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**Short Form**  
**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)

OMB No. 1545-1150

**2010**Open to Public  
Inspection

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.  
► The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2010 calendar year, or tax year beginning**

and ending

B Check if applicable

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C Name of organization****PLANNED PARENTHOOD AFFILIATES OF  
NEW JERSEY****Number and street (or P.O. box, if mail is not delivered to street address)****PO BOX 928****Room/suite****51-0172233****City or town, state or country, and ZIP + 4****ELIZABETH, NJ 07207****E Telephone number****908-351-4198****G Accounting Method:**  Cash  Accrual  Other (specify) ►**I Website:** ► [WWW.PLANNEDPARENTHOODNJ.ORG](http://WWW.PLANNEDPARENTHOODNJ.ORG)**J Tax-exempt status (check only one) —  501(c)(3)  501(c)( ) (insert no.)  4947(a)(1) or  527**

**K Check ►**  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ**

► \$ **156,219.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I 

<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received	1 <b>96,103.</b>
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 <b>60,000.</b>
	4 Investment income	4 <b>116.</b>
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	6 Gaming and fundraising events	SEE SCHEDULE O
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
<b>Expenses</b>	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	of contributions
	c Less: direct expenses from gaming and fundraising events	6b
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6c
	7a Gross sales of inventory, less returns and allowances	7a
	b Less: cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
	8 Other revenue (describe in Schedule O)	
	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	► <b>156,219.</b>
	10 Grants and similar amounts paid (list in Schedule O)	10
<b>Net Assets</b>	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12 <b>119,939.</b>
	13 Professional fees and other payments to independent contractors	13 <b>6,242.</b>
	14 Occupancy, rent, utilities, and maintenance	14 <b>7,076.</b>
	15 Printing, publications, postage, and shipping	15 <b>901.</b>
	16 Other expenses (describe in Schedule O)	16 <b>104,329.</b>
	17 Total expenses. Add lines 10 through 16	17 <b>238,487.</b>
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 <b>&lt;82,268. &gt;</b>
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 <b>341,319.</b>
<b>Net Assets</b>	20 Other changes in net assets or fund balances (explain in Schedule O)	20 <b>0.</b>
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 <b>259,051.</b>

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

PLANNED PARENTHOOD AFFILIATES OF  
NEW JERSEY

**Form 990-EZ (2010)      NEW JERSEY**

51-0172233

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**Part II** **Balance Sheets.** (see the instructions for Part II.)

**Check if the organization used Schedule O to respond to any question in this Part II.**

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	364,067.	249,399.
23	Land and buildings	23	
24	Other assets (describe in Schedule O)	4,793.	23,602.
25	<b>Total assets</b>	368,860.	273,001.
26	Total liabilities (describe in Schedule O)	27,541.	13,950.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	341,319.	259,051.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

xi

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

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**28 SEE SCHEDULE O**

(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a	238,487.
<hr/>				
<hr/>				
(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a	
<hr/>				
<hr/>				
(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a	
<hr/>				
<hr/>				
Other program services (describe in Schedule O)	.....			
(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a	
<hr/>				
<hr/>				
<b>Total program service expenses (add lines 28a through 31a)</b>				
► <input type="checkbox"/>	32	238,487.		

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)

**Check if the organization used Schedule O to respond to any question in this Part IV**

1

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
TRISTEE BROOKS	BOARD MEMBER	1.00	0.	0.
G. LYNN BROWN	BOARD MEMBER	1.00	0.	0.
XAN BLAKE	TREASURER	2.00	0.	0.
PHYLLIS KINSLER	BOARD MEMBER	1.00	0.	0.
BROOKE TARABOUR	BOARD MEMBER	1.00	0.	0.

032172  
02-02-11

**Form 990-EZ (2010)**

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O  33  X34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  34  X35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T. a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?  35a  Xb If "Yes," has it filed a tax return on Form 990-T for this year? 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  36  X37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ►  37a  0.b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38a  Xb If "Yes," complete Schedule L, Part II and enter the total amount involved  38b  N/A39 Section 501(c)(7) organizations. Enter:  39a  N/Aa Initiation fees and capital contributions included on line 9  39b  N/Ab Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ►  0. ; section 4912 ►  0. ; section 4955 ►  0.b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  40b  Xc Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►  0.d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ►  0.e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  40e  X41 List the states with which a copy of this return is filed. ►  NJ42a The organization's books are in care of ►  THE ORGANIZATION Telephone no. ►  908-351-4198  
Located at ►  PO BOX 928, ELIZABETH, NJ ZIP + 4 ►  07207b 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)?  42b  XIf "Yes," enter the name of the foreign country: ►   
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  42c  XIf "Yes," enter the name of the foreign country: ► 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ►  43  N/A44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  44a  Xb Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  44b  Xc Did the organization receive any payments for indoor tanning services during the year?  44c  Xd If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44d

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?  Yes  No  
 a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?  
 If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?  
 If "Yes," complete Schedule C, Part I

45	45a	46
		<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  Yes  No  
 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Yes  No  
 49a Did the organization make any transfers to an exempt non-charitable related organization?  
 b If "Yes," was the related organization a section 527 organization?  Yes  No  
 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

47	48	49a	49b
			<input checked="" type="checkbox"/>

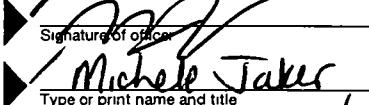
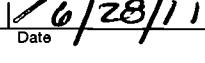
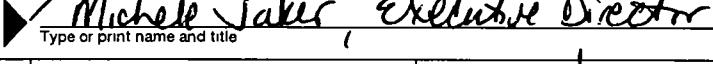
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>NONE</b>				

f Total number of other employees paid over \$100,000 ►   
 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." **NONE**

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ►   
 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Yes  No

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

<b>Sign Here</b>	 Signature of officer	 Date <b>6/28/11</b>
	 Type or print name and title <b>Michele Jaker, Executive Director</b>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JAMES M. WOOD</b>	Preparer's signature 	Date <b>06/15/11</b>	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Firm's name ► <b>JAMES M. WOOD, CPA</b>			Firm's EIN ►	
	Firm's address ► <b>603B OMNI DRIVE HILLSBOROUGH, NJ 08844</b>			Phone no.	<b>(908) 431-1700</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No  
 032174  
 03-04-11

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

## Public Charity Status and Public Support

OMB No 1545-0047

2010

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization	PLANNED PARENTHOOD AFFILIATES OF NEW JERSEY	Employer identification number 51-0172233
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**Part I** **Reason for Public Charity Status** (All organizations must complete this part) See instructions.

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

1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.  
 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)  
 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.  
 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)  
 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)  
 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
 a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

**Schedule A (Form 990 or 990-EZ) 2010**

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12 Gross receipts from related activities, etc. (see instructions)</b>					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
<b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
<b>b 33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	► <input type="checkbox"/>	

## PLANNED PARENTHOOD AFFILIATES OF

Schedule A (Form 990 or 990-EZ) 2010 NEW JERSEY

51-0172233 Page 3

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

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

## Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	201,712.	332,085.	153,885.	117,841.	66,103.	871,626.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	201,712.	332,085.	153,885.	117,841.	66,103.	871,626.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b .....						0.
8 Public support (Subtract line 7c from line 6)						871,626.

## Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	201,712.	332,085.	153,885.	117,841.	66,103.	871,626.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			3,939.	995.	116.	5,050.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b .....			3,939.	995.	116.	5,050.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	80,000.	90,064.	90,000.	90,000.	90,000.	440,064.
13 Total support (Add lines 9, 10c, 11, and 12)	281,712.	422,149.	247,824.	208,836.	156,219.	1,316,740.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

## Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	15	66.20	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	69.69	%

## Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) .....	17	.38	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	.34	%
19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>			
b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>			

Department of the Treasury  
Internal Revenue Service

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.  
► See separate instructions.

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

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

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

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

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

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

Name of organization **PLANNED PARENTHOOD AFFILIATES OF  
NEW JERSEY**

**Employer identification number**  
51-0172233

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

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

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

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

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

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

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

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

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Schedule C (Form 990 or 990-EZ) 2010

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PLANNED PARENTHOOD AFFILIATES OF  
NEW JERSEY

Schedule C (Form 990 or 990-EZ) 2010

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**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768  
(election under section 501(h)).

A Check ►  if the filing organization belongs to an affiliated group.

B Check ►  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	11,861.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	31,957.													
c	Total lobbying expenditures (add lines 1a and 1b)	43,818.													
d	Other exempt purpose expenditures	194,669.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	238,487.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	47,697.													
<table border="1"> <tr> <td>If the amount on line 1e, column (a) or (b) is:</td> <td>The lobbying nontaxable amount is:</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	11,924.													
h	Subtract line 1g from line 1a. If zero or less, enter -0	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount	40,281.	47,810.	50,674.	47,697.	186,462.
b Lobbying ceiling amount (150% of line 2a, column(e))					279,693.
c Total lobbying expenditures	1,494.		5,640.	43,818.	50,952.
d Grassroots nontaxable amount	10,070.	11,953.	12,669.	11,924.	46,616.
e Grassroots ceiling amount (150% of line 2d, column (e))					69,924.
f Grassroots lobbying expenditures				11,861.	11,861.

Schedule C (Form 990 or 990-EZ) 2010

PLANNED PARENTHOOD AFFILIATES OF  
NEW JERSEY

Schedule C (Form 990 or 990-EZ) 2010

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

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

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

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

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

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

**Part IV** Supplemental Information

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

PLANNED PARENTHOOD AFFILIATES OF  
NEW JERSEY

Employer identification number  
51-0172233

### FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

<u>DESCRIPTION OF PROPERTY:</u>	<u>AMOUNT:</u>
<u>DIVIDENDS</u>	<u>116.</u>

### FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

<u>DESCRIPTION OF OTHER EXPENSES:</u>	<u>AMOUNT:</u>
<u>WEB &amp; DATABASE MAINTENANCE</u>	<u>16,320.</u>
<u>EDUCATIONAL OUTREACH &amp; MATERIAL PRODUCTION</u>	<u>7,053.</u>
<u>ACTIVIST COMMUNICATIONS</u>	<u>51,701.</u>
<u>TRAVEL &amp; CONFERENCES</u>	<u>3,611.</u>
<u>DUES</u>	<u>2,824.</u>
<u>OFFICE EXPENSE</u>	<u>20,893.</u>
<u>PROGRAM MATERIAL</u>	<u>1,594.</u>
<u>DEPRECIATION EXPENSE</u>	<u>333.</u>
<u>TOTAL TO FORM 990-EZ, LINE 16</u>	<u>104,329.</u>

### FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
<u>ACCOUNTS RECEIVABLE</u>	<u>1,921.</u>	<u>23,213.</u>
<u>DUES RECEIVABLE</u>	<u>100.</u>	<u>0.</u>
<u>PREPAID EXPENSE</u>	<u>2,050.</u>	<u>0.</u>
<u>OTHER DEPRECIABLE ASSETS</u>	<u>722.</u>	<u>389.</u>
<u>TOTAL TO FORM 990-EZ, LINE 24</u>	<u>4,793.</u>	<u>23,602.</u>

### FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
<u>LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.</u>		

032211  
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

PLANNED PARENTHOOD AFFILIATES OF  
NEW JERSEY

Employer identification number  
**51-0172233**

ACCRUED EXPENSES & ACCOUNTS PAYABLE **27,541.** **13,950.**

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - PROVIDE INFORMATION ABOUT  
IMPROVING HEALTH AND QUALITY OF LIFE THROUGH FAMILY PLANNING SERVICES.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

ASSIST OPERATING PLANNED PARENTHOOD AFFILIATES IN NEW

JERSEY IN STRENGTHENING THEIR EFFORTS TO IMPROVE HEALTH

AND QUALITY OF LIFE THROUGH EDUCATION AND FAMILY PLANNING

SERVICES

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

