORNE, NY 10532	11-2454790	501(C)(3)	1,412,193				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP KEYSTONE 5920 HAMILTON BLVD ALLENTOWN, PA 18106	23-2450112	501(C)(3)	1,147,262				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP LEAGUE OF MASSACHUSETTS INC 1055 COMMONWEALTH AVE BOSTON, MA 02215	04-2698497	501(C)(3)	3,181,875				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP LOS ANGELES 400 WEST 30TH ST LOS ANGELES, CA 05401	95-2408623	501(C)(3)	3,588,121				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP MAR MONTE INC 1691 THE ALAMEDA SAN JOSE, CA 95126	94-1583439	501(C)(3)	5,194,383				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP MINNESOTA NORTH DAKOTA SOUTH DAKOTA 671 VANDALIA ST ST PAUL, MN 55114	41-0948382	501(C)(3)	2,588,267				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP MOHAWK HUDSON INC 1040 STATE ST SCHENECTADY, NY 12307	14-6004167	501(C)(3)	547,091				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP NEW HAMPSHIRE ACTION FUND 784 HERCULES DRIVE STE 110 COLCHESTER, VT 05446	46-5554692	501(C)(4)	25,000				TO SUPPORT ADVOCACY EFFORTS THIS GRANT PROHIBITS LOBBYING AND ELECTORAL ACTIVITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP NORTHERN CALIFORNIA 2185 PACHECO ST CONCORD, CA 94520	94-1575233	501(C)(3)	3,605,787				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP NORTHERN CENTRAL& SOUTHERN NEW JERSEY 196 SPEEDWELL AVE MORRISTOWN, NJ 07960	22-1643997	501(C)(3)	1,696,617				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP OF CENTRAL & WESTERN NEW YORK INC 114 UNIVERSITY AVE ROCHESTER, NY 14605	16-0746860	501(C)(3)	923,270				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF DELAWARE INC 625 SHIPLEY ST WILMINGTON, DE 19801	51-0066725	501(C)(3)	458,457				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP OF GREATER OHIO 206 EAST STATE ST COLUMBUS, OH 43215	34-1015976	501(C)(3)	1,573,989				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF GREATER TEXAS INC 7424 GREENVILLE AVE 206 DALLAS, TX 75231	52-1243220	501(C)(3)	2,290,303				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP OF GREATER WASHINGTON & NORTH IDAHO 1117 TIETON DR YAKIMA, WA 98902	91-6071384	501(C)(3)	748,128				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF ILLINOIS 18 S MICHIGAN AV 6TH FLOOR CHICAGO, IL 60603	36-2170901	501(C)(3)	4,814,715				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP OF INDIANA & KENTUCKY INC 200 S MERIDIAN ST SUITE 400 INDIANAPOLIS, IN 46225	35-0874276	501(C)(3)	1,512,020				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF MARYLAND INC 330 NORTH HOWARD ST BALTIMORE, MD 21201	52-0607930	501(C)(3)	1,062,036				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP OF METROPOLITAN NEW JERSEY INC 151 WASHINGTON ST NEWARK, NJ 07102	22-1539559	501(C)(3)	693,179				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF METROPOLITAN WASHINGTON DC INC 1225 4TH ST NE WASHINGTON, DC 20002	53-0204621	501(C)(3)	3,388,607				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP OF MICHIGAN 950 VICTORS WAY STE 100 ANN ARBOR, MI 48108	38-1707521	501(C)(3)	2,319,192				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF MIDDLE & EAST TENNESSEE INC 50 VANTAGE WAY SUITE 102 NASHVILLE, TN 37228	62-6050064	501(C)(3)	757,275				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP OF MINNESOTA ND SD ACTION FUND INC 671 VANDALIA ST ST PAUL, MN 55114	41-1709702	501(C)(4)	80,000				TO SUPPORT ADVOCACY EFFORTS THIS GRANT PROHIBITS LOBBYING AND ELECTORAL ACTIVITY
PP OF NASSAU COUNTY INC 540 FULTON AVE HEMPSTEAD, NY 11550	11-1776035	501(C)(3)	576,223				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP OF NEW YORK CITY INC 26 BLEECKER ST NEW YORK, NY 10012	13-2621497	501(C)(3)	6,072,885				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF NORTHERN NEW ENGLAND INC 784 HERCULES DR STE 110 COLCHESTER, VT 05446	03-0222941	501(C)(3)	1,583,886				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP OF SOUTH EAST & NORTH FLORIDA 2300 N FLORIDA MANGO RD WEST PALM BEACH, FL 33409	59-1391115	501(C)(3)	6,326,408				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF SOUTHERN NEW ENGLAND INC 345 WHITNEY AVE NEW HAVEN, CT 06511	06-0263565	501(C)(3)	1,987,046				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP OF SOUTHWEST & CENTRAL FLORIDA INC 736 CENTRAL AVE SARASOTA, FL 34236	59-1274328	501(C)(3)	1,685,424				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF SOUTHWESTERN OREGON 3579 FRANKLIN BLVD EUGENE, OR 97403	93-0573822	501(C)(3)	626,490				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP OF THE COLUMBIAWILLAMETTE INC 3727 NE MLK JR BLVD PORTLAND, OR 97212	93-6031270	501(C)(3)	1,979,766				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF THE GREAT NORTHWEST & THE HAWAIIAN ISLANDS 2001 E MADISON SEATTLE, WA 98122	91-0686012	501(C)(3)	6,164,933				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP OF THE HEARTLAND INC 818 5TH AVE NO 200 DES MOINES, IA 50309	42-0727488	501(C)(3)	2,013,419				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF THE MID-HUDSON VALLEY INC 178 CHURCH ST POUGHKEEPSIE, NY 12601	14-1344810	501(C)(3)	473,535				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP OF THE NORTH COUNTRY NEW YORK INC 160 STONE ST WATERTOWN, NY 13601	16-0919175	501(C)(3)	325,893				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF THE PACIFIC SOUTHWEST 1075 CAMINO DEL RIO SOUTH SAN DIEGO, CA 92108	95-6111785	501(C)(3)	2,609,617				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP OF THE SOUTHERN FINGER LAKES INC 620 WEST SENECA ST ITHACA, NY 14850	16-0953368	501(C)(3)	593,704				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF THE ST LOUIS REGION & SOUTHWEST MISSOURI 4251 FOREST PARK AVE ST LOUIS, MO 63108	43-0652666	501(C)(3)	1,430,087				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP OF WESTERN PENNSYLVANIA INC 933 LIBERTY AVE PITTSBURGH, PA 15222	25-0965474	501(C)(3)	802,771				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF WISCONSIN INC 302 N JACKSON ST MILWAUKEE, WI 53202	39-0863391	501(C)(3)	2,000,169				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP ORANGE & SAN BERNARDINO COUNTIES INC 700 S TUSTIN ST ORANGE, CA 92866	95-6152773	501(C)(3)	1,374,430				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP PASADENA & SAN GABRIEL VALLEY INC 2233 LAKE AVE 2ND FL ALTADENA, CA 91001	95-1916050	501(C)(3)	891,195				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP PUBLIC POLICY NETWORK OF THE NORTHWEST & HAWAII 2001 E MADISON ST SEATTLE, WA 98122	20-1987331	501(C)(3)	221,800				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP SOUTH ATLANTIC 100 SOUTH BOYLAN AVE RALEIGH, NC 27603	56-1282557	501(C)(3)	2,827,356				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP SOUTH TEXAS 2104 BABCOCK RD SAN ANTONIO, TX 78229	74-1297211	501(C)(3)	651,172				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP SOUTHEAST INC 241 PEACHTREE ST NE STE 400 ATLANTA, GA 30303	58-6045874	501(C)(3)	1,924,937				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP SOUTHEASTERN PENNSYLVANIA 1144 LOCUST ST PHILADELPHIA, PA 19107	23-1352509	501(C)(3)	2,621,712				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP SOUTHWEST OHIO REGION 2314 AUBURN AVE CINCINNATI, OH 45219	31-0536688	501(C)(3)	1,096,717				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP TEXAS VOTES 2708S LANAR BLVD STE 200A AUSTIN, TX 78704	46-5305326	501(C)(4)	117,500				TO SUPPORT ADVOCACY EFFORTS THIS GRANT PROHIBITS LOBBYING AND ELECTORAL ACTIVITY
PP VERMONT ACTION FUND 784 HERCULES DR SUITE 110 COLCHESTER, VT 05446	03-0326364	501(C)(4)	156,430				TO SUPPORT ADVOCACY EFFORTS THIS GRANT PROHIBITS LOBBYING AND ELECTORAL ACTIVITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESOURCE IMPACT 1341 G ST NW 5TH FL WASHINGTON, DC 20005	81-2266962	501(C)(3)	30,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
ROCKWOOD LEADERSHIP INSTITUTE 1212 BROADWAY STE 700 OAKLAND, CA 94612	72-1552165	501(C)(3)	32,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCKY MOUNTAIN PP INC 7155 E 38TH AVE DENVER, CO 80207	84-0404253	501(C)(3)	3,462,762				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
SISTERREACH 1750 MADISON AVE SUITE 600 MEMPHIS, TN 38104	45-4013343	501(C)(3)	30,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SMALL BUSINESS MAJORITY FOUNDATION INC 4000 BRIDGEWAY NO 305 SAUSALITO, CA 94965	03-0576666	501(C)(3)	85,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NY 615 WEST 131ST ST MC 8741 NEW YORK, NY 10027	13-5598093	501(C)(3)	24,500				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE VIRGINIA LEAGUE FOR PP INC 201 N HAMILTON ST RICHMOND, VA 23221	54-0505973	501(C)(3)	1,351,197				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
UPPER HUDSON PP INC 855 CENTRAL AVE ALBANY, NY 12206	14-6000805	501(C)(3)	460,888				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG INVINCIBLES 1411 K ST NW NO 400 WASHINGTON, DC 20005	46-2214021	501(C)(3)	5,000				TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2015

Open to Public Inspection

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

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
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.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

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

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

Part III **Supplemental Information**

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

Return Reference	Explanation
PART I, LINES 4A-B	PART I, LINE 4A DEBORAH NUCATOLA'S EMPLOYMENT AS SR. DIRECTOR OF CLINICAL SERVICES ENDED ON 12/16/16 AND DURING CALENDAR YEAR 2016 SHE RECEIVED A SEVERANCE PAYMENT OF \$93,000. PART I, LINE 4B THE PRESIDENT AND CEO, CECILE RICHARDS, PARTICIPATED IN A NONQUALIFIED DEFERRED COMPENSATION PLAN ("457(F) PLAN") BEGINNING IN CALENDAR YEAR 2011. THE TOTAL AMOUNT DEFERRED TO THIS PLAN FOR CALENDAR YEAR 2016 AMOUNTED TO \$106,575. THE EVP AND CHIEF BRAND AND EXPERIENCE OFFICER, DAWN LAGUENS, PARTICIPATED IN A 457(F) PLAN BEGINNING IN CALENDAR YEAR 2014. THE TOTAL AMOUNT DEFERRED TO THIS PLAN FOR THE CALENDAR YEAR 2016 AMOUNTED TO \$75,000.

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1CECILE RICHARDS PRESIDENT & CEO	(i)	440,782	84,000	650	98,574	1,654	625,660	0
	(ii)	83,958	16,000	124	18,776	-	-	0
						315	119,173	
1WALLACE D'SOUZA CHIEF FINANCIAL OFFICER	(i)	222,337	17,600	378	13,900	32,623	286,838	0
	(ii)	30,319	2,400	52	1,896	-	-	0
						4,449	39,116	
2MELVIN GALLOWAY EVP & CHIEF OPERATING OFFICER	(i)	278,294	9,100	147	8,235	15,535	311,311	0
	(ii)	27,524	900	15	814	-	-	0
						1,536	30,789	
3THOMAS SUBAK CHIEF STRATEGY OFFICER& ASST TO PRES	(i)	335,474	29,400	421	7,452	32,903	405,650	0
	(ii)	6,846	600	9	152	-	-	0
						671	8,278	
4DAWN LAGUENS EVP & CHIEF BRAND & EXPERIENCE OFFIC	(i)	118,520	10,000	104	21,980	9,030	159,634	0
	(ii)	355,561	30,000	310	65,939	-	-	0
						27,088	478,898	
5DEBRA ALLIGOOD WHITE SR VP & GENERAL COUNSEL	(i)	262,924	21,500	666	13,453	20,733	319,276	0
	(ii)	42,802	3,500	108	2,190	-	-	0
						3,375	51,975	
6JETHRO MILLER CHIEF DEVELOPMENT OFFICER	(i)	304,016	45,000	243	13,455	3,480	366,194	0
	(ii)	33,780	5,000	27	1,495	-	-	0
						387	40,689	
7KIMBERLY CUSTER EVP HEALTHCARE	(i)	291,512	25,000	270	15,900	35,030	367,712	0
	(ii)	0	0	0	0	-	-	0
						0	0	
8DEBORAH NUCATOLA SR DIRECTOR CLINICAL SERVICE	(i)	188,048	0	93,169	11,190	14,422	306,829	0
	(ii)	0	0	0	0	-	-	0
						0	0	
9LATANYA MAPP-FRETT VP & EXEC DIR OF PP GLOBAL	(i)	125,992	7,200	135	7,600	18,006	158,933	0
	(ii)	136,491	7,800	146	8,233	-	-	0
						19,507	172,177	
10JENNIE THOMPSON MANAGING DIRECTOR, DEVELOPMENT	(i)	243,568	0	2,136	10,908	13,090	269,702	0
	(ii)	27,063	0	237	1,212	-	-	0
						1,454	29,966	
11DANNETTE HILL CHIEF HUMAN RESOURCE OFFICER	(i)	243,493	20,000	804	7,846	20,433	292,576	0
	(ii)	0	0	0	0	-	-	0
						0	0	
12KATHERINE MAGILL SVP HEALTHCARE STRATEGIES & ADMIN	(i)	254,900	0	430	15,786	21,112	292,228	0
	(ii)	0	0	0	0	-	-	0
						0	0	

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
PLANNED PARENTHOOD FEDERATION OF AMERICA INC

Employer identification number
13-1644147

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods				
6 Cars and other vehicles . .				
7 Boats and planes				
8 Intellectual property . . .				
9 Securities—Publicly traded .	X	1,091	41,635,899	FAIR MARKET VALUE
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . . .				
15 Real estate—Residential .				
16 Real estate—Commercial . .				
17 Real estate—Other . . .				
18 Collectibles				
19 Food inventory . . .				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens . .				
24 Archeological artifacts . . .				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

No

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

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

31

Yes

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

32a

No

b If "Yes," describe in Part II

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

Part II**Supplemental Information.**

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

Return Reference

Explanation

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047
		2016 Open to Public Inspection

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

Return Reference	Explanation
FORM 990, PART III, LINE 3	DURING FISCAL YEAR 2017, PLANNED PARENTHOOD GLOBAL, INC ("PP GLOBAL") COMMENCED OPERATION S TO CONSOLIDATE OVERSIGHT AND MANAGEMENT OF PPFA'S INTERNATIONAL PROGRAMS ALL FOREIGN GRANTS ARE NOW MADE BY PP GLOBAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, 4A & B	BOTH THE KENYA AND NIGERIA BANK ACCOUNTS ARE IN PPFA'S NAME BUT THESE ASSETS WERE TRANSFER RED OVER TO PP GLOBAL WHEN PP GLOBAL STARTED OPERATIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE PPFA BYLAWS PROVIDE FOR AN EXECUTIVE COMMITTEE WHICH IS RESPONSIBLE TO THE BOARD AND HAS FULL POWER TO ACT IN THE OPERATION AND MANAGEMENT OF PPFA IF AN URGENT MATTER ARISES BETWEEN BOARD MEETINGS THE COMMITTEE MUST REQUEST THAT THE BOARD RATIFY THE COMMITTEE'S DECISIONS AT THE NEXT REGULARLY SCHEDULED BOARD MEETING ALL MEMBERS OF THE EXECUTIVE COMMITTEE ARE MEMBERS OF THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE PPFA BYLAWS WERE AMENDED AS OF MARCH 31, 2017 TO PROVIDE FOR A REALLOCATION OF MEMBERSHIP VOTING RIGHTS AMONG THE AFFILIATE MEMBERS AND THE DIRECTOR MEMBERS AND TO REVISE AND UPDATE THE STANDARDS OF AFFILIATION THE AMENDMENTS TO THE BYLAWS WERE APPROVED BY A VOTE OF THE MEMBERSHIP AT THE ANNUAL MEETING HELD ON MARCH 31, 2017

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	PPFA IS A NOT-FOR-PROFIT MEMBERSHIP ORGANIZATION THE MEMBERS OF PPFA ARE ITS SEPARATELY INCORPORATED AFFILIATES (ALL 501(C)(3) PUBLIC CHARITIES) AND THE PPFA BOARD OF DIRECTORS EACH AFFILIATE HAS THREE (3) MEMBERSHIP VOTES, AND EACH MEMBER OF THE BOARD OF DIRECTORS HAS ONE (1) MEMBERSHIP VOTE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS OF PPFA ELECT THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	IN ADDITION TO THE BOARD, THE MEMBERSHIP APPROVES CHANGES TO THE BYLAWS AND CHANGES TO THE DUES FORMULA FOR THE NATIONAL PROGRAM SUPPORT TO BE CONTRIBUTED BY THE MEMBERS OF PPFA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PPFA'S FORM 990 IS PREPARED BY THE ORGANIZATION'S FINANCE STAFF AND REVIEWED INTERNALLY BY THE CHIEF FINANCIAL OFFICER (INTERIM) 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 SUBCOMMITTEE. ONCE THE DRAFT 990 IS APPROVED BY THE AUDIT SUBCOMMITTEE, COPIES OF THE COMPLETED FORM 990 ARE PROVIDED TO EACH VOTING MEMBER OF THE GOVERNING BOARD PRIOR TO SUBMISSION AND FILING WITH THE INTERNAL REVENUE SERVICE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY - PPFA ASKS ITS KEY EMPLOYEES, OTHER EMPLOYEES, OFFICERS AND OTHER BOARD MEMBERS TO REVIEW AND SIGN A CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS PPFA'S LEGAL COUNSEL FOLLOWS UP TO RESOLVE ANY DISCLOSED CONFLICTS IF A CONFLICT IS IDENTIFIED, THE INTERESTED INDIVIDUAL MAY NOT PARTICIPATE IN DELIBERATIONS OR DISCUSSIONS, BE PRESENT FOR A VOTE, OR VOTE ON THE MATTER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION REVIEW PROCESS - PPFA HAS A COMPENSATION SETTING BODY (THE "BODY") THAT REVIEWS AND APPROVES THE COMPENSATION OF THE LEADERSHIP STAFF OF PPFA INCLUDING THE PRESIDENT AND CEO, CHIEF FINANCIAL OFFICER, EVP AND CHIEF OPERATING OFFICER, AND OTHER MEMBERS OF THE EXECUTIVE TEAM. THIS INDEPENDENT BODY IS COMPRISED OF THE OFFICERS OF THE PPFA BOARD AND 3 OTHER DIRECTORS, WITH THE CHAIR OF THE BOARD SERVING AS ITS CHAIR. THE ANNUAL REVIEW AND APPROVAL OF THE SALARIES OF THESE EMPLOYEES USES COMPARABILITY DATA SUCH AS INDUSTRY SURVEYS, DOCUMENTED COMPENSATION OF PERSONS HOLDING SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS, AND/OR INDEPENDENT COMPENSATION STUDIES. PROCEEDINGS ARE DOCUMENTED CONTEMPORANEOUSLY IN MINUTES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	PPFA'S ANNUAL REPORT AND FORM 990 ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 2,075,729 GAIN ON BENEFICIAL INTEREST IN PER PETUAL TRUST 113,244 LOSS ON CONTRIBUTIONS AND OTHER RECEIVABLES -182,053 DONATED SERVIC ES CAPITALIZED 105,000

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
PLANNED PARENTHOOD FEDERATION OF AMERICA INC

Employer identification number
13-1644147

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) PROPER ATTIRE LLC C/O PPFA 123 WILLIAM ST 10TH FL NEW YORK, NY 10038 27-1986483	CONDOM SALES	DE	0	528,124	PPFA
(2) COMMUNITY CONNECT LLC C/O PPFA 123 WILLIAM ST 10TH FL NEW YORK, NY 10038 46-3961161	AFFORDABLE CARE ACT CANVASSING	DE	0	32,310	PPFA

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) PLANNED PARENTHOOD ACTION FUND INC 123 WILLIAM ST 10TH FL NEW YORK, NY 10038 13-3539048	ADVOCACY	NY	501(C)(4)	N/A	PPFA	Yes	
(2) PLANNED PARENTHOOD VOTES 123 WILLIAM ST 10TH FL NEW YORK, NY 10038 13-4128897	POLITICAL ACTIVITIES	NY	527	N/A	PLANNED PARENTHOOD ACTION FUND INC	Yes	
(3) PLANNED PARENTHOOD ACTION FUND INC PAC 123 WILLIAM ST 10TH FL NEW YORK, NY 10038 13-3885199	POLITICAL ACTIVITIES	NY	527	N/A	PLANNED PARENTHOOD ACTION FUND INC	Yes	
(4) PLANNED PARENTHOOD GLOBAL INC 123 WILLIAM ST 10TH FL NEW YORK, NY 10038 47-5312115	GLOBAL SEXUAL HEALTH	DE	501(C)(3)	LINE 7	PPFA	Yes	
(5) PP FEDERATION OF AMERICA INTERNATIONAL AFRICA REGIONAL OFFICE ARGWINGS KODHEK RD CHAKA PL PO BO NAIROBI KE	CHARITABLE OPERATIONS	KE	501(C)(3)	LINE 7	PLANNED PARENTHOOD GLOBAL INC	Yes	
(6) PLANNED PARENTHOOD GLOBAL - UGANDA LIMITED BANK BLDG PLOT 4 NILE AVE PO BOX KAMPALA UG	CHARITABLE OPERATIONS	UG	501(C)(3)	LINE 7	PLANNED PARENTHOOD GLOBAL INC	Yes	

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

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

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

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

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

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

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

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

1a Yes

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

1b Yes

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

1c

No

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

1d

No

e Loans or loan guarantees by related organization(s)

1e

No

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

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

1j

No

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

1k

No

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

1l Yes

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

1m Yes

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

1n Yes

o Sharing of paid employees with related organization(s)

1o Yes

p Reimbursement paid to related organization(s) for expenses

1p Yes

q Reimbursement paid by related organization(s) for expenses

1q Yes

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

1r Yes

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

1s

No

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

See Additional Data Table

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

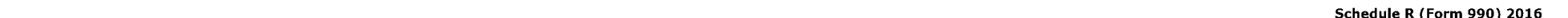
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
PART II	DIRECT CONTROL OVER SECTION 527 ORGANIZATIONS PLANNED PARENTHOOD FEDERATION OF AMERICA, INC DOES NOT DIRECTLY CONTROL PLANNED PARENTHOOD VOTES OR PLANNED PARENTHOOD ACTION FUND PAC, INC DIRECT CONTROL OVER THESE ENTITIES IS EXERCISED BY PLANNED PARENTHOOD ACTION FUND, INC



Additional Data

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

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

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

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	PLANNED PARENTHOOD ACTION FUND INC	A	64,301	ESTIMATE BASED ON USAGE
(1)	PLANNED PARENTHOOD ACTION FUND INC	B	1,200,000	ACTUAL AMOUNT DISBURSED
(2)	PLANNED PARENTHOOD GLOBAL INC	B	32,721,503	ACTUAL AMOUNT DISBURSED
(3)	PLANNED PARENTHOOD ACTION FUND INC	L	2,215,855	ESTIMATE BASED ON USAGE
(4)	PLANNED PARENTHOOD GLOBAL INC	L	1,062,581	ESTIMATE BASED ON USAGE
(5)	COMMUNITY OUTREACH GROUP INC	M	527,029	ACTUAL AMOUNT DISBURSED
(6)	PLANNED PARENTHOOD ACTION FUND INC	N	627,261	ESTIMATE BASED ON USAGE
(7)	PLANNED PARENTHOOD GLOBAL INC	N	263,845	ESTIMATE BASED ON USAGE
(8)	PLANNED PARENTHOOD ACTION FUND INC	O	7,990,253	ESTIMATE BASED ON USAGE
(9)	PLANNED PARENTHOOD GLOBAL INC	O	5,098,680	ESTIMATE BASED ON USAGE
(10)	PLANNED PARENTHOOD ACTION FUND INC	Q	10,897,670	ACTUAL AMOUNT DISBURSED
(11)	PLANNED PARENTHOOD GLOBAL INC	Q	6,425,106	ACTUAL AMOUNT DISBURSED
(12)	PP FEDERATION OF AMERICA INTERNATIONAL AFRICA REGIONAL OFFICE	R	154,179	ACTUAL AMOUNT DISBURSED
(13)	PLANNED PARENTHOOD GLOBAL INC	R	64,673	ACTUAL AMOUNT DISBURSED