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Form **990** 

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

2008

Open to Public Inspection

A Fo	r the .	2008 ca	lendar yea	r, or tax year beginning 07	7-01-2008	and ending 06-30-2	009		_	
<b>B</b> Ch	eck ıf a	pplicable	Please	C Name of organization PLANNED PARENTHOOD ACT	TON FLIND IN	ıc			D Employer	dentification number
┌ Add	dress ch	nange	use IRS label or		1011 1 0110 11				13-3539	
Гиа	me cha	nge	print or	Doing Business As					E Telephone	number
┌ Init	ıal retu	rn	type. See Specific	Number and street (or P O	hov if mail is	not delivered to street ad	droce) D	oom/suite	(212) 54	
Гте	mınatıo	on	Instruc- tions.	434 WEST 33RD STREET	DOX II IIIdii IS	not delivered to street ad	ulessylk	oom, suite	G Gross rece	ipts \$ 11,406,414
_	ended			City or town, state or countr	v and ZIP +	4				
_				NEW YORK, NY 10001	y, and zir +	4				
j Api	olication	n pending								
				ne and address of Principa Richards	al Officer		H(		s a group retu	rn for
				ST 33RD STREET				affiliat	tes?	ΓYes <b>Γ</b> Nο
				ORK, NY 10001			— н(	b) Are all	affiliates inclu	ided?
I Ta	x-exem	npt status	▼ 501(c)	(4) ◀ (Insert no )	7(a)(1) or 「	527		(If"N	o," attach a lı	st See instructions )
J W	eb sit	e: ► WW	WPLANNE	DPARENTHOODACTIO	N ORG		Н(-	c) Grou	p Exemption I	Number ►
<b>К</b> Тур	e of org	ganızatıon	Corporati	on trust association c	other ►		L	Year of For	mation 1989	M State of legal domicile NY
Pa	rt I	Sumn	nary							
	1	Briefly d	escribe th	e organization's mission o	r most sig	nıfıcant actıvıtıes			·	
3		_		vas established by planne	•					n, educate teens &
Ē		reduce t	he number	of unintended pregnancie	es through	advocacy, lobbying &	votere	ducation		
Governance	2	Chackt	hie hov E	ıf the organızatıon dıscont	tinued its (	nerations or dispose	d of mo	re than 21	5% of its ass	ats
, j			,							15
			_	nembers of the governing dent voting members of th						
Activities &			•	nployees (Part V, line 2a)	-		10) .		. 4	<u>15</u> 
星				lunteers (estimate if nece					5	43
ទ្វ				ed business revenue fron			72			
•	1			ness taxable income from		71				
		Het dille	. ratea basi	mess taxable income nom		1,11110 54 1 1		Prio	r Year	Current Year
ē	8	Contrib	8,992,408							
	9			l grants (Part VIII, line 1 revenue (Part VIII, line 2			·		0	
Rayeni	10	_		ne (Part VIII, column (A)		, and 7d)	. 🗀		12,967	18,832
걆	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							166,516	·
	12			id lines 8 through 11 (mu			line		· · · · · · · · · · · · · · · · · · ·	
		12)							9,171,891	
	13			r amounts paid (Part IX, o					3,664,125	2,112,010
	14			r for members (Part IX, co			<u> </u>		0	0
82	15	Salarıe 10)	s, other co	mpensation, employee be	enefits (Pa	rt IX, column (A), line	s 5-		1,860,618	2,674,482
Expenses	16a	•	sional fund	raising fees (Part IX, colu	ımn (A ), lır	ie 11e)			544,529	
<del>₹</del>	ь			penses, Part IX, column (D), line		•			·	
ш	17			Part IX, column (A), lines					2,263,034	5,382,830
	18			add lines 13–17 (must ed			))		8,332,306	
	19			enses Subtract line 18 fr	•				839,585	
88								Beginni	ng of Year	End of Year
S S S S S S	20	Totala	ssets (Par	t X, line 16)					1,834,597	
Net Assets or Fund Balances	21		,	art X, line 26)					963,274	
¥ 5	22		•	d balances Subtract line		871,323				
	it III		ature Blo						, , , , , , , , , , , , , , , , , , , ,	
		Under pe	enalties of pe	rjury, I declare that I have exa						
DI		L	,	correct, and complete Declarati	ion of prepar	er (other than officer) is b	ased on a	all informati I	on of which prep	parer has any knowledge
Plea Sign		Signa	** ture of office	r				2010- Date	01-22	
Her		[ ]		•						
			Acosta CFO or print nam	e and title						
		F				Date	Check	ıf	Droppror/s DT	N (See Gen Inst )
De!-!		Preparer's signature		LLP		Date	self-		riepaiei S PII	w (see agu mpr)
Paid	arar'a		<u> </u>	L			empol	yed 🕨 📗		
Use (	arer's Only	ıf self-em	me (or yours iployed),	KPMG LLP					EIN 🕨	
U36 (	Jiii y	address,	and ZIP + 4	345 Park Avenue					Diversión	(242) 752 2722
				New York, NY 101540102	2				Phone no 🕨	(212) 758-9700
May.	tha TD	C discuss	c thic rotin	n with the preparer showr	2 2 h 0 y 0 2 / 9	Eas instructions\				Ves INO

# Part III Statement of Program Service Accomplishments (See the instructions.)

1 See A	Briefly describe the organization's mission				
JCC A	autional Data Table				
2	Did the organization undertake any sign the prior Form 990 or 990-EZ?	gnificant program service	es during the year wh	ich were not listed on	Yes 🔽 No
	If "Yes," describe these new services	on Schedule O			
3	Did the organization cease conducting services?	g or make significant cha	nges in how it condu		Yes ▼ No
	If "Yes," describe these changes on S	chedule O			
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organizatio others, the total expenses, and reven	ns and 4947(a)(1) trust	s are required to repo		
4a	(Code ) (Expenses \$ GRANTS & SERVICES TO OTHER PLANNED PA THEIR EFFORTS TO engage in advocacy activ	RENTHOOD ORGANIZATIONS			) THOOD ORGANIZATIONS IN
4b	(Code ) (Expenses \$ PUBLIC EDUCATION AND ADVOCACY - EDUCADVOCACY		uding grants of \$ IVITIES, INCLUDING PUBL	134,662 ) (Revenue \$ IC CAMPAIGNS, GRASSROOTS ORG	) ANIZING, AND LEGISLATIVE
4c	(Code ) (Expenses \$	ınclu	ding grants of \$	) (Revenue \$	)
4d	Other program services (Describe ii	n Schedule O) including grants of \$		) (Revenue \$	)
4e	Total program service expenses \$		Must equal Part IX, Lır		,

Part IV	Checklist of	Required	Schedules
	CIICCINIISCOI	ive quii e u	Julicadios

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Yes	
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III.	5	Yes	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{50}$	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 🕏	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	<u> </u>
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI . . . .

## Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part</i>			
	IV	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νo
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If</i> " <i>Yes," complete Schedule L, Part IV</i> .	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,  Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		No

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	<b>1a</b> 36			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	<b>1b</b> 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		105	
Za	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns?	2ь		
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2D		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3Ь		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		No
Ь	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> <i>Report of Foreign Bank and Financial Accounts.</i>			
F-		F.		NI -
5a և	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o
C	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited</i> Tax Shelter Transaction?	5c		
		6a	Yes	
6a 	Did the organization solicit any contributions that were not tax deductible?	0a	res	
D	were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or	7a		
	more?			
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		
а	file Form 8282?			
u	11 res, indicate the number of forms 6262 med during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		
8	required?	<b>/</b> ''		
-	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
	excess business holdings at any time during the	8		
	year?			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		
_	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter	90		
10	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
D	facilities			
11	Section F01/cV12) organizations. Enter			
	Section 501(c)(12) organizations Enter  Greek uncome from members or chareholders			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
-	year			

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

Section A. Governing Body and Management
--

				Yes	NO
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstant processes, or changes in Schedule O. See instructions.	es,			
1a	Enter the number of voting members of the governing body 1a	15			
Ь	Enter the number of voting members that are independent 1b	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with a other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		Νo
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 filed?	was	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		Νo
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of governing body?	the	7a	Yes	
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	е			
а	the governing body?		8a	Yes	
b	each committee with authority to act on behalf of the governing body?		8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?		9a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters affiliates, and branches to ensure their operations are consistent with those of the organization?		9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organization must describe in Schedule O the process, if any, the organization uses to review the Form 990		10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		11		No

### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

### Section C. Disclosure

- List the States with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MN, MS, MO, NH, NJ, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. 

  upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

ELZBIETA SZAFRAN-BODZIONY CO PPAF 434 WEST 33RD STREET NEW YORK,NY 10001 (212) 541-7800

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

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

The check this box in the organization and i	·	Posit	(C	) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

## Part VII Continued

		<b>(C)</b> Position (check all that apply)				all			(F)	(F)	
(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	Reportable compensation	compensation compensation		Estimated amount of other compensation from the organization and related organizations
			-								
							_				
			-				$\vdash$				
				$\vdash$	$\vdash$		$\vdash$				
			1								
1b Total				Ш.			<b>&gt;</b>	378,740	1,541,775	184,029	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►20

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

### **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

(A) Name and business address	( <b>B</b> ) Description of services	(C) Compensation
Mack Crounse Group LLC 2001 N Beauregard St 420 ALEXANDRIA, VA 22311	MAILHOUSE	1,522,238
Media Strategies and Research 1580 Lincoln Street Ste 510 Denver, CO 80203	ADVERTISING	525,997
Ambrosino Muir and Hansen 500 Sansome Street Suite 201 SAN FRANCISCO, CA 94111	CONSULTING/dir mail	300,000
Telefund Inc PO Box 2366 Denver, CO 802012366	TELEMARKETING	425,123
Peter D Hart Research Associates In 1724 Connecticut Ave NW Washington, DC 20009	CONSULTING	412,280
Total number of independent contractors (including those if from the organization		10

					<b>(A)</b> Total Revenue	(B) Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated cam	npaigns 1a					
## ##	ь	Membership d	ues					
호호			1b					
Contributions, gifts, grants and other similar amounts	С	Fundraising ev	ents					
	d	Related organi	1c zations 1d	4,509,223				
	e	Government gran						
£, <u>°</u> ≥		_						
更更	f	sımılar amounts n	ions, gifts, grants, and not included above	6,758,071				
ontrib nd ou	g		<b>1f</b> ributions included in 89,098					
० व	h	lines 1a-1f \$	es 1a-1f)		11,267,294			
		(1144		<u>▶</u>				
œ.				Business Code				
ВЩ	2a	CONFERENCE RE	VENUE	900,099	19,360	19,360		
eg eg	ь							
<u>8</u>	С							
Z.	d							
æ	e							
Ē	f	All other progr	ram service revenue					
Program Serwce Revenue								
ሏ	g		es 2a-2f					
	3	► \$ 19,360	come (including divid	dends interest				
			mounts)	·	18,832			
				<b>▶</b>				
	4	Income from inve	estment of tax-exempt bo	ond proceeds	0			
	5	Rovalties .			0			
		[	(ı) Real					
	6a	Gross Rents	(1)	(,				
	ь	Less rental						
		expenses Rental income						
	С	or (loss)						
	d	Net rental inco	ome or (loss)	· · · · <u>.</u>				
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	89,098					
	ь	than inventory Less cost or	89,098					
		other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gaın or (lo	ss)	_	0			
	0-			. •				
	8a	events (not inc	from fundraising cluding					
Other Revenue		of contribution 1c) See Part I	us reported on line					
χe			e G ıf total exceeds					
č		\$15,000	a					
ē	ь	Less directe:	xpensesb					
₹	С	Net income or	(loss) from fundraisi	ng events	0			
_	9a	Gross income	from gaming	-				
		activities See	part IV, line 19					
		Complete Schedexceeds \$15,00						
		0,00000 420,00	a					
	ь	Less directe:	xpensesb					
	с		(loss) from gaming a	activities	0			
				<b>&gt;</b>				
	10a	Gross sales of returns and all						
	L.	lass soil 6	a l					
	b	Less cost of			0			
	С	Miscellaneou	(loss) from sales of	Inventory	0			
	44-			900,099	8,236	8,236		
	11a	LIST RENTAL		·	· ·	0,230		2.504
	ь	MISCELLANE	ous	900,099	3,594			3,594
	С							
	d	All other rever	nue					
	e		es 11a-11d					
				\$ 11,830	44 047 044	27 500	-	3.501
	12	Total Revenue	. Add lines 1h, 2g, 3	, 4 , 5 , 6 d , 7 d ,	11,317,316	27,596	0	3,594

# Part IX Statement of Functional Expenses

1 2 3	Grants and other assistance to governments and organizations in the U S See Part IV, line 21  Grants and other assistance to individuals in the U S See Part IV, line 22	(A) Total expenses 2,112,010	( <b>B</b> ) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
2	In the U.S. See Part IV, line 21  Grants and other assistance to individuals in the	2,112,010	·		p-110-0
3			2,112,010		<u> </u>
		0			
	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
	Compensation of current officers, directors, trustees, and key employees	65,233	23,143	21,963	20,127
	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	2,117,699	1,678,261		244,299
	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	86,485	68,475	8,005	10,005
9	Other employee benefits	258,930	201,168	25,675	32,087
10	Payroll taxes	146,135	114,157	14,390	17,588
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	30,346	27,249	3,097	
С	Accounting	28,850		28,850	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	768,730			768,730
f	Investment management fees	0			
g	Other	1,314,698	1,198,270		116,428
12	Advertising and promotion	1,005,747	1,005,747		
13	Office expenses	2,353,402	2,052,228	87,747	213,427
14	Information technology	0			
15	Royalties	0			_
16	Occupancy	96,000	74,876	9,518	11,606
17	Travel	274,942	253,068	11,333	10,541
	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	186,278	175,180	5,892	5,206
	Interest	2,321		2,321	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	0			
	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
а	SUBSCRIPTIONS & REFERENCE	24,559	17,800	6,759	
b	TAXES AND LICENSES	10,244		10,244	
c	ADMINISTRATIVE	36,000		36,000	
d	MISCELLANEOUS EXPENSES	19,443	17,560	553	1,330
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	10,938,052	9,019,192	467,486	1,451,374
	Joint Costs. Check  if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	1128751	410,234		718,517

Part X	Balance	Sheet

			(A)		(B)
	1	Cash—non-interest-bearing	Beginning of year	1	End of year
	2	Savings and temporary cash investments	743,385	2	1,082,042
	3		377,583	3	207,123
	4	Pledges and grants receivable, net	311,303	4	207,123
	_	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5	
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$ Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
\$	9	Prepaid expenses and deferred charges	83,185	9	133,140
Assets	10a	Land, buildings, and equipment cost basis			
-	b	Less accumulated depreciation Complete Part VI of	_		
	, J	Schedule D		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11 Complete Part VII of Schedule D		12	
	13	Investments—program-related See Part IV, line 11 Complete Part VIII of Schedule D.		13	
	14	Intangible assets		14	
	15		630,444	14	227,722
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule  D	630,444	15	221,122
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,834,597	16	1,650,027
	17	Accounts payable and accrued expenses .	960,209	17	399,440
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
8	21	Escrow account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payable to current and former officers, directors, trustees, key			
<u> </u>		employees, highest compensated employees, and disqualified  persons Complete Part II of Schedule L		22	
-	22				
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable	2.005	24	
	25	Other liabilities Complete Part X of Schedule D	3,065	25	0
	26	Total liabilities. Add lines 17 through 25	963,274	26	399,440
ري d)		Organizations that follow SFAS 117, check here ► ✓ and complete lines 27			
Balance	27	through 29, and lines 33 and 34. Unrestricted net assets	871,323	27	1,250,587
<u>ଅ</u>	27		071,323		1,230,307
<u> </u>	28	Temporarily restricted net assets		28	
Fund	29	Permanently restricted net assets		29	
or FL		Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	871,323	33	1,250,587
_	34	Total liabilities and net assets/fund balances	1,834,597	34	1,650,027
Pa	rt YT	Financial Statements and Reporting			


			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
Ь	Were the organization's financial statements audited by an independent accountant?	2b		Νo
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
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?	3a		Νo
b	If "Yes," did the organization undergo the required audit or audits?	3b		

Software ID: Software Version:

**EIN:** 13-3539048

Name: PLANNED PARENTHOOD ACTION FUND INC

### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aa	a 		(C							
		Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Cirector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Harry Carter , Chair TERM ENDED 6/20/09	1 0	Х		х				0	0	0
Gina Glantz , chair TERM STARTED 6/20/09	1 0	Х		х				0	0	0
Bryan Howard , Treasurer	1 0	Х		Х				0	0	0
Susan Yolen , Secretary	1 0	Х		Х				0	0	0
Jarrett Barrios , Vice Chair	1 0	Х		Х				0	0	0
Karen Shepard , Director	1 0	Х						0	0	0
Joan Malın , Dırector	1 0	Х						0	0	0
Melody Barnes , Director	1 0	Х						0	0	0
Jennifer Allan Soros , Director	1 0	Х						0	0	0
Cathy Unger , Director	1 0	Х					İ	0	0	0
Brian Feldman , Director	1 0	Х						0	0	0
Shamina Singh , Director	1 0	Х						0	0	0
Cindy Chavez , Director	1 0							0	0	0
Ellen Chesler , Director	1 0	Х						0	0	0
Sasha Heinz , Director	1 0	Х						0	0	0
Cecilia Boone , Director	1 0	Х						0	0	0
Sunita Leeds , Director	1 0	Х						0	0	0
Sarah Stoesz , Director	1 0	Х						0	0	0
Cecile Richards , President	4 0			Х				37,452	337,066	10,244
Maria Acosta , Chief Financial Officer	2 0			Х				4,771	90,645	2,361
Kim Meredith , Vice President of Development	2 0				х			12,246	232,673	24,076
Ellen Golombek , National Political & Field Dir	2 0					х		10,729	203,843	15,288
Barbara E Otten , VP of General Counsel	2 0					х		11,537	219,210	39,074
Thomas Subak , VP of Online Services	2 0					X		10,080	191,512	29,846
Roger Evans , Director of Public Policy	26 0					X		148,196		
Samantha Smoot , National Field Director	28 0					х		134,049		15,104
Julia Nelson , Former Chief Financial Officer	2 0			х			х	9,680	183,915	8,806

### Form 990, Part III, Line 1 - Briefly describe the organization's mission:

THE PLANNED PARENTHOOD ACTION FUND WAS ESTABLISHED BY THE PLANNED PARENTHOOD FEDERATION OF AMERICA, INC., TO PROTECT INFORMED INDIVIDUAL CHOICES REGARDING REPRODUCTIVE HEALTH CARE; TO ADVOCATE FOR PUBLIC POLICIES THAT GUARANTEE THE RIGHT TO CHOICE, AS WELL AS FULL AND NON-DISCRIMINATORY ACCESS TO REPRODUCTIVE HEALTH CARE; AND TO FOSTER AND PRESERVE A SOCIAL AND POLITICAL CLIMATE FAVORABLE TO THE EXERCISE OF REPRODUCTIVE CHOICE.

**SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

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

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

- ◆ 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

◆ Section 501(c)(4), (5), or (6) organizations complete Part III

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)

	ame of the organization ANNED PARENTHOOD ACTION FUND IN:	Employer ic	entificat	ion numb	er		
				13-353904			
Par		by all organizations exemple the instructions for Schedule		n 501(c) and section	n 527		
1	Provide a description of the oi	rganization's direct and indirect po	olitical campaign act	ivities in Part IV			
2	Political expenditures				\$	3	3,335,506
3	V olunteer hours						250
Par	rt I-B To be completed for Schedule C for c	by all organizations exem	pt under section	n <b>501(c)(3).</b> (See th	e ınstru	ctions	
1		e tax incurred by the organization	under section 4955	;	\$		
2	Enter the amount of any excis	e tax incurred by organization mai	nagers under section	n 4955	\$		
3	If the organization incurred in	a section 4955 tax, did it file Form	m 4720 for this year	?		☐ Yes	
4a	Was a correction made?					☐ Yes	┌ No
b	If "Yes," describe in Part IV						
Par		by all organizations exem s for Schedule C for details.)	pt under section	n 501(c), except se	ction 5	01(c)(	3).
1	Enter the amount directly exp	ended by the filing organization fo	r section 527 exemp	ot function activities	\$	3	3,301,704
2	Enter the amount of the filing 527 exempt funtion activities	organızatıon's ınternal funds contr	ubuted to other orga	nizations for section	\$		33,802
3	Total of direct and indirect ex 1120-POL, line 17b	empt function expenditures Add I	ines 1 and 2 and ent	er here and on Form	\$	3	3,335,506 <b>No</b>
4	Did the filing organization file	Form 1120-POL for this year?				√ Yes	┌ No
5	were made Enter the amount political contributions receive	nd Employer Identification Numbe paid and indicate if the amount wa d and promptly and directly delive action committee (PAC) If addition	s paid from the filing red to a separate po	g organization's own inter olitical organization, such	nal funds nas a sej	or were	ments
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none enter - 0 -	cont a, a dire	trıbutıons nd promp	ered to a olitical If none,
		+					
					+		
	Domonicado Dodinskian AA.NAi-		00 C-1 N- 5	00045 <b>Cal</b>	C (F	200 004	) F7\ 2000
LOLI	Paperwork Reduction Act Notice	e, see the instructions for Form 99	<b>00.</b> Cat No 50	UUO45 <b>Scheaule</b> (	. (rorm s	77U OF 791	D-EZ) 2008

**d** Grassroots non-taxable amount

**f** Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

P	art II-A To be completed by (election under sec						768
	Check If the filing organization	belongs to an affili	ated group				
<u>B</u>	Check If the filing organization  Limits on Lo  (The term "expenditure	bbying Expend	litures—		oly	(a) Filing Organization's Totals	( <b>b)</b> Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)			
ь	Total lobbying expenditures to influe	nce a legislative b	ody (direct lobby	yıng)			
c	Total lobbying expenditures (add line	es 1a and 1b)					
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures	(add lines 1c and 1	Ld)				
f	Lobbying nontaxable amount Enters columns—  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000		taxable amount				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	of the excess over \$	500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	of the excess over \$	51,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	f the excess over \$1				
	Over \$17,000,000	\$1,000,000					
	Grassroots nontaxable amount (ente	er 25% of line 1f)					
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a				
i	Subtract line 1f from line 1c Enter-	0- ıflıne fıs more t	than line c				
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h c	or line 11, did the	organization file	Form 4720 rep	orting	┌ Yes ┌ No
	(Some organizations tha columns below.		on 501(h) el	ection do not	: have to cor		he five
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fisca beginning in)	l year	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) Total
_2a	Lobbying non-taxable amount						
	Lobbying ceiling amount (150% of line 2a, column(e))						
	: Total lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2008

Pa	To be completed by organizations exempt under section 501(c)(3) that 5768 (election under section 501(h)). (See the instructions for Schedule C for			ed F	orm	
		(;	a)		(b)	
		Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
Ь	Paid staff or management (include compensation in expenses reported on lines c through i)?					
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?					
i	Other activities If "Yes," describe in Part IV					
j	Total 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?					
Pai	rt III-A To be completed by all organizations exempt under section 501(c)(4), s section 501(c)(6). (See the instructions for Schedule C for details.)	ection	<b>501</b> (c	)(5)	, or	
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	Yes	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		Νo
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		Νo
Pai	rt III-B To be completed by all organizations exempt under section 501(c)(4), s section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No question 3 is answered "Yes." (See the instructions for Schedule C for details	" OR i				
1	Dues, assessments and similar amounts from members		1 \$			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	a <i>l</i>				
а	Current Year		2a \$			
Ь	Carryover from last year		2b\$			
_	Total	F	2 c ¢			

	expenses for which the section 527(f) tax was paid).	
а	Current Year	2a \$
b	Carryover from last year	2b \$
c	Total	2c \$
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	
	expenditure next year?	4 \$
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$

# Part IV Supplemental Information

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

Ident if ier	Return Reference	Explanation
Part I -A		Planned Parenthood Action Fund communicated with its members and the general public about federal and state elections. Its specific activities included use of the mail, internet and phone banking to educate its members and the public about the positions of candidates on issues pertinent to reproductive choice and to urge them to vote for candidates likely to advance the organization's mission. Planned Parenthood Action Fund supported other organizations undertaking similar efforts.

Part IV Supplemental I	Part IV Supplemental Information				
Ident if ier	Return Reference	Explanation			

Schedule C (Form 990 or 990EZ) 2008

# OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements

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

Employer identification number Name of the organization PLANNED PARENTHOOD ACTION FUND INC 13-3530048

Pa	organizations Maintaining Donor A organization answered "Yes" to Form 9	Advised Funds or Other Similar Fund 90, Part IV, line 6.	ds or Accou	unts. Complete	e if the
		(a) Donor advised funds	( <b>b)</b> Funds a	and other accoun	ts
L	Total number at end of year				
2	Aggregate Contributions to (during year)				
3	Aggregate Grants from (during year)				
1	Aggregate value at end of year				
5	Did the organization inform all donors and donor adv	<u> </u>	advised	☐ Yes	┌ No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be impermissible private benefit?	3 3	y be	☐ Yes	∏ No
Pa	rt III Conservation Easements. Complete	e if the organization answered "Yes" to F	orm 990, Pa	rt IV, line 7.	
1	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat  Preservation of open space	,		•	
2	Complete lines 2a-2d if the organization held a qua on the last day of the tax year	lified conservation contribution in the form of			
			Hel	d at the End of t	he Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easemen	its	2b		
c	Number of conservation easements on a certified h	nistoric structure included in (a)	2c		
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d		
3	Number of conservation easements modified, transf	ferred, released, extinguished, or terminated b	v the organiza	tion during	

- the taxable year 🕨
- Number of states where property subject to conservation easement is located
- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
- Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year
- 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶\$
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

In Part XIV, 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" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2008

┌ Yes

Organizations Maintaining Collections of Art,	His	<u>tori</u>	<u>cal Treasur</u>	es, or on	<u> 161 21</u>	illilla i A	ssets (c	ontinuea,
Using the organization's accession and other records, check any items (check all that apply)	of th	e foll	owing that are	a sıgnıfıcan	t use o	fits collec	tion	
Public exhibition	d	Γ	Loan or excha	inge prograi	ns			
Scholarly research	e	$\Gamma$	Other					
Preservation for future generations								
Provide a description of the organization's collections and explain Part XIV	n how	v the	/ further the or	ganızatıon's	exemp	ot purpose	ın	
During the year, did the organization solicit or receive donations of assets to be sold to raise funds rather than to be maintained as p					ımılar		┌ Yes	┌ No
Trust, Escrow and Custodial Arrangements. C				ızatıon ans	swere	d "Yes" to	Form 9	90,
Part IV, line 9, or reported an amount on Form 990				- 4 1 4				
Is the organization an agent, trustee, custodian or other intermed included on Form 990, Part X?	liary	TOT C	ontributions or	otner asset	s not		☐ Yes	┌ No
If "Yes," explain why in Part XIV and complete the following table	<u>!</u>							
						Aı	nount	
Beginning balance				10	С			
Additions during the year				10	d			
Distributions during the year				10	e			
Ending balance				11	F			
Did the organization include an amount on Form 990, Part X, line	21?						┌ Yes	┌ No
If "Yes," explain the arrangement in Part XIV								
rt V Endowment Funds. Complete if the organization	ans	were	ed "Yes" to Fo	rm 990, P	art IV	', lıne 10.		
(a)Current Year	(b)	Prior '	rear (c)Two	Years Back (	<b>d)</b> Three	Years Back	<b>(e)</b> Four Y	ears Back
Beginning of year balance								
Contributions								
Investment earnings or losses								
Grants or scholarships								
Other expenditures for facilities and programs								
Administrative expenses								
End of year balance								
Provide the estimated percentage of the year end balance held as	5							
Board designated or quasi-endowment 🕨								
Permanent endowment 🕨								
Term endowment ▶								
Are there endowment funds not in the possession of the organization by	ion t	hat a	re held and ad	mınıstered f	or the		Yes	No
(i) unrelated organizations		•				3a	(i)	
(ii) related organizations						_	<u> </u>	<del></del>
						. 3a	<del>`                                    </del>	
If "Yes" to 3a(II), are the related organizations listed as required	on S	ched	ule R?			3a	<del>`                                    </del>	
If "Yes" to 3a(II), are the related organizations listed as required Describe in Part XIV the intended uses of the organization's endo	on S wme	ched ent fu	ule R? nds	+ V line 1			<del>`                                    </del>	
If "Yes" to 3a(II), are the related organizations listed as required	on S wme	ched ent fu ee F	ule R? nds orm 990, Par	i '			<del>`                                    </del>	
If "Yes" to 3a(II), are the related organizations listed as required Describe in Part XIV the intended uses of the organization's endo	on S wme	ched ent fu ee F	ule R? nds	t X, line 10 (b)Cost or or basis (othe	her ,		b	Book value
If "Yes" to 3a(II), are the related organizations listed as required Describe in Part XIV the intended uses of the organization's endo	on S wme	ched ent fu ee F	ule R? nds orm 990, Par a) Cost or other	(b)Cost or of	her ,	3	b	Book value
If "Yes" to 3a(II), are the related organizations listed as required pescribe in Part XIV the intended uses of the organization's endot VI Investments—Land, Buildings, and Equipmen  Description of investment	on S wme	ched ent fu ee F	ule R? nds orm 990, Par a) Cost or other	(b)Cost or of	her ,	3	b	Book value
If "Yes" to 3a(II), are the related organizations listed as required Describe in Part XIV the intended uses of the organization's endo  **T VI Investments—Land, Buildings, and Equipmen  Description of investment  Land	on S wme	ched ent fu ee F	ule R? nds orm 990, Par a) Cost or other	(b)Cost or of	her ,	3	b	Book value
If "Yes" to 3a(II), are the related organizations listed as required to Describe in Part XIV the intended uses of the organization's endot to VI Investments—Land, Buildings, and Equipmen  Description of investment  Land	on S wme	ched ent fu ee F	ule R? nds orm 990, Par a) Cost or other	(b)Cost or of	her ,	3	b	Book value

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	12.	
(a) Description of security or cateory (including name of security)	( <b>b)</b> Book value	(c) Metho	d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 ) ▶			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	( <b>b)</b> Book value		d of valuation year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 ) ▶			
Part IX Other Assets. See Form 990, Part X, II			
(a) Descri	ption		(b) Book value
FEDERATION OF AMERICA, INC			227,722
Total. (Column (b) should equal Form 990, Part X, col.(B) line.			227,722
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	T ·		
	(b) A mount	1	
Federal Income Taxes		-	
		-	
		+	
		1	
		+	
		-	
		-	
		-	
		-	
		4	
Tabel (Calume (b) about a surface 2000 2 11/2 1/2 1/2		-	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	Ī		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	leturn
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	]	
b	Prior year adjustments	]	
c	Losses reported on Form 990, Part IX, line 25 2c	]	
d	Other (Describe in Part XIV) 2d	]	
e	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b	]	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
Pai	TEXIV Supplemental Information		
Con	uplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1 a and 4, Pa	art XIV	lines 1 b and 2 b

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

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
FIN 48 - Uncertain Tax Positions		IN JUNE 2006, THE FASB ISSUED FASB INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AN INTERPRETATION OF FASB STATEMENT NO 109 (FIN 48), WHICH ADDRESSES THE ACCOUNTING FOR UNCERTAINTIES IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS AND PRESCRIBES A THRESHOLD OF MORE-LIKELY-THAN-NOT FOR RECOGNITION AND DE-RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN FIN 48 ALSO PROVIDES RELATED GUIDANCE ON MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, AND DISCLOSURE There was no significant impact to the Planned Parenthood Action Fund's financial statements as a result of the adoption of FIN 48

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As Filed Data -

DLN: 93493022003080

OMB No 1545-0047

**SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

Open to Public Inspection

**Employer identification number** Name of the organization PLANNED PARENTHOOD ACTION FUND INC 13-3539048

Ρā	rt I	Fundraising Activities. Complete i	the organization answered "Yes" to Form 990, Part IV, line 17.	
b c	र प	licate whether the organization raised funds th Mail solicitations Email solicitations Phone solicitations In-person solicitations	ugh any of the following activities Check all that apply  e	
2a		5	nt with any individual (including officers, directors, trustees entity in connection with professional fundraising activities? Yes	1
b	If"	Yes," list the ten highest paid individuals or er	ties (fundraisers) pursuant to agreements under which the fundraiser is	

to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contr contribu Yes	er have dy or ol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
Grassroots Campaigns Inc	Canvassing		No	123,851	272,771	-148,921
Telefund	Telemarketı		No	364,682	247,806	116,876
O'Brien McConnell and Pears	Consulting		No	946,009	71,378	874,631
Direct Advantage Marketing	Telemarketı		No	152,382	67,720	84,662
Donor Services Group	Telemarketı		No	59,204	40,859	18,345
Watershed	Consulting		No	377,242	54,584	322,658
Harris Direct	Telemarketı		No	17,448	13,612	3,836
		1				
Total		1	<b>&gt;</b>			

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

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

			(a) Event #1	<b>(b)</b> Event #2	(c) O ther Events	(d) Tot (Add col		
			(event type)	(event type)	(total number)		(0)	
至	1	Gross receipts						
Revenue	2	Less Charitable contributions						
	3	Gross revenue (line 1 minus line 2)						
	4	Cash Prizes						
s မိ	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs						
	7	Other direct expenses						
Direct	8	Direct expense summary Add lin	es 4 through 7 ın columr	n(d)	🛌			
	9	Net income summary Combine li	·	-				
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted more	e than	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) thr		
<u>~</u>	1	Gross revenue						
မ မ	2	Cash prizes						
pens	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
₽ B	5	Other direct expenses						
	6	Volunteer labor	┌ Yes%	┌ Yes	┌ Yes%			
	7	Direct expense summary Add line	s 2 through 5 ın column	(d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in col	umn (d)	🕨			
9		er the state(s) in which the organiza the organization licensed to operate		·		· 9a	Yes	No
a		No," Explain						
	If"	, ,						
a b	— We	re any of the organization's gaming l Yes," Explain	icenses revoked, suspe	nded or terminated during	g the tax year?	10a		
a b 10a	Wei	re any of the organization's gaming l				10a		

			 <del></del>
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide 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?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

Software ID: Software Version:

**EIN:** 13-3539048

Name: PLANNED PARENTHOOD ACTION FUND INC

Form 990 Schedule G - Licensed States
Licensed States

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

OMB No 1545-0047

DLN: 93493022003080

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Open to Public Inspect ion

Name of the organization						Employer identi	fication number
PLANNED PARENTHOOD ACT	ION FUND INC					13-3539048	
Part I General Inforn	nation on Gra	nts and Assistanc	е			•	
<ul><li>Does the organization main the selection criteria used</li><li>Describe in Part IV the organization</li></ul>	d to award the gra ganızatıon's proc	nts or assistance? .   . edures for monitoring th	e use of grant funds ın t	he United States			
Part IV and Sche	V, line 21 for ai edule I-1 if addi	ny recipient that rec tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the o	eived more than \$5,	
1(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of sect organizations							20
3 Enter total number of othe							20
For Paperwork Reduction Act Notice				Cat No 50055			hedule I (Form 990) 2008

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

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

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
grant monitoring process		The Organization's management monitors, ON A CONTINUING BASIS, the usage of grants to ensure such grants are used for intended purposes
1		

Software ID: Software Version:

**EIN:** 13-3539048

Name: PLANNED PARENTHOOD ACTION FUND INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
California PP Education Fund Inc555 Capitol Mall St 510 Sacramento Sacramento, CA 958144581	68-0358026	501 (c ) (3)	30,000				Public Policy
PP Affiliates of CA555 Capitol Mall St 510 Sacramento Sacramento, CA 95814	94-2236102	501 (c)(4)	15,636				Public Policy
Florida Association of PP Affiliates6623 Gateway Ave Unit A Sarasota FL Sarasota, FL 34231	59-1741900	501 (c)(3)	187,500				Public Policy
Florida Alliance of Planned Parenthood Affiliates736 Central Avenue Sarasota, FL 34236	59-3142119	501 (c)(4)	38,430				Public Policy
Hudson Peconic Action Fund 4 Skyline Drive Hawthorn, NY 10532	11-2454790	501 (c) (4)	10,000				Public Policy
Illinois Planned Parenthood Council107 W Cook St Suite F SpringField,IL 62704	36-2170901	501 (c) (4)	10,346				Public Policy
PP Action Fund of NJPO Box 512 Trenton, NJ 08603	21-0658062	501 (c) (4)	7,812				Public Policy
Planned Parenthood Advocacy Fund1055 Commonwealth Ave Boston, MA 02215	22-2517673	501 (c) (4)	8,930				Public Policy
PP Action Fund of South Dakota1200 Lagoon Avenue Minneapolis, MN 55408	41-1709702	501 (c) (4)	20,000				Public Policy
Planned Parenthood Affiliates of Michigan115 W Allegan Suite 500 Lansing, MI 48933	38-2346424	501 (c)(3)	150,000				Public Policy

Form 990,Schedule I,	Part II, Gra	nts and Other As	sistance to Gov	ernments and O	rganizations in '	the United States	,
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant e or assistance
Planned Parenthood Advocates of Oregon 3231 NE 15th Suite C Portland, OR 97212	93-1040482	501 (c) (4)	50,504				Public Policy
PP Advocates of Virginia Inc3415 Floyd Avenue Richmond, VA 23221	20-8710245	501 (c) (4)	6,295				Public Policy
Planned Parenthood of Central North Carolina 1765 Dobbins Drive Chapel Hill, NC 27514	58-1484820	501 (c)(3)	100,000				Public Policy
PP of Connecticut PublicPolicy Fund345 Whitney Avenue New Haven, CT 06510	06-1309773	501 (c) (4)	5,055				Public Policy
Planned Parenthood of CT 345 Whitney Avenue New Haven, CT 06511	06-0263565	501 (c)(3)	21,250				Public Policy
PP Greater Iowa1171 7th Street Des Moines,IA 50314	42-0727488	501 (c)(3)	30,000				Public Policy
Planned Parenthood of Indiana200 S Meridan St 400 Indianapolis I Indianapolis,IN 46225	35-0874276	501 (c)(3)	144,750				Public Policy
PP Mar Monte1605 The Alameda San Jose, CA 95126	94-1583439	501 (c)(3)	30,000				Public Policy
PP of Northen New England Action Fund18 Low Avenue Concord, NH 03301	03-0326364	501 (c) (4)	82,890				Public Policy
Planned Parenthood Minnesota ND SD1965 Ford Parkway St Paul, MN 55116	41-0948382	501 (c)(3)	43,890				Public Policy

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant valuation (book, non-cash assistance orassistance organization section grant cash or government ıf applıcable assistance FMV, appraisal, other) PP of Minnesota ND SD 41-1709702 25.447 Public Policy 501 (c) (4) Action Fund1200 Lagoon Avenue Minneapolis, MN 55408 168,750 PP of St Louis Region 43-0652666 501 (c)(3) Public Policy 4251 Forest Park Avenue St Louis MO St Louise, MO 63108 PP Affiliates of Montana 81-0307201 501 (c)(3) 30.555 Public Policy 318 North Last Chance Gulch Helena Helena, MT 59601 PP Health Sytems Inc100 | 56-1282557 501 (c)(3) 38,000 Public Policy S Boylan Ave Raleigh, NC 27603 PP Affiliates of New 51-0172233 501 (c)(3) 30,000 Public Policy Jersey210 West State Street Trenton, NJ 08608 03-0222941 Public Policy PP of Northern New 501 (c) (4) 29.980 England18 Low Avenue Washington, DC 200041409 14-1748419 11,721 Public Policy PP Advocates of New 501 (c) (4) York17 Elk Street Albany, NY 122071002 PP Affiliates of Ohio206 31-1333721 501 (c)(3) 168,525 Public Policy East State St 2nd Fl Columbus Columbus, OH 43215 93-6031270 30,000 Public Policy PP of the Columbia 501 (c)(3) Willamette 3231 SE 50th Avenue Portland, OR 97206 PP Pennsylvania 23-2208281 501 (c) (4) 13,060 Public Policy Advocates 300 N 2nd St STE 400 Harrisburg PA

Harrisburg, PA 17101

Form 990,Schedule I,	Part II, Gran	its and Other Ass	sistance to Gove	rnments and Or	ganizations in t	he United States	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PP Rocky Mountains7155 E 38th Avenue Denver, CO 80207	84-0404253	501 (c)(3)	194,506				Public Policy
PP Votes Washington 2001 E Madison Seattle, WA 98122	94-3168114	501 (c) (4)	15,835				Public Policy
PP of Wisconsin302 N Jackson Street Milwaukee, WI 53202	39-0863391	501 (c)(3)	161,250				Public Policy
Protect Families Protect Choices Coalition1370 Pennsylvania st 400 Denver CO Denver, CO 80203	84-1464199	501 (c) (4)	12,766				Public Policy
SD Campaign for Healthy FamiliesPO Box 55 Watertown,SD 57201	20-4531771	501 (c) (4)	56,282				Public Policy
Sixteen Thirty Fund734 15th St STE 600 Washington DC 2 Washington, DC 20005	26-4486735	501 (c) (4)	10,000				Public Policy
Texas Association of Planned Parenthood Affiliates1106 Lavaca Street Suite 103 Austin,TX 78701	74-1855955	501 (c)(3)	48,000				Public Policy
The National Education Association1201 16 th Street NW Suite 813 Washington, DC 20036	53-0115260	501 (c)(3)	8,500				Public Policy
Voice for Choice PP of NYC Action Fund26 Bleeker Street New York, NY 10012	13-3731867	501 (c) (4)	21,642				Public Policy
NCLS Foundation for State Legislatures7700 East First Place Denver, CO 80230	74-2232576	501 (c)(3)	10,000				Public Policy

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As Filed Data -

DLN: 93493022003080

OMB No 1545-0047

Schedule J (Form 990)

**Compensation Information** 

2008

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

PLANNED PARENTHOOD ACTION FUND INC

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

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

Inspection Employer identification number

			13-3539048			
Pa	rt I Questions Regarding Compensation	on				
					Yes	Νo
la	Check the appropriate box(es) if the organization p 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form vide any relevant information regarding these items			
	First class or charter travel	I✓	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a provision of all the expenses described above? If			1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organiza organization's CEO/Executive Director Check all	that appl	У			
	Compensation committee		Written employment contract			
	Independent compensation consultant	<u> </u>	·			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
1	During the year, did any person listed in Form 990	, Part VII	I, Section A, line 1a			
а	Receive a severance payment or change of contro	l payment	t?	4a	Yes	
b	Participate in, or receive payment from, a supplem	ental non	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and	provide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must o	complete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
5	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section Apayments not described in lines 5 and 6? If "Yes,"		•	7		No
3	Were any amounts reported in Form 990, Part VII subject to the initial contract exception described in Part III					N -

Cat No 50053T

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Julia Nelson	(ı) (ıı)	6,376 121,792	0	3,304 62,123	189 3,584	252 4,781	10,121 192,280	9,679 193,595
Cecile Richards	(1) (11)	29,809 268,279	3,500 31,500		873 7,861	151 1,358	38,476 346,285	10,324 196,457
Ellen Golombek	(1) (11)	8,108 154,051	800 15,200	· '	254 4,823	511 9,700	11,494 218,366	0
Barbara E Otten	(ı) (ıı)	9,609 182,569	880 16,720	· '	668 12,692	1,286 24,428	,	0 0
Thomas Subak	(ı) (ıı)	9,735 184,967	335 6,365		310 5,888	1,182 22,466	11,572 219,866	0 0
Roger Evans	(1) (11)	122,157 40,719	9,768 3,256		9,028 3,009	20,394 6,798	177,618 59,206	0 0
Samantha Smoot	(1) (11)	117,534 29,383	4,000 1,000		3,046 762	9,037 2,259	146,132 36,533	0 0
Kım Meredith	(ı) (ıı)	11,634 221,047	590 11,210		327 6,219	877 16,653	13,450 255,545	0 132,877
	(i) (ii)							
	(i) (ii)							
	(i) (ii)							
	(i) (ii)							

### Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
SCHEDULE J	PART I	LINE 1A - QUESTIONS REGARDING COMPENSATION
Form 990, SCH J-2	Change of Title/Term	======================================
-		
-		
-		
-		

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DLN: 93493022003080

OMB No 1545-0047

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### **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

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

**Non-Cash Contributions** 

Name of the organization PLANNED PARENTHOOD ACTION FUND INC Employer identification number

13-3539048

During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	Рa	Types of Property							
1 Art—Works of art			Check		Revenues reported on Form 990, Part VIII, line	Method of d	- etermı	nıng	
2 Art—Historical treasures 3 3 Art—Fractional interests			applicable		1 g				
3 Art—Fractional interests . 4 Books and publications . 5 Clothing and household goods									
4. Books and publications 5 5. Clothing and household goods									
Cars and other vehicles Cars and other									
Goods Cars and other vehicles Boats and planes Boats and Boats an									
8 Intellectual property	5								
Intellectual property	6	Cars and other vehicles							
9 Securities—Publicity traded . X 3 89,098 FMV  10 Securities—Disevery held stock									
10 Securities—Closely held stock	8	Intellectual property							
11 Securities—Partnership, LLC, or trust interests	9	Securities—Publicly traded .	Х	3	89,098	FMV			
or trust interests	10	${\tt Securities-Closely\ held\ stock}  .$							
13 Qualified conservation contribution (historic structures)	11								
contribution (historic structures)	12	Securities—Miscellaneous							
contribution (other)	13	contribution (historic							
15 Real estate—Residential	14								
17 Real estate—Other	15								
18 Collectibles	16	Real estate—Commercial							
19 Food inventory	17	Real estate—Other							
Taxidermy	18	Collectibles							
Taxidermy	19	Food inventory							
Taxidermy									
122 Historical artifacts									
23 Scientific specimens									
24 Archeological artifacts	23	Scientific specimens							
25 Other (describe) 26 Other (describe) 27 Other (describe) 28 Other (describe) 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee  Acknowledgement									
26 Other (describe) 27 Other (describe) 28 Other (describe) 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee  Acknowledgement									
Other (describe)		· · · · · · · · · · · · · · · · · · ·							
Other (describe)  Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee  Acknowledgement									
Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee  Acknowledgement									
During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		Number of Forms 8283 received which the organization complete	d by the org d Form 828		ar for contributions for	29			
During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		-						Yes	No
for the entire holding period?	30a		ation receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it must			
b If "Yes", describe the arrangement in Part II  31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?  32 Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?  32 b If "Yes", describe in Part II  33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is		least three years from the date of	of the initial	contribution, and which is	not required to be used for (	exempt purposes			
Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?  31		for the entire holding period? .					30a		No
Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	b	If "Yes", describe the arrangem	ent in Part 1	II					
contributions?	31	Does the organization have a gif	t acceptano	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
b If "Yes", describe in Part II  33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is	32a		e third part	es or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	
		•	revenues i	n Column (c) for a type of p	property for which Column (a	a) is			
		-				<i>•</i>			

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. Identifier ReturnReference Explanation Schedule M Part I Line 32B The Planned Parenthood Action Fund Inc (Action Fund) receives donations of publicly traded securities and all donated securities are deposited into the investment account of Planned Parenthood Federation of America, a related organization (PPFA) The donated securities are immediately sold through a broker and all proceeds are deposited into PPFA and then the amount is transferred to the Action Fund

# OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

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

Name of the organization PLANNED PARENTHOOD ACTION FUND INC **Employer identification number** 

13-3539048

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 10	BOARD REVIEW OF FORM 990	The Planned Parenthood Action Fund Form 990 is prepared by the organization's finance staff and reviewed internally by the chief financial officer and the legal department. The draft Form 990 is then reviewed externally by an independent paid tax preparer. Any revisions are presented to the organization and once revised, the final draft Form 990 is reviewed by the organization's finance committee. Once the draft 990 is approved by the finance committee, copies of the complete Form 990 are provided to each voting member of the governing board prior to submission and filing with the Internal Revenue Service.

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15B	COMPENSATION REVIEW PROCESS	Planned Parenthood Action Fund employees are shared with Planned Parenthood Federation Of America, Inc (PPFA), a related organization PPFA has a compensation setting body (the body) that reviews and approves the compensation of the following members of PPFA Staff - President, Chief Operating Officer, Chief Financial Officer, General Counsel and the two highest paid staff members. This independent body is comprised of the officers of the PPFA board, with the chair of the board serving as its chair. The review and approval of the salaries of these employees takes place on an annual basis using comparability data such as industry surveys, documented compensation of persons holding similar positions in similar organizations, and/or independent compensation studies. Results are documented contemporaneously in minutes.

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY	Planned Parenthood Action Fund employees are shared with Planned Parenthood Federation of America, Inc. (PPFA) annually, PPFA asks their employees to review and sign a Conflict of Interest Policy. In addition, the Action Fund has their Board Members sign a conflict of interest Policy. The Action Fund's legal counsel follows up to resolve any disclosed conflicts. If a conflict is identified, the interested individual may not vote on the transaction.

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	PUBLIC DISCLOSURE OF GOVERNING DOCUMENTS	Planned Parenthood Action Fund's Financial Report and Form 990 are available upon request

ldentifier	Return Reference	Explanation
FORM 990, Part VI, Section A, Lines 6 and 7a		The Action Fund is a not-for-profit membership organization. The members of the Action Fund elect the Board of Directors

ldentifier	Return Reference	Explanation
FORM 990, PART IV, LINE 12	AUDITED FINANCIAL STATEMENTS	The Planned Parenthood Action Fund's audit includes its separate segregated funds. Planned Parenthood Action Fund PAC and Planned Parenthood Votes. ALTHOUGH SEPARATE AUDITED FINANCIAL STATEMENTS ARE NOT ISSUED FOR PLANNED PARENTHOOD Action Fund INC, A CONSOLIDATED AUDITED FINANCIAL STATEMENT WAS ISSUED FOR THE FISCAL YEAR ENDED JUNE 30, 2009 WHICH WAS PREPARED IN ACCORDANCE WITH GAAP

### DLN: 93493022003080

OMB No 1545-0047

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# **Related Organizations and Unrelated Partnerships**

Department of the Treasury

NEW YORK, NY10001 13-3885199

PLANNED PARENTHOOD VOTES

(Form 990)

**SCHEDULE R** 

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Internal Revenue Service Name of the organization **Employer identification number** PLANNED PARENTHOOD ACTION FUND INC

				13-3539048	
Part I Identification of Disregarded Entities					
( <b>A)</b> Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	( <b>D)</b> Total income	<b>(E)</b> End-of-year assets	<b>(F)</b> Direct controlling entity
Part II Identification of Related Tax-Exempt Organizat	ions				
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3)	(F) Direct controlling ) entity
PLANNED PARENTHOOD FEDERATION OF AMERICA  434 WEST 33RD STREET NEW YORK, NY10001 13-1644147	SEXUAL HEALTH	NY	501(C)(3)	7	NA
PLANNED PARENTHOOD ACTION FUND INC PAC	DOLITICAL ACT	NIV	F27	NI/A	NA
434 WEST 33RD STREET	POLITICAL ACT	NY	527	N/A	

NA

<b>(A)</b> Name, address, and EIN of related organization	Prim	<b>(B)</b> nary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	<b>(F)</b> e of total income	<b>(G)</b> Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		( <b>D</b> ) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	( <b>G)</b> hare of l-of-yea assets	( <b>H)</b> Percentage r ownership		

(6)

Part V	Transactions with Related Organizations
--------	---

Part	V Transactions with Related Organizations										
No	ote. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No					
<b>1</b> Durn	ng the tax year, did the orgranization engage in any of the following transaction	ns with one or more related organizations listed in Parts II-	IV?								
a R	eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled en	tity		1a		No					
<b>b</b> G	ift, grant, or capital contribution to other organization(s)			1b		No					
<b>c</b> G	Gift, grant, or capital contribution from other organization(s)										
<b>d</b> Lo	d Loans or loan guarantees to or for other organization(s)										
e Lo	oans or loan guarantees by other organization(s)			1e		No					
f Sa	ale of assets to other organization(s)			<b>1</b> f		No					
<b>g</b> P	urchase of assets from other organization(s)			1g		No					
h E	xchange of assets			1h		No					
i Lease of facilities, equipment, or other assets to other organization(s)											
<b>j</b> Le	j Lease of facilities, equipment, or other assets from other organization(s)										
k Performance of services or membership or fundraising solicitations for other organization(s)											
I Pe	I Performance of services or membership or fundraising solicitations by other organization(s)										
m Sl	m Sharing of facilities, equipment, mailing lists, or other assets										
n S	haring of paid employees			1n	Yes						
<b>o</b> R	eımbursement paıd to other organızatıon for expenses			10	Yes						
<b>p</b> R	eimbursement paid by other organization for expenses			1р	Yes						
<b>q</b> 0	ther transfer of cash or property to other organization(s)			1q		No					
r O	ther transfer of cash or property from other organization(s)			1r	Yes						
2 If	the answer to any of the above is "Yes," see the instructions for information o	•	nips and transaction thresholds								
	(A)	( <b>B</b> ) Transaction	(c)								
	Name of other organization(s)	type(a-r)	Amount Involved								
(1)											
(2)											
(2)											
(3)											
(3)											
(4)											
· · /											
(5)											

### Part VI Unrelated Organizations Taxable as a Partnership

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

	T	ı	(5)		· -			1	1		
<b>(A)</b> Name, address, and EIN of entity	(B) Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	( <b>D</b> ) Are all partners section 501(c)(3) organization	s?	<b>(E)</b> Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	or g	
			Yes	No		Yes	No		Yes	No	
	1	1			1	ı	1				