

EXTENDED TO MAY 16, 2022

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PLANNED PARENTHOOD FEDERATION OF AMERICA, INC		D Employer identification number 13-1644147
	Doing business as		E Telephone number (212) 541-7800
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	123 WILLIAM STREET		G Gross receipts \$ 663,086,660.
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10038		
F Name and address of principal officer: ALEXIS MCGILL JOHNSON 123 WILLIAM STREET, NEW YORK, NY 10038		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	

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

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

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1922** **M** State of legal domicile: **NY**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	31	
	4	31	
	5	737	
	6	150	
	7a	0.	
7b	0.		
Revenue	8	273,795,082.	297,628,504.
	9	383,529.	318,907.
	10	10,517,732.	16,348,488.
	11	9,062,930.	10,491,011.
	12	293,759,273.	324,786,910.
	13	166,349,827.	139,126,094.
	14	0.	0.
Expenses	15	77,803,012.	81,201,040.
	16a	14,747,509.	13,601,843.
	b	53,919,772.	
	17	82,339,553.	78,532,603.
	18	341,239,901.	312,461,580.
	19	-47,480,628.	12,325,330.
	Net Assets or Fund Balances	20	413,503,532.
21		88,727,422.	82,986,008.
22		324,776,110.	380,354,639.

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	VICKIE BARROW-KLEIN, CFO Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name MARGARET A. BRADSHAW	Preparer's signature <i>Margaret A. Bradshaw</i>	Date 4/13/2022	Check if self-employed <input type="checkbox"/> PTIN P00501222
	Firm's name ▶ KPMG LLP Firm's address ▶ 345 PARK AVENUE NEW YORK, NY 10154-0102		Firm's EIN ▶ 13-5565207 Phone no. 212-758-9700	

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

Form **8868**
(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. PLANNED PARENTHOOD FEDERATION OF AMERICA, INC	Taxpayer identification number (TIN) 13-1644147
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 123 WILLIAM STREET , NO. 10 FL	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10038	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

CAMILA SOUSA

- The books are in the care of ▶ **123 WILLIAM STREET, 10TH FLOOR - NEW YORK, NY 10038**
Telephone No. ▶ **212-541-7800** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 16, 2022** , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2020** , and ending **JUN 30, 2021** .

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2020)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO PROVIDE COMPREHENSIVE REPRODUCTIVE HEALTH CARE SERVICES, ADVOCATE FOR PUBLIC POLICIES WHICH GUARANTEE AND ENSURE ACCESS TO SUCH SERVICES AND PROVIDE SEX EDUCATION TO ENHANCE UNDERSTANDING OF HUMAN SEXUALITY. - SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No 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 [X] 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 \$ 146,620,372. including grants of \$ 104,957,584.) (Revenue \$ 243,537.) HEALTHCARE - PROGRAMS DESIGNED TO IMPROVE AND PROTECT THE ABILITY TO PROVIDE HIGH-QUALITY REPRODUCTIVE HEALTHCARE FOR ALL.

4b (Code:) (Expenses \$ 67,104,062. including grants of \$ 32,105,865.) (Revenue \$) ADVOCACY - PROGRAMS DESIGNED TO EMPOWER ALL PEOPLE TO BUILD THE FUTURE THEY WANT AND CHANGE CULTURAL ATTITUDES ABOUT REPRODUCTIVE HEALTH.

4c (Code:) (Expenses \$ 3,195,378. including grants of \$ 826,008.) (Revenue \$ 2,191.) EDUCATION - PROGRAMS DESIGNED TO EDUCATE THE PUBLIC REGARDING REPRODUCTIVE HEALTH.

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,407,855. including grants of \$ 1,236,637.) (Revenue \$ 75,370.)

4e Total program service expenses 219,327,667.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	264	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with columns for line number, description, and Yes/No checkboxes. Includes questions 1a through 9 regarding governing body members, relationships, and documentation.

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

Table with columns for line number, description, and Yes/No checkboxes. Includes questions 10a through 16b regarding local chapters, policies, conflict of interest, whistleblower, and compensation.

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
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on 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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LORI A MCGILL JOHNSON PRESIDENT	28.00 7.00			X				553,761.	129,894.	42.
(2) KIMBERLY CUSTER EXECUTIVE VP HEALTH CARE	35.00 0.00				X			454,860.	0.	64,766.
(3) JETHRO MILLER CHIEF DEVELOPMENT OFFICER	32.00 3.00				X			446,225.	49,580.	15,082.
(4) DAWN LAGUENS SENIOR ADVISOR	34.00 1.00				X			448,401.	18,683.	17,858.
(5) MOLLY EAGAN (UNTIL 11/6/20) VP, PATIENT EXPRNCE & EMPL. ENGMT	35.00 0.00					X		392,127.	0.	58,862.
(6) MELVIN GALLOWAY (UNTIL 11/06/20) CHIEF OPERATING OFFICER	31.00 4.00				X			343,909.	42,506.	32,860.
(7) VICKIE BARROW-KLEIN CHIEF FINANCIAL OFFICER	32.00 3.00			X				332,809.	32,915.	46,333.
(8) DANNETTE S. HILL CHIEF H.R. OFFICER	35.00 0.00					X		357,129.	0.	35,011.
(9) MARINA SPYROU CHIEF INFO SECURITY OFFICER	35.00 0.00					X		280,893.	0.	62,699.
(10) MELANIE NEWMAN SENIOR VICE PRESIDENT, COMMUNICATION	26.00 9.00					X		243,885.	81,295.	6,026.
(11) JAY MEISEL (UNTIL 2/26/21) VP AND INTERIM GENERAL COUNSEL	32.00 3.00				X			252,793.	25,001.	46,064.
(12) MONICA KERRIGAN (UNTIL 1/22/21) VP & EXEC DIRECTOR OF PP GLOBAL	26.00 9.00				X			208,779.	73,355.	33,802.
(13) HELENE KRASNOFF VICE PRESIDENT, LITIGATION AND LAW	35.00 0.00					X		278,497.	0.	15,567.
(14) AIMEE CUNNINGHAM DIRECTOR/ CHAIR	1.00 0.00	X		X				0.	0.	0.
(15) AMANDA SKINNER DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) AMY CORTON DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) BETSY SEATON DIRECTOR	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CARMEN RITA WONG DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) DAISY AUGER-DOMINGUEZ DIRECTOR/ VICE-CHAIR	1.00 0.00	X		X				0.	0.	0.
(20) DEBBIE BARNES DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) DEBORAH HOPSON DIRECTOR (AS OF 4/16/21)	1.00 0.00	X						0.	0.	0.
(22) DEBORAH SIMON DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) DIANE MAX DIRECTOR (UNTIL 4/16/21)	1.00 0.00	X						0.	0.	0.
(24) DONYA NASSER DIRECTOR (UNTIL 4/16/21)	1.00 0.00	X						0.	0.	0.
(25) DR. KULLENI GEBREYES DIRECTOR/ CHAIR	1.00 0.00	X		X				0.	0.	0.
(26) DR. MARK NICHOLS DIRECTOR/ SECRETARY	1.00 0.00	X		X				0.	0.	0.
1b Subtotal								4,594,068.	453,229.	434,972.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,594,068.	453,229.	434,972.

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 229

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
O'BRIEN GARRETT, 1133 19TH ST NW STE 300, WASHINGTON, DC 20036	CONSULTING	11,023,321.
M&R STRATEGIC, 1101 CONNECTICUT AVE NW, WASHINGTON, DC 20036	CONSULTING	10,493,551.
CHONG & KOSTER LLC, 1640 RHODE ISLAND AVE NW, STE 600, WASHINGTON, DC 20036	ADVERTISING	5,463,980.
EXECUTIVE CONSULTING GROUP LLC, 11512 EL CAMINO REAL, STE 200, SAN DIEGO, CA 92130	CONSULTING	5,084,972.
TECH MAHINDRA (AMERICAS) INC, 4965 PRESTON PARK BLVD, STE 500, PLANO, TX 75093	IT SERVICES	3,844,305.

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 116

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2020)

Public Inspection Copy

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC

Form 990

13-1644147

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) GILDA GONZALES DIRECTOR	1.00 0.00	X						0.	0.	0.
(28) HECTOR E. SANCHEZ BARBA DIRECTOR	1.00 0.00	X						0.	0.	0.
(29) IRIS HARVEY DIRECTOR	1.00 0.00	X						0.	0.	0.
(30) JASSUM GLOSTER DIRECTOR (AS OF 4/16/21)	1.00 0.00	X						0.	0.	0.
(31) JESSICA BRYNDZA DIRECTOR	1.00 0.00	X						0.	0.	0.
(32) LAURA MEYERS DIRECTOR	1.00 0.00	X						0.	0.	0.
(33) MANEESH GOYAL DIRECTOR	1.00 0.00	X						0.	0.	0.
(34) MARGARET ANADU DIRECTOR (AS OF 4/16/21)	1.00 0.00	X						0.	0.	0.
(35) MEGHAN STABLER DIRECTOR	1.00 0.00	X						0.	0.	0.
(36) MICHAEL ROEMER DIRECTOR	1.00 0.00	X						0.	0.	0.
(37) MICHELLE BERREY DIRECTOR	1.00 0.00	X						0.	0.	0.
(38) MICHELLE JUBELIRER DIRECTOR	1.00 0.00	X						0.	0.	0.
(39) NATASHA BHUYAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(40) REV. DR. NEICHELLE GUIDRY DIRECTOR (UNTIL 4/16/21)	1.00 0.00	X						0.	0.	0.
(41) SHERESSE CLARKE-SOARES DIRECTOR/ TREASURER	1.00 0.00	X		X				0.	0.	0.
(42) SHONDA RHIMES DIRECTOR (UNTIL 12/2/20)	1.00 0.00	X						0.	0.	0.
(43) SITA SYMONETTE DIRECTOR (AS OF 4/16/21)	1.00 0.00	X						0.	0.	0.
(44) STACI FOX DIRECTOR	1.00 0.00	X						0.	0.	0.
(45) SUSAN DUNLAP DIRECTOR	1.00 0.00	X						0.	0.	0.
(46) TANUJA BAHAL DIRECTOR	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) WANDA MCCLAIN DIRECTOR (AS OF 4/16/21)	1.00 0.00	X						0.	0.	0.
(48) ZUHAIRAH SCOTT-WASHINGTON DIRECTOR	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 3,141,649.					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f 294,486,855.					
	g Noncash contributions included in lines 1a-1f	1g \$ 15,126,600.					
	h Total. Add lines 1a-1f		297,628,504.				
	Program Service Revenue	2 a SERVICES TO AFFILIATES	Business Code 900099	243,537.	243,537.		
b RESEARCH/CLINICAL		900099	75,370.	75,370.			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			318,907.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,875,613.			4,875,613.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		136,899.			136,899.	
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	349,715,692.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	338,242,817.				
	c Gain or (loss)	7c	11,472,875.				
	d Net gain or (loss)		11,472,875.			11,472,875.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a	59,124.					
b Less: cost of goods sold	10b	56,933.					
c Net income or (loss) from sales of inventory		2,191.	2,191.				
Miscellaneous Revenue	11 a INDIRECT COST RECOVERY	Business Code 900099	9,489,177.			9,489,177.	
	b REFUNDS	900099	552,106.			552,106.	
	c ATTORNEY FEE AWARDS	900099	310,638.			310,638.	
	d All other revenue						
	e Total. Add lines 11a-11d		10,351,921.				
12 Total revenue. See instructions		324,786,910.	321,098.	0.	26,837,308.		

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	139,126,094.	139,126,094.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,459,032.	1,573,138.	968,501.	917,393.
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	63,065,516.	32,991,922.	15,459,496.	14,614,098.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,057,597.	550,158.	260,839.	246,600.
9 Other employee benefits	9,077,646.	4,760,084.	2,222,622.	2,094,940.
10 Payroll taxes	4,541,249.	2,341,149.	1,153,758.	1,046,342.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,252,840.	242,505.	1,010,335.	
c Accounting	197,755.		197,755.	
d Lobbying	57,440.	57,440.		
e Professional fundraising services. See Part IV, line 17	13,601,843.			13,601,843.
f Investment management fees	831,284.		831,284.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	23,380,497.	14,801,894.	6,341,572.	2,237,031.
12 Advertising and promotion	7,886,279.	7,886,279.		
13 Office expenses	5,419,916.	1,184,479.	879,424.	3,356,013.
14 Information technology	13,859,107.	5,230,839.	3,472,668.	5,155,600.
15 Royalties				
16 Occupancy	5,010,285.	1,544,136.	2,467,045.	999,104.
17 Travel	123,896.	80,593.	39,943.	3,360.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	915,426.	611,929.	288,890.	14,607.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,692,276.	627,022.	1,393,991.	1,671,263.
23 Insurance	2,115,799.	227,529.	1,888,270.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on 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	11,135,969.	4,737,067.		6,398,902.
b STAFF DEVELOPMENT AND T	484,809.	286,480.	108,110.	90,219.
c REPAIRS AND MAINTENANCE	392,058.	220,558.	92,096.	79,404.
d OUTSIDE PRINTING AND AR	337,122.	12,205.	3,709.	321,208.
e All other expenses	1,439,845.	234,167.	133,833.	1,071,845.
25 Total functional expenses. Add lines 1 through 24e	312,461,580.	219,327,667.	39,214,141.	53,919,772.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	13,320,093.	5,666,160.	0.	7,653,933.

Public Inspection Copy

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC

Form 990 (2020)

13-1644147 Page 11

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	44,597,014.	1	46,051,098.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	28,935,120.	3	50,288,283.	
	4 Accounts receivable, net	431,761.	4	1,605,939.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use	104,032.	8	112,298.	
	9 Prepaid expenses and deferred charges	4,170,896.	9	3,545,063.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 29,687,057.			
	b Less: accumulated depreciation	10b 19,947,022.	12,931,140.	10c	9,740,035.
	11 Investments - publicly traded securities	313,290,185.	11	341,568,670.	
	12 Investments - other securities. See Part IV, line 11	5,017,334.	12	5,563,856.	
	13 Investments - program-related. See Part IV, line 11	99,180.	13	116,436.	
	14 Intangible assets			14	
	15 Other assets. See Part IV, line 11	3,926,870.	15	4,748,969.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	413,503,532.	16	463,340,647.		
Liabilities	17 Accounts payable and accrued expenses	19,687,852.	17	17,949,126.	
	18 Grants payable	38,268,865.	18	32,132,793.	
	19 Deferred revenue		19		
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			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	30,770,705.	25	32,904,089.	
	26 Total liabilities. Add lines 17 through 25	88,727,422.	26	82,986,008.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	230,458,518.	27	258,317,777.	
	28 Net assets with donor restrictions	94,317,592.	28	122,036,862.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	324,776,110.	32	380,354,639.	
	33 Total liabilities and net assets/fund balances	413,503,532.	33	463,340,647.	

Form 990 (2020)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	324,786,910.
2	Total expenses (must equal Part IX, column (A), line 25)	2	312,461,580.
3	Revenue less expenses. Subtract line 2 from line 1	3	12,325,330.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	324,776,110.
5	Net unrealized gains (losses) on investments	5	41,057,143.
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 on Schedule O)	9	2,196,056.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	380,354,639.

Part XII Financial Statements and Reporting

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

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

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

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 **section 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, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 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); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, 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.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 88.47%; 15 Public support percentage from 2019 Schedule A, Part II, line 14 86.65%; 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 16b 33 1/3% support test - 2019. 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 - 2020. 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; 17b 10% -facts-and-circumstances test - 2019. 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

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b, 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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2019 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2020. 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 - 2019. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 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 (explain in Part VI). 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):		
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 0.015 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 0.035.	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 0.85 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

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.)

PART 11, SECTION B, LINE 10

OTHER INCOME CONSISTS OF SPECIAL EVENTS (IF APPLICABLE), OVERHEAD AND OTHER FEES.

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC

Employer identification number

13-1644147

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

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

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ... \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Public Inspection Copy

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>28,898,006.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2		\$ <u>15,102,460.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ <u>6,250,150.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
_____		\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____		\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____		\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

Public Inspection Copy

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	STOCK <hr/> <hr/> <hr/>	\$ <u>15,102,460.</u>	<hr/>
<hr/>	<hr/> <hr/> <hr/>	\$ _____	<hr/>
<hr/>	<hr/> <hr/> <hr/>	\$ _____	<hr/>
<hr/>	<hr/> <hr/> <hr/>	\$ _____	<hr/>
<hr/>	<hr/> <hr/> <hr/>	\$ _____	<hr/>
<hr/>	<hr/> <hr/> <hr/>	\$ _____	<hr/>
<hr/>	<hr/> <hr/> <hr/>	\$ _____	<hr/>

Public Inspection Copy

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

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.

Table with 2 columns: Name of organization (PLANNED PARENTHOOD FEDERATION OF AMERICA, INC) and 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 campaign activity expenditures \$
3 Volunteer hours for political campaign activities

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

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 (grassroots lobbying)	162,920.	162,920.												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	554,218.	554,218.												
c	Total lobbying expenditures (add lines 1a and 1b)	717,138.	717,138.												
d	Other exempt purpose expenditures	274675273.	287982354.												
e	Total exempt purpose expenditures (add lines 1c and 1d)	275392411.	288699492.												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	1,000,000.												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	250,000.												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.	0.												
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.	0.												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(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	910,252.	755,897.	787,523.	717,138.	3,170,810.
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	148,278.	191,230.	165,341.	162,920.	667,769.

Schedule C (Form 990 or 990-EZ) 2020

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)).

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation... a Volunteers? b Paid staff or management... c Media advertisements? d Mailings to members... e Publications... f Grants to other organizations... g Direct contact with legislators... h Rallies, demonstrations... 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).

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

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."

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members 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 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (See instructions)

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.

Blank lines for supplemental information.

Part IV Supplemental Information (continued)

Schedule C Affiliated Group Lobbying Expenditures
Part II -A

Name of Affiliated Group Member
PLANNED PARENTHOOD GLOBAL INC

Employer ID Number
47-5312115

Affiliated Group Member Address
123 WILLIAM STREET
NEW YORK, NY 10038

Electing Member
YES

Limits on Lobbying Expenditures:

	Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying)	0. b												
Total lobbying expenditures (add lines 1a and 1b)	0. c												
Other exempt purpose expenditures	13,307,081. d												
Total exempt purpose expenditures (add lines 1c and 1d)	13,307,081. e												
Lobbying nontaxable amount.													
Enter the amount from the following table:													
<table border="1"> <thead> <tr> <th>If the amount on line e 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>> 500,000 <= 1,000,000</td> <td>100,000 + 15% > 500,000</td> </tr> <tr> <td>> 1,000,000 <= 1,500,000</td> <td>175,000 + 10% > 1,000,000</td> </tr> <tr> <td>> 1,500,000 <= 17,000,000</td> <td>225,000 + 5% > 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 e is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	> 500,000 <= 1,000,000	100,000 + 15% > 500,000	> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000	> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000	Over \$17,000,000	\$1,000,000	
If the amount on line e is:	The lobbying nontaxable amount is:												
Not over \$500,000	20% of the amount on line 1e												
> 500,000 <= 1,000,000	100,000 + 15% > 500,000												
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000												
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000												
Over \$17,000,000	\$1,000,000												
.....	815,354. f												
Grassroots nontaxable amount (enter 25% of line 1f)	203,839. g												
Subtract line 1g from line 1a (limit to zero)	0. h												
Subtract line 1f from line 1c (limit to zero)	0. i												
Member's share of excess lobbying expenditures	0.												

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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 Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, 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.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, 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 on 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	156,675,870.	172,105,591.	165,839,166.	157,145,414.	142,154,226.
b Contributions	25,209,369.	179,436.	-3,226,130.	15,000.	524,857.
c Net investment earnings, gains, and losses	40,897,981.	2,543,789.	11,178,775.	10,316,779.	16,046,726.
d Grants or scholarships					
e Other expenditures for facilities and programs	4,121,237.	18,152,946.	1,686,220.	1,638,027.	1,580,395.
f Administrative expenses					
g End of year balance	218,661,983.	156,675,870.	172,105,591.	165,839,166.	157,145,414.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 66.0000 %
 - b Permanent endowment 22.0000 %
 - c Term endowment 12.0000 %
- 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:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		12,078,659.	6,078,430.	6,000,229.
d Equipment		17,608,398.	13,868,592.	3,739,806.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 9,740,035.

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. (Col. (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. (Col. (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	
(2) DUE TO RELATED ORGANIZATIONS	644,626.
(3) LIABILITY UNDER SPLIT INTEREST	
(4) AGREEMENTS	17,697,492.
(5) AMOUNTS HELD ON BEHALF OF	
(6) AFFILIATES	6,567,549.
(7) DEFERRED RENT	7,994,422.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	32,904,089.

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 FASB 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	372,733,200.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	41,057,143.	
b	Donated services and use of facilities	2b	1,864,308.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	5,799,190.	
e	Add lines 2a through 2d	2e		48,720,641.
3	Subtract line 2e from line 1		3	324,012,559.
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	831,284.	
b	Other (Describe in Part XIII.)	4b	-56,933.	
c	Add lines 4a and 4b	4c		774,351.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	324,786,910.

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	317,154,671.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	1,864,308.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	3,660,067.	
e	Add lines 2a through 2d	2e		5,524,375.
3	Subtract line 2e from line 1		3	311,630,296.
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	831,284.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		831,284.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	312,461,580.

Part XIII Supplemental Information.

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

PART 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.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DONATED ADMINISTRATIVE SUPPORT TO PPG	3,603,134.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	2,196,056.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	5,799,190.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

COST OF GOOD SOLD -56,933.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 56,933.

DONATED ADMINISTRATIVE SUPPORT TO PPG 3,603,134.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 3,660,067.

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.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

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

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		4,438,327.
3 a Subtotal	0	0			4,438,327.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			4,438,327.

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

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

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization 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" on 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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, 3(F)

INVESTMENTS ARE RECORDED AT FAIR MARKET VALUE.

PART I, QUESTION #3(B) & FORM 990 PART IV, Q 14A - OFFICES OUTSIDE U.S.

LEASES FOR RENTAL SPACE IN FOREIGN COUNTRIES ARE IN THE NAME OF PPFA

BUT PP GLOBAL, INC. AND PPFA INTERNATIONAL AFRICA REGIONAL OFFICE ARE

USING THE SPACE AND PAYING THE RENT. PPFA DID NOT INCUR ANY EXPENSES

RELATED TO THESE LEASES DURING FISCAL YEAR 2021.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2020

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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 <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
O'BRIEN GARRETT - 1133 19TH ST NW STE 300, WASHINGTON, DC	CONSULTING		X	75,024,502.	1,003,991.	74,020,511.
M&R STRATEGIC SERVICES - 1101 CONNECTICUT AVE NW, BLUE STATE DIGITAL INC - 41 FLATBUSH AVE, 8TH, BROOKLYN,	CONSULTING		X	13,069,208.	10,072,941.	2,996,267.
PUBLIC INTEREST COMMUNICATIONS, INC - 7700 TELEFUND INC - PO BOX 2366, DENVER, CO 80201	TELEMARKETING		X	1,520,082.	240,825.	1,279,257.
GORDON AND SCHWENK MEYER INC - 360 N SEPULVEDA BLVD, EL SD&A TELESERVICES INC - 5757 W CENTURY BLVD STE 300, LOS INTEGRAL RESOURCES INC - 1972 MASSACHUSETTS AVE, CAMBRIDGE,	TELEMARKETING		X	244,950.	144,805.	100,145.
			X	166,019.	293,819.	-127,800.
			X	99,324.	113,601.	-14,277.
			X	0.	7,811.	-7,811.
Total				93,082,913.	13,601,843.	79,481,070.

- 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

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.

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

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 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: _____

Schedule G (Form 990 or 990-EZ) 2020

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

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

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

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

Name ▶ _____

Address ▶ _____

- 16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

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

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

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

(I) NAME OF FUNDRAISER: O'BRIEN GARRETT

(I) ADDRESS OF FUNDRAISER: 1133 19TH ST NW STE 300, WASHINGTON, DC 20036

(I) NAME OF FUNDRAISER: M&R STRATEGIC SERVICES

(I) ADDRESS OF FUNDRAISER: 1101 CONNECTICUT AVE NW, WASHINGTON, DC 20036

(I) NAME OF FUNDRAISER: BLUE STATE DIGITAL INC

Part IV Supplemental Information (continued)

(I) ADDRESS OF FUNDRAISER: 41 FLATBUSH AVE, 8TH, BROOKLYN, NY 11217

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

(I) ADDRESS OF FUNDRAISER:

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

(I) NAME OF FUNDRAISER: GORDON AND SCHWENK MEYER INC

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

(I) NAME OF FUNDRAISER: SD&A TELESERVICES INC

(I) ADDRESS OF FUNDRAISER:

5757 W CENTURY BLVD STE 300, LOS ANGELES, CA 90045

(I) NAME OF FUNDRAISER: INTEGRAL RESOURCES INC

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

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

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

\$11,135,969 OF OTHER REIMBURSED EXPENSES WERE PAID DIRECTLY TO

PROFESSIONAL FUNDRAISERS FOR DIRECT POSTAGE/FREIGHT \$4,739,471,

PRINTING \$3,821,915, MAIL HOUSE COSTS \$1,592,432, LIST USAGE \$852,199,

AND OTHER COSTS (MERGE/PURGE - \$123,873; LIABILITY INSURANCE \$6,079).

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.

Part IV Supplemental Information (continued)

PART I, LINE 2B, COLUMN (V)

AMOUNTS PAID TO CERTAIN FUNDRAISERS RESULTED IN A CURRENT YEAR LOSS BUT SECURED FUTURE DONORS.

Multiple horizontal lines for supplemental information.

Public Inspection Copy

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Employer identification number
13-1644147

Part I General Information on Grants and Assistance

- 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD GLOBAL, INC 123 WILLIAM ST NEW YORK, NY 10038	47-5312115	501(C)(3)	12,331,359.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
BETTERHEALTH: A PLANNED PARENTHOOD PARTNERSHIP - 1144 LOCUST ST - PHILADELPHIA, PA 19107-5740	23-3084482	501(C)(3)	14,949,632.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF THE GREAT NW, HI, AK, IN, & KY - 2001 E MADISON ST - SEATTLE, WA 98122	91-0686012	501(C)(3)	9,230,622.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF GREATER NEW YORK, INC. 26 BLEEKER STREET NEW YORK, NY 10012	13-2621497	501(C)(3)	6,022,905.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
CATALYST HEALTH NETWORK INC. 4600 GULF FWY HOUSTON, TX 77023	84-2471177	501(C)(3)	5,823,554.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP NORTH CENTRAL ST 671 VANDALIA ST SAINT PAUL, MN 55114	83-0614523	501(C)(3)	4,828,770.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **99.**
- 3** Enter total number of other organizations listed in the line 1 table ▶ **10.**

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

Schedule I (Form 990) 2020

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC

Schedule I (Form 990)

13-1644147

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP LOS ANGELES 400 W 30TH ST LOS ANGELES, CA 90007	95-2408623	501(C)(3)	4,613,761.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP MAR MONTE, INC. 1691 THE ALAMEDA SAN JOSE, CA 95126	94-1583439	501(C)(3)	4,274,059.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF GREATER OHIO 444 W EXCHANGE ST AKRON, OH 44302	34-1015976	501(C)(3)	3,874,651.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF THE ROCKY MOUNTAINS, INC. 7155 E 38TH AVE DENVER, CO 80207	84-0404253	501(C)(3)	3,745,336.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF SOUTH FLORIDA, AND THE TREASURE COAST, INC. - 2300 N FLORIDA MANGO RD - WEST PALM BEACH, FL 33409	59-1391115	501(C)(3)	3,516,777.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF SOUTHWEST AND CENTRAL FLORIDA, INC. - 736 CENTRAL AVE - SARASOTA, FL 34236-4042	59-1274328	501(C)(3)	3,458,391.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF GREATER TEXAS, INC. 7424 GREENVILLE AVE STE 206 DALLAS, TX 75231	52-1243220	501(C)(3)	3,404,365.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF WISCONSIN, INC. 302 N JACKSON ST MILWAUKEE, WI 53202	39-0863391	501(C)(3)	3,237,272.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP SOUTH ATLANTIC 100 S BOYLAN AVE RALEIGH, NC 27603	56-1282557	501(C)(3)	2,990,511.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Schedule I (Form 990)

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC

Schedule I (Form 990)

13-1644147

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP OF METROPOLITAN WASHINGTON, DC, INC. - 1225 4TH ST NE - WASHINGTON, DC 20002	53-0204621	501(C)(3)	2,939,324.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF ILLINOIS 18 S MICHIGAN AVE FL 6 CHICAGO, IL 60603	36-2170901	501(C)(3)	2,836,234.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP SOUTHWEST OHIO REGION 2314 AUBURN AVE CINCINNATI, OH 45219	31-0536688	501(C)(3)	2,761,905.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP SOUTHEASTERN PENNSYLVANIA 1144 LOCUST ST PHILADELPHIA, PA 19107	23-1352509	501(C)(3)	2,642,622.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP LEAGUE OF MASSACHUSETTS, INC. 1055 COMMONWEALTH AVE BOSTON, MA 02215	04-2698497	501(C)(3)	2,519,692.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF MICHIGAN 950 VICTORS WAY STE 100 ANN ARBOR, MI 48108	38-1707521	501(C)(3)	2,306,629.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP ARIZONA, INC. 4751 N 15TH ST PHOENIX, AZ 85014	86-0146520	501(C)(3)	2,266,802.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP GULF COAST, INC. 4600 GULF FREEWAY HOUSTON, TX 77023	74-1100163	501(C)(3)	1,873,604.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP SOUTHEAST, INC. 241 PEACHTREE ST NE STE 400 ATLANTA, GA 30303	58-6045874	501(C)(3)	1,777,778.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Schedule I (Form 990)

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC

Schedule I (Form 990)

13-1644147

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP KEYSTONE 610 LOUIS DRIVE, SUITE 300 WARMINSTER, PA 18974	23-2450112	501(C)(3)	1,677,039.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP NORTHERN CALIFORNIA 2185 PACHECO STREET CONCORD, CA 94520	94-1575233	501(C)(3)	1,673,162.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP GREAT PLAINS 4401 W 109TH ST STE 200 OVERLAND PARK, KS 66211	44-0565390	501(C)(3)	1,659,023.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP SOUTH TEXAS 2140 BABCOCK RD SAN ANTONIO, TX 78229	74-1297211	501(C)(3)	1,551,885.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP COLUMBIA WILLAMETTE 3727 NE MARTIN LUTHER KING JR BL PORTLAND, OR 97212	93-6031270	501(C)(3)	1,491,983.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF NORTHERN NEW ENGLAND 784 HERCULES DR STE 110 COLCHESTER, VT 05446	03-0222941	501(C)(3)	1,477,020.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF THE PACIFIC SOUTHWEST, INC. 1075 CAMINO DEL RIO S SAN DIEGO, CA 92108	95-6111785	501(C)(3)	1,373,083.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF SOUTHERN NEW ENGLAND, INC. 345 WHITNEY AVE NEW HAVEN, CT 06511	06-0263565	501(C)(3)	1,364,079.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF THE ST. LOUIS REGION AND SOUTHWEST MISSOURI - 4251 FOREST PARK AVE - SAINT LOUIS, MO 63108	43-0652666	501(C)(3)	1,290,241.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Schedule I (Form 990)

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC

Schedule I (Form 990)

13-1644147

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP GREATER MEMPHIS REGION INC DBA PLANNED PARENTHOOD OF TN - 2430 POPLAR AVE STE 100 - MEMPHIS, TN 38112	62-6073178	501(C)(3)	1,175,124.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
THE VIRGINIA LEAGUE FOR PLANNED PARENTHOOD, INC. - 201 N HAMILTON ST - RICHMOND, VA 23221	54-0505973	501(C)(3)	1,109,138.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF NORTHERN, CENTRAL AND SOUTHERN NEW JERSEY, INC. - 196 SPEEDWELL AVENUE - MORRISTOWN, NJ 07960	22-1643997	501(C)(3)	997,061.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF MARYLAND, INC. 330 N HOWARD ST BALTIMORE, MD 21201	52-0607930	501(C)(3)	935,102.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP ASSOCIATION OF UTAH 654 S 900 E SALT LAKE CITY, UT 84102	87-0288909	501(C)(3)	892,739.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP CALIFORNIA CENTRAL COAST 518 GARDEN ST SANTA BARBARA, CA 93101	95-2319356	501(C)(3)	770,868.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP HUDSON PECONIC, INC. 570 TAXTER ROAD ELMSFORD, NY 10523	11-2454790	501(C)(3)	759,362.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
UPPER HUDSON PLANNED PARENTHOOD, INC. - 855 CENTRAL AVE - ALBANY, NY 12206	14-6000805	501(C)(3)	751,052.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF ORANGE AND SAN BERNARDINO COUNTIES, INC. - 801 E KATELLA AVE - ANAHEIM, CA 92805	95-6152773	501(C)(3)	674,728.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Schedule I (Form 990)

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC

Schedule I (Form 990)

13-1644147

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP OF MONTANA, INC. 1116 GRAND AVE STE 201 BILLINGS, MT 59102	81-0307201	501(C)(3)	666,597.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF CENTRAL AND WESTERN NEW YORK 114 UNIVERSITY AVE ROCHESTER, NY 14605	16-0746860	501(C)(3)	640,434.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF WESTERN PENNSYLVANIA, INC. 933 LIBERTY AVE PITTSBURGH, PA 15222	25-0965474	501(C)(3)	617,686.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF METROPOLITAN NEW JERSEY, INC. - 238 MULBERRY ST - NEWARK, NJ 07102	22-1539559	501(C)(3)	554,606.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP ASSOCIATION OF PENNSYLVANIA 1514 N 2ND ST HARRISBURG, PA 17102	23-1989400	501(C)(3)	537,600.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP PASADENA AND SAN GABRIEL VALLEY, INC. - 2333 LAKE AVE FL 2 - ALTADENA, CA 91001	95-1916050	501(C)(3)	532,729.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF GREATER WASHINGTON AND NORTH IDAHO - 1117 TIETON DR - YAKIMA, WA 98902	91-6071384	501(C)(3)	504,080.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF SOUTHWESTERN OREGON 3579 FRANKLIN BLVD EUGENE, OR 97403	93-0573822	501(C)(3)	441,481.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
COMPREHENSIVE HEALTH OF PLANNED PARENTHOOD GREAT PLAINS - 4401 W 109TH ST STE 200 - LEAWOOD, KS 66211	48-0847946	501(C)(3)	388,552.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Schedule I (Form 990)

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC

Schedule I (Form 990)

13-1644147

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REPRODUCTIVE HEALTH SERVICES OF PLANNED PARENTHOOD - 4251 FOREST PARK AVENUE - SAINT LOUIS, MO 63108	43-1848056	501(C)(3)	379,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF THE GREAT NORTHWEST AND THE HAWAIIAN ISLANDS - 2001 E MADISON ST - SEATTLE, WA 98122	91-0686012	501(C)(3)	370,633.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF THE NORTH COUNTRY NEW YORK, INC. - 160 STONE ST - WATERTOWN, NY 13601	16-0919175	501(C)(3)	359,276.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
NATIONAL NETWORK OF ABORTION FUNDS PO BOX 170280 BOSTON, MA 02117	04-3236982	501(C)(3)	336,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
NEVADA EDUCATION FUND FOR PLANNED PARENTHOOD AFFILIATES - 550 W PLUMB L STE B-104 - RENO, NV 89509	26-4715618	501(C)(3)	250,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP ADVOCATES OF TEXAS PO BOX 41646 AUSTIN, TX 78704	81-3566701	501(C)(3)	205,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
MT. BAKER PLANNED PARENTHOOD 1509 CORNWALL AVE BELLINGHAM, WA 98225	91-0846274	501(C)(3)	172,159.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
VOTO LATINO FOUNDATION P.O. BOX 35608 WASHINGTON, DC 20033	20-1350252	501(C)(3)	169,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP OF DELAWARE, INC. 625 N SHIPLEY ST WILMINGTON, DE 19801	51-0066725	501(C)(3)	167,492.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Schedule I (Form 990)

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC

Schedule I (Form 990)

13-1644147

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEO PHILANTHROPY, INC. 45 W 36TH ST FL 6 NEW YORK, NY 10018	13-3191113	501(C)(3)	140,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
THE LEADERSHIP CONFERENCE EDUCATION FUND - 1629 L STREET NW 10TH FLOOR - WASHINGTON, DC 20006	23-7026895	501(C)(3)	125,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
WOMEN WITH A VISION, INC 1226 N BROAD ST NEW ORLEANS, LA 70125	72-1202185	501(C)(3)	125,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
CALIFORNIA PLANNED PARENTHOOD EDUCATION FUND, INC. - 555 CAPITOL MALL STE 510 - SACRAMENTO, CA 95814-4502	68-0358026	501(C)(3)	100,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP ACTION FUND OF NEW JERSEY, INC. 196 SPEEDWELL AVENUE MORRISTOWN, NJ 07960	22-3243732	501(C)(4)	81,900.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP ADVOCATES OF OREGON PO BOX 12267 PORTLAND, OR 97212	93-1040482	501(C)(4)	60,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
EVERY VOICE CENTER 236 9TH ST SE WASHINGTON, DC 20003	52-2003442	501(C)(3)	50,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP VERMONT ACTION FUND 784 HERCULES DR STE 110 COLCHESTER, VT 05446	03-0326364	501(C)(4)	50,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
KANSANS FOR CONSTITUTIONAL FREEDOM, INC. - 4401 W. 109TH STREET - OVERLAND PARK, KS 66211-1303	87-1224421	501(C)(4)	50,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Schedule I (Form 990)

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC

Schedule I (Form 990)

13-1644147

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUBBOCK COALITION FOR HEALTHCARE ACCESS - 3716 22ND PL - LUBBOCK, TX 79410	86-2231967	501(C)(4)	50,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
SOCIAL GOOD FUND 12651 SAN PABLO AVE #5473 RICHMOND, CA 94805	46-1323531	501(C)(3)	50,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
URGE (UNITE FOR REPRODUCTIVE AND GENDER EQUITY) - 734 15TH ST NW SUITE 800 - WASHINGTON, DC 20005	52-1772575	501(C)(3)	50,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
CONGRESSIONAL PROGRESSIVE CAUCUS CENTER - 80 F STREET NW - WASHINGTON, DC 20001	20-3714244	501(C)(3)	50,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
HIGHLANDER RESEARCH & EDUCATION CENTER, INC. - 1959 HIGHLANDER WAY - NEW MARKET, TN 37820	62-0646373	501(C)(3)	50,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
INTERFAITH VOICES FOR REPRODUCTIVE JUSTICE - 486 BENSON HURST DRIVE - MABLETON, GA 30126	83-4119436	501(C)(3)	45,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
NEW VOICES PITTSBURGH, INC. 5987 BROAD STREET PITTSBURGH, PA 15206	27-0570462	501(C)(3)	40,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP ADVOCATES OF MONTANA 1116 GRAND AVE BILLINGS, MT 59102	81-0467220	501(C)(4)	40,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
CALIFORNIA LATINAS FOR REPRODUCTIVE JUSTICE - PO BOX 861766 - LOS ANGELES, CA 90086	26-2213868	501(C)(3)	40,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Schedule I (Form 990)

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC

Schedule I (Form 990)

13-1644147

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SISTERLOVE INC. PO BOX 10558 ATLANTA, GA 30310	58-2016070	501(C)(3)	40,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
FEMINIST WOMEN'S HEALTH CENTER 263 RAINER AVE S, STE 200 NEW YORK, NY 10025	91-1083929	501(C)(3)	40,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
FORWARD TOGETHER 300 FRANK H. OGAWA PLZ OAKLAND, CA 94612	94-3311784	501(C)(3)	40,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP EMPIRE STATE ACTS, INC. 194 WASHINGTON AVE STE. 620 ALBANY, NY 12210	14-1593876	501(C)(4)	40,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
SPARK REPRODUCTIVE JUSTICE NOW! PO BOX 89210 ATLANTA, GA 30312	58-1872316	501(C)(3)	40,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
BOLD FUTURES NM 309 GOLD AVE SW ALBUQUERQUE, NM 87102	85-0481224	501(C)(3)	40,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
TALLER SALUD, INC. PARCELAS VIQUES 33 KM LOIZA, PR 00772	66-0494692	501(C)(3)	33,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
BLACK WOMEN FOR WELLNESS 4336 11TH AVE LOS ANGELES, CA 90003	95-4624707	501(C)(3)	30,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
ALLIANCE FOR GLOBAL JUSTICE 225 E. 26TH STREET TUCSON, AZ 85713	52-2094677	501(C)(3)	30,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Schedule I (Form 990)

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC

Schedule I (Form 990)

13-1644147

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE AFIYA CENTER 7220 S WESTMORELAND DALLAS, TX 75237	36-4625704	501(C)(3)	30,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
SISTERREACH 1750 MADISON AVENUE SUITE 6000 MEMPHIS, TN 38104	45-4013343	501(C)(3)	30,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
COLORADO ORGANIZATION FOR LATINA OPPORTUNITY AND REPRODUCTIVE RIGHTS - PO BOX 40991 - DENVER, CO 80204	84-1569021	501(C)(3)	30,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
THE PRAXIS PROJECT INC. 1001 CONNECTICUT AVE NW STE 201 WASHINGTON, DC 20036	30-0044814	501(C)(3)	30,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
CASA RUBY, INC 7530 GEORGIA AVE, NW WASHINGTON, DC 20012	34-1978347	501(C)(3)	25,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
TIDES CENTER 1014 TORNEY AVE SAN FRANCISCO, CA 94129-0198	94-3213100	501(C)(3)	25,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
NATIONAL ABORTION FEDERATION 1090 VERMONT AVE, NW WASHINGTON, DC 20005	43-1097957	501(C)(3)	24,493.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
ADVOCATES FOR YOUTH 1325 G STREET NW WASHINGTON, DC 20005	52-1173590	501(C)(3)	24,386.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
EDUCATION FUND OF FAMILY PLANNING ADVOCATES OF NEW YORK STATE - 194 WASHINGTON AVE - ALBANY, NY 12210	22-2757367	501(C)(3)	24,200.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Schedule I (Form 990)

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC

Schedule I (Form 990)

13-1644147

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEVADA ADVOCATES FOR PLANNED PARENTHOOD AFFILIATES, INC. - 550 W PLUMB LN STE B-102 - RENO, NV 89509	74-3234716	501(C)(4)	24,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
UNITED WE DREAM NETWORK, INC. 1201 16TH ST NW WASHINGTON, DC 20036	46-2216565	501(C)(3)	20,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
CONGRESSIONAL HISPANIC CAUCUS INSTITUTE, INC. - 1128 16TH ST NW - WASHINGTON, DC 20036	52-1114225	501(C)(3)	20,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
HISPANIC FEDERATION, INC. 55 EXCHANGE PL STE 501 NEW YORK, NY 10005	13-3573852	501(C)(3)	20,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
LABORATORY SERVICES COOPERATIVE 2001 E MADISON ST SEATTLE, WA 98122	26-3813271	501(C)(3)	18,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
CENTERLINK P.O BOX 24490 FORT LAUDERDALE, FL 33307	52-2292725	501(C)(3)	15,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
RELIGIOUS COALITION FOR REPRODUCTIVE CHOICE - 1413 K STREET NW - WASHINGTON, DC 20005	52-1213972	501(C)(3)	15,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
NATIONAL ASIAN PACIFIC AMERICAN WOMEN'S FORUM - 1225 NEW YORK AVE NW - WASHINGTON, DC 20005	36-4799986	501(C)(3)	15,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
PP ADVOCATES OF WISCONSIN 302 N JACKSON ST MILWAUKEE, WI 53202	28-1678012	501(C)(4)	13,500.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

Schedule I (Form 990)

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC

Schedule I (Form 990)

13-1644147

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP MAINE ACTION FUND 784 HERCULES DR STE 110 COLCHESTER, VT 05446	46-5689688	501(C)(4)	11,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
UNIDOSUS 1126 16TH ST, NW STE 600 WASHINGTON, DC 20036-4845	86-0212873	501(C)(3)	10,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
TRANS EMPOWERMENT PROJECT 2124 BELVOIR AVE KNOXVILLE, TN 37917	81-5250758	501(C)(3)	10,000.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
MISSOURI FAITH VOICES INC. 301 E CAPITOL AVENUE JEFFERSON CITY, MO 65101	27-4549389	501(C)(3)	8,750.	0.			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC

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.

Table with 6 columns: (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 noncash assistance.

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

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

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

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

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

Only section 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?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

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

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

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

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

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

Schedule J (Form 990) 2020

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC

13-1644147

Schedule J (Form 990) 2020

Page 2

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

For each individual whose compensation must be reported 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 aren't 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				
(1) LORI A MCGILL JOHNSON PRESIDENT	(i)	553,542.	0.	219.	0.	34.	553,795.	0.
	(ii)	129,843.	0.	51.	0.	8.	129,902.	0.
(2) KIMBERLY CUSTER EXECUTIVE VP HEALTH CARE	(i)	454,446.	0.	414.	14,643.	50,123.	519,626.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JETHRO MILLER CHIEF DEVELOPMENT OFFICER	(i)	445,982.	0.	243.	12,857.	717.	459,799.	0.
	(ii)	49,553.	0.	27.	1,428.	80.	51,088.	0.
(4) DAWN LAGUENS SENIOR ADVISOR	(i)	447,143.	0.	1,258.	13,904.	3,240.	465,545.	0.
	(ii)	18,631.	0.	52.	579.	135.	19,397.	0.
(5) MOLLY EAGAN (UNTIL 11/6/20) VP, PATIENT EXPRNCE & EMPL. ENGMT	(i)	276,929.	0.	115,198.	10,945.	47,917.	450,989.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MELVIN GALLOWAY (UNTIL 11/06/20) CHIEF OPERATING OFFICER	(i)	343,767.	0.	142.	12,793.	16,453.	373,155.	0.
	(ii)	42,488.	0.	18.	1,581.	2,033.	46,120.	0.
(7) VICKIE BARROW-KLEIN CHIEF FINANCIAL OFFICER	(i)	331,728.	0.	1,081.	9,608.	32,555.	374,972.	0.
	(ii)	32,808.	0.	107.	950.	3,220.	37,085.	0.
(8) DANNETTE S. HILL CHIEF H.R. OFFICER	(i)	355,941.	0.	1,188.	12,719.	22,292.	392,140.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MARINA SPYROU CHIEF INFO SECURITY OFFICER	(i)	280,618.	0.	275.	8,420.	54,279.	343,592.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MELANIE NEWMAN SENIOR VICE PRESIDENT, COMMUNICATION	(i)	243,750.	0.	135.	4,219.	301.	248,405.	0.
	(ii)	81,250.	0.	45.	1,406.	100.	82,801.	0.
(11) JAY MEISEL (UNTIL 2/26/21) VP AND INTERIM GENERAL COUNSEL	(i)	252,620.	0.	173.	9,005.	32,913.	294,711.	0.
	(ii)	24,984.	0.	17.	891.	3,255.	29,147.	0.
(12) MONICA KERRIGAN (UNTIL 1/22/21) VP & EXEC DIRECTOR OF PP GLOBAL	(i)	207,900.	0.	879.	0.	25,013.	233,792.	0.
	(ii)	73,046.	0.	309.	0.	8,789.	82,144.	0.
(13) HELENE KRASNOFF VICE PRESIDENT, LITIGATION AND LAW	(i)	278,075.	0.	422.	11,092.	4,475.	294,064.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 3:

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC., USED THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT: COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, FORM 990 OF OTHER ORGANIZATIONS, COMPENSATION SURVEY/STUDY AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.

PART I, LINE 4A:

MOLLY EAGAN'S EMPLOYMENT AS VICE PRESIDENT, PLANNED PARENTHOOD EXPERIENCE ENDED ON 11/06/2020. DURING CALENDAR YEAR 2020 SHE RECEIVED A SEVERANCE PAYMENT OF \$114,745.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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	X	25	24,140.	FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	857	15,102,460.	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 V, Donee Acknowledgement 29 0

		Yes	No
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 isn't required to be used for exempt purposes for the entire holding period?	30a		X
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X	
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Schedule M (Form 990) 2020

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.

SCHEDULE M, LINE 32B:

PPFA USES A THIRD-PARTY, CAREASY.ORG TO SELL THE CONTRIBUTED VEHICLES.

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNT REPORTED IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC

Employer identification number

13-1644147

FORM 990, PART I, LINE 1, ORGANIZATION'S MISSION

TO PROVIDE COMPREHENSIVE REPRODUCTIVE HEALTH CARE SERVICES, ADVOCATE
FOR PUBLIC POLICIES AND ENSURE ACCESS TO SERVICES AND PROVIDE SEX
EDUCATION TO ENHANCE UNDERSTANDING OF HUMAN SEXUALITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION 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.

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

RESEARCH - PROGRAMS TO PROMOTE CLINICAL RESEARCH
EXPENSES \$ 2,407,855. INCLUDING GRANTS OF \$ 1,236,637. REVENUE \$ 75,370

FORM 990, PART V, LINES 4A & B

THE KENYA BANK ACCOUNTS ARE IN PPFA'S NAME BUT THESE ASSETS WERE

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

Schedule O (Form 990 or 990-EZ) 2020

Public Inspection Copy

Schedule O (Form 990 or 990-EZ) 2020

Page 2

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

Employer identification number
13-1644147

TRANSFERRED OVER TO PPFA INTERNATIONAL AFRICA REGIONAL OFFICE WHEN PP
GLOBAL STARTED OPERATIONS IN JULY 2016.

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.

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 TWO (2) MEMBERSHIP VOTES,
AND THE BOARD OF DIRECTORS HAVE TWO (2) MEMBERSHIP VOTES.

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

THE MEMBERS OF PPFA ELECT THE BOARD OF DIRECTORS.

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

IN ADDITION TO THE BOARD, THE MEMBERSHIP APPROVES CHANGES TO THE BYLAWS AND
CHANGES TO THE DUES FORMULA FOR THE NATIONAL PROGRAM SUPPORT TO BE
CONTRIBUTED BY THE MEMBERS OF PPFA.

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

PPFA'S FORM 990 IS PREPARED EXTERNALLY BY AN INDEPENDENT PAID TAX PREPARER.
THE DRAFT FORM 990 IS THEN REVIEWED INTERNALLY BY THE ORGANIZATION'S

Public Inspection Copy

Schedule O (Form 990 or 990-EZ) 2020

Page 2

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

Employer identification number
13-1644147

FINANCE STAFF, CFO, AND LEGAL DEPARTMENT. ANY REVISIONS ARE PRESENTED TO THE ORGANIZATION AND ONCE THE DRAFT FORM 990 IS REVISED, THE FINAL DRAFT FORM 990 IS REVIEWED BY THE ORGANIZATION'S AUDIT COMMITTEE. ONCE THE DRAFT IS APPROVED BY THE AUDIT COMMITTEE, COPIES OF THE COMPLETED FORM 990 ARE PROVIDED TO EACH VOTING MEMBER OF THE GOVERNING BOARD PRIOR TO SUBMISSION AND FILING WITH THE INTERNAL REVENUE SERVICE.

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

CONFLICT OF INTEREST POLICY - 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 BE PRESENT AT, OR PARTICIPATE IN DELIBERATION, OR VOTE ON THE MATTER GIVING RISE TO THE CONFLICT.

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.

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

Public Inspection Copy

Schedule O (Form 990 or 990-EZ) 2020

Page 2

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

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

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

PPFA'S ANNUAL REPORT AND FORM 990 ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND ARE AVAILABLE UPON REQUEST.

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

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	2,196,056.
--	------------

Public Inspection Copy

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

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
PROPER ATTIRE LLC - 27-1986483 C/O PPFA 123 WILLIAM ST 10TH FL NEW YORK, NY 10038	CONDOM SALES	DELAWARE	0.	2,732.	PPFA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
PLANNED PARENTHOOD ACTION FUND, INC. - 13-3539048, 123 WILLIAM ST. 10TH FL, NEW YORK, NY 10038	ADVOCACY	NEW YORK	501(C)(4)	N/A	PPFA	X	
PLANNED PARENTHOOD VOTES - 13-4128897 123 WILLIAM ST. 10TH FL NEW YORK, NY 10038	POLITICAL ACTIVITY	NEW YORK	527	N/A	PPAF	X	
PLANNED PARENTHOOD ACTION FUND INC. PAC - 13-3885199, 123 WILLIAM ST. 10TH FL, NEW YORK, NY 10038	POLITICAL ACTIVITY	NEW YORK	527	N/A	PPAF	X	
PLANNED PARENTHOOD GLOBAL, INC. - 47-5312115 123 WILLIAM ST. 10TH FL NEW YORK, NY 10038	GLOBAL SEXUAL HEALTH	DELAWARE	501(C)(3)	LINE 7	PPFA	X	

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

Schedule R (Form 990) 2020

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC

Schedule R (Form 990)

13-1644147

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
PP FEDERATION OF AMERICA INTERNATIONAL ARGWINGS KODHEK RD, CHAKA PL NAIROBI, KENYA 5538-00200	CHARITABLE OP	KENYA	501(C)(3)	LINE 7	PP GLOBAL	X	
PLANNED PARENTHOOD GLOBAL-UGANDA LIMITED BANK BLDG, PLOT 4 NILE AVE, PO BOX 7128 KAMPALA, UGANDA 71	CHARITABLE OP	UGANDA	501(C)(3)	LINE 7	PP GLOBAL	X	

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC

Schedule R (Form 990) 2020

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
COMMUNITY OUTREACH GROUP, LLC - 46-5346839 C/O PPAF 123 WILLIAM ST, 10TH FL NEW YORK, NY 10038	COMMUNITY-BASED	DE	PPAF	C CORP					
PPGLOBAL, S.A. C/O PP GLOBAL 123 WILLIAM ST, 10TH FL NEW YORK, NY 10038	CHARITABLE OPERATION	ECUADOR	PP GLOBAL	C CORP					

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PLANNED PARENTHOOD ACTION FUND, INC.	A	57,057.	ESTIMATED USAGE
(2) PLANNED PARENTHOOD GLOBAL, INC.	B	12,331,359.	ACTUAL AMOUNT
(3) PLANNED PARENTHOOD ACTION FUND, INC.	L	3,933,126.	ESTIMATED USAGE
(4) PLANNED PARENTHOOD GLOBAL, INC.	L	138,336.	ESTIMATED USAGE
(5) COMMUNITY OUTREACH GROUP	M	809,439.	ACTUAL AMOUNT
(6) PLANNED PARENTHOOD ACTION FUND, INC.	N	673,683.	ESTIMATED USAGE

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) PLANNED PARENTHOOD GLOBAL, INC.	N	147,961.	ESTIMATED USAGE
(8) PLANNED PARENTHOOD ACTION FUND, INC.	O	10,292,658.	ESTIMATED USAGE
(9) PLANNED PARENTHOOD GLOBAL, INC.	O	5,331,166.	ESTIMATED USAGE
(10) PLANNED PARENTHOOD ACTION FUND, INC.	Q	14,956,524.	ACTUAL AMOUNT
(11) PLANNED PARENTHOOD GLOBAL, INC.	Q	5,617,463.	ACTUAL AMOUNT
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC

Schedule R (Form 990) 2020

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

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION: PLANNED PARENTHOOD ACTION FUND, INC.

DIRECT CONTROLLING ENTITY: PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.

NAME OF RELATED ORGANIZATION: PLANNED PARENTHOOD GLOBAL, INC.

DIRECT CONTROLLING ENTITY: PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.

NAME AND ADDRESS OF RELATED ORGANIZATION:

PP FEDERATION OF AMERICA INTERNATIONAL AFRICA REGIONAL OFFICE ARGWINGS KODHEK RD, CHAKA PL, PO BOX 53538-00200, NAIROBI, KENYA

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION: COMMUNITY OUTREACH GROUP, LLC

DIRECT CONTROLLING ENTITY: PLANNED PARENTHOOD ACTION FUND, INC.

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