

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 private foundations)

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

| A Fo | r the | 2013 ca | lendar year, or tax year beginning | 07-01-2013 , 2013, and ending 06 | -30-2014 | | - | |
|--------------------------------|--|---------------------|--|---|---------------|---|------------------|---------------------------|
| B Ch | eck ıf a | pplicable | C Name of organization PLANNED PARENTHOOD ACTION FUN | D INC | | D Employ | er identi | ification number |
| _ | dress cl | - | Doing Business As | | | 13-353 | 39048 | |
| ∏ Na | me cha | inge | Doing Dusiness As | | | | | |
| _ | tıal retu | | Number and street (or P O box if ma 434 WEST 33RD STREET | all is not delivered to street address) Room/ | 'suite | E Telephon | e numbe | er |
| | rmınate | | | | | (212)5 | 41-78 | 00 |
| _ | ended | | City or town, state or province, count NEW YORK, NY 100012601 | try, and ZIP or foreign postal code | | | | |
| Ap | plicatioi | n pending | | | _ | G Gross red | ceipts \$ 1 | 8,193,275 |
| | | | F Name and address of prince CECILE RICHARDS | cipal officer | I | s this a group r | eturn fo | or □ Yes 🔽 No |
| | | | 434 WEST 33RD STREET | | 51 | ubordinates? | | j resj• No |
| | | | NEW YORK, NY 100012601 | | | re all subordin | ates | ┌ Yes ┌ No |
| <u> </u> | x-exen | npt status | 501(c)(3) | nsert no) | | icluded? ⁻ "No," attach a | alıst (s | see instructions) |
| | ebsite | e:► WV | | ION ORG | H(c) G | Group exemption | on numb | per ▶- |
| | of or | ran nization | Corporation Trust Association | Cothor In. | 1 | of formation 1989 | | |
| | m or or I rt I | | imary | ∫ Other ► | L Year | or formation 1989 | 9 M St | tate of legal domicile NY |
| | | | | n or most clanificant activities | | | | |
| | | | lescribe the organization's mission TECT WOMEN'S HEALTH AND F | REPRODUCTIVE CHOICE THROUG | GH ADVOCA | A C Y | | |
| 8 | | | | | | | | |
| Ě | | | | | | | | |
| E - | , | Chack t | his hov by if the organization dis | continued its operations or disposed | d of more the | an 25% of its r | ot acc | ntc. |
| Governance | | CHECK | ins box 🗐 II the organization dis | continued its operations of disposed | u or more the | an 23% or its i | iet asst | |
| | 3 | Number | of voting members of the governi | ng body (Part VI, line 1a) | | 1 | 3 | 15 |
| Activities & | 4 | Number | of independent voting members o | f the governing body (Part VI, line 1 | b) | [| 4 | 15 |
| Ė | 5 | Total nu | ımber of ındıvıduals employed ın c | alendar year 2013 (Part V, line 2a) | | [| 5 | 0 |
| ទ្ធ | 6 | Total nu | ımber of volunteers (estımate ıf ne | ecessary) | | [| 6 | 300 |
| • | 7a | Total un | related business revenue from Pa | rt VIII, column (C), line 12 | | [| 7a | 0 |
| | Ь | Net unre | elated business taxable income fro | om Form 990-T, line 34 | | [| 7b | 0 |
| | | | | | | Prior Year | | Current Year |
| | 8 Contributions and grants (Part VIII, | | | e 1 h) | | 28,114,9 | 18 | 18,143,149 |
| 를 | 9 | Progra | am service revenue (Part VIII, lin | e 2g) | | 31,79 | 97 | 9,580 |
| Rayenue | 10 | Inves | tment income (Part VIII, column | (A), lines 3, 4, and 7d) | | | 2 | 0 |
| 立 | 11 | Other | revenue (Part VIII, column (A), l | ınes 5, 6d, 8c, 9c, 10c, and 11e) | | -34,791 | | 40,546 |
| | 12 | | | (must equal Part VIII, column (A), l | ine | 28,111,9 | 26 | 18,193,275 |
| | 13 | | c and cimilar amounts naid (Part 1 | X, column (A), lines 1–3) | | 2,218,8 | _ | 4,074,093 |
| | 14 | | | (, column (A), line 4) | | 2,210,0. | 0 | 4,074,093 |
| | 15 | | | e benefits (Part IX, column (A), lines | | | 1 | |
| \$ | 13 | 5-10 | | e benefits (Fare 1x, column (x), mes | ´ <u> </u> | 6,476,77 | 70 | 8,117,753 |
| Expenses | 16a | Profes | ssional fundraising fees (Part IX, o | column (A), line 11e) | | 1,602,98 | 84 | 1,617,790 |
| ਜ਼ਿੰ | Ь | Total fu | undraising expenses (Part IX, column (D), | line 25) 🛌 3,206,564 | | | | |
| _ | 17 | Other | expenses (Part IX, column (A), lı | nes 11a-11d, 11f-24e) | | 12,188,3 | 28 | 9,047,261 |
| | 18 | | | t equal Part IX, column (A), line 25) | | 22,486,9 | 18 | 22,856,897 |
| | 19 | Rever | nue less expenses Subtract line 1 | 8 from line 12 | | 5,625,00 | _ | -4,663,622 |
| Not Assets or Fund Balances | | | | | Begin | ning of Current Year | t | End of Year |
| Set | 20 | Total | assets (Part X, line 16) | | | 9,480,40 | 04 | 7,816,061 |
| AB dB | 21 | | liabilities (Part X, line 26) | | · . | 1,615,28 | _ | 4,614,563 |
| 2 2 2 3 3 | 22 | | ssets or fund balances Subtract I | | | 7,865,17 | _ | 3,201,498 |
| Pa | tIII | | nature Block | | - | . , , | | - / / |
| my k prepa | nowle arer ha | dge and as any k | belief, it is true, correct, and com nowledge ature of officer | mined this return, including accomp plete Declaration of preparer (other | | | | |
| Her | е | | LACE D'SOUZA CHIEF FINANCIAL OFFICE | R | | | | |
| | | 1/ | e or print name and title | Preparer's signature | Data | , - 1. | DTIN | |
| D-: | 4 | | Print/Type preparer's name | riepaiei's signature | Date | | PTIN P0050122 | 22 |
| Paid | | | Firm's name 🕨 KPMG LLP | | | Firm's EIN 🕨 13- | 5565207 | |
| | pare On | | Firm's address 🕨 345 PARK AVENUE | | | Phone no (212) | 758-970 | 0 |
| USE | | | | | | . , | | |

NEW YORK, NY 101540102

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

✓ Yes ☐ No

| Part IV | Checklist of | Required | Schedules |
|---------|--------------|----------|------------------|
|---------|--------------|----------|------------------|

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

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|----------------|--------|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 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 | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | Yes | |
| C | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 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? If "Yes," complete Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes | |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | Yes | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |
| | | F | orm 990 | (2013) |

| 14 Enter the number reported in 50x 3 of form 1096 Enter -0 - finot applicable 1a 47 1b 0 0 0 0 0 0 0 0 0 | | Check if Schedule O contains a response or note to any line in this Part V | <u> </u> | Yes | .) |
|---|----------------|--|------------|----------|----------|
| be Enset the number of Forms W-250 included in line 1s Enter-0- In his applicable 1 | 1 = | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1 1 1 47 | | res | N |
| Do the enganzation comply with backup withholding rules for reportable payments to vendors and reportable gaming (penhing) withings to price without a participation of the provided of the provided provided and provided the provided provi | | | | | |
| agaming (gambling) winnings to prize winners? 2 | | | 1 | | |
| Tax Stetements, field for the calendar year ending with or within the year covered 2 | | gaming (gambling) winnings to prize winners? | 1 c | Yes | |
| Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Y'es, has if filed a form 990-T for this year? If Yo'r to line 3b, provide an explanation in Schedule 0. 3b If Y'es, has if filed a form 990-T for this year? If Yo'r to line 3b, provide an explanation in Schedule 0. 3b If Y'es, has if filed a form 990-T for this year? If Yo'r to line 3b, provide an explanation in Schedule 0. 3b If Y'es, has the name of the foreign country business as bank account, securities account, or other financial accounts. 3b Was the organization apprty to a prohibited tax shelter transaction at any time during the tax year? 3c Was the organization apprty to a prohibited tax shelter transaction at any time during the tax year? 3c Was the organization apprty to a prohibited tax shelter transaction? 3c If Y'es, it do line 5 or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 3c Unif Yes, it do the organization inclide with every solicitation an express statement that such contributions? 3c Unif Yes, it do the organization inclide with every solicitation an express statement that such contributions or gifts were not tax deductible? 3c Unif the organization exceeve a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 3d If Yes, indid the organization notify the dinor of the value of the goods or services provided? 3d If Yes, indid the organization notify the dinor of the value of the goods or services provided? 3d If Yes, indid the organization of provided to the good or services provided? 3d Did the organization sell, exchange, or otherwise dispose of tanglibe personal property for which it was required to file form 3282? 3d Did the organization making of the good or service provided? 3d Sponoring organization or accordance during the year? 3d Sponoring organization or | 2a | Tax Statements, filed for the calendar year ending with or within the year covered | | | |
| b If **Ess,* has it filled a Form 990-T for this year? If *Not* to line 38, provide an explanation in Schedule O. At any time during the calendar year, did the organization have an interest in, or a signature or other disanction shower, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts of the support | b | | 2b | | |
| b If **Ess,* has it filled a Form 990-T for this year? If *Not* to line 38, provide an explanation in Schedule O. At any time during the calendar year, did the organization have an interest in, or a signature or other disanction shower, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts of the support | 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | | l N |
| At any time during the calendar year, dul 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 accounts). If "Yes," enher the name of the foreign country If "Yes," enher the name of the foreign country Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | | | |
| See instructions for filing requirements for Form TDF 90-22 1, Report of Foreign Bank and Financial Accounts See instructions for filing requirements for Form TDF 90-22 1, Report of Foreign Bank and Financial Accounts Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Did any taxable party notify the organization file form 888-77. 5c If "Yes," to line So or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line for organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9c Organization shat may receive deductible contributions under section 170(c). 9c Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 9c Did the organization shall, exchange, or otherwise dispose of tangible personal property for which it was required to life Form \$222? 9c Did the organization shall, exchange, or otherwise dispose of tangible personal property for which it was required to contract? 9c Did the organization receive any funds, directly or indirectly, or paymeniums on a personal benefit contract? 9c Did the organization received a contribution of qualified intelligical property, did the organization file or flow organizations. Did the supporting organizations and the surface of the payment of the payment of the surface of the payment organization in form 899 97 97 97 97 98 98 99 99 99 99 99 99 99 99 99 99 99 | | 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 | | | N |
| See instructions for filling requirements for Form TD F90-22 1, Report of Foreign Bank and Financial Accounts Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction? and any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 88866-T? 6a Does the organization solicit any contributions that there not tax deductible as chantable contributions? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Yes 7c Organizations that may receive deductible contributions under section 170(c). 9 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 9 If "Yes," indicate the number of Forms 8292 filed during the year. 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8262? 9 Did the organization freceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 9 If the organization funding the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 9 If the organization in creaived a contribution of qualified intellectual property, did the organization file a form to the support of a contribution of the payor. | L | | | | " |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 If "Yes," to line 5 a or 5b, did the organization file form 8886-T? 5 C 5 So Doss the organization have annual gross receipts that are normally greater than \$1.00,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 9 Dif "Yes," did the organization notify the donor of the value of the goods or services provided? 10 If "Yes," indicate the number of Forms 8.282 filed during the year. 11 If "Yes," indicate the number of Forms 8.282 filed during the year. 2 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 3 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 4 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 8.999 as required? 8 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations file a Form 1.098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. 8 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization maintaining donor advised funds. 10 Did the organization make any taxable distributions under section 4966? 9 Section 501(c)(2) organizations. Enter 10 Did from 1041? 11 Did formation from 909, Part VIII, line 12, for public use of club facilities | D | If "Yes," enter the name of the foreign country • | | | |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b C If "Yes," to line 5 a or 5b, did the organization file Form 8886-T? 5c Sa Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c Sa Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c Organizations that may receive deductible contributions under section 170(c). 5d Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 5d If "Yes," indicate the number of forms \$282 filed during the value of the goods or services provided? 5d Did the organization of services provided? 6d Organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$282? 6d If "Yes," indicate the number of Forms \$282 filed during the year 7d 7d Ordanization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7d If the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required? 6d If the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required? 7d If the organization maintaining donor advised funds and section 599(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 599(a)(3) supporting organizations. 8 Did the organization make any taxable distributions under section 4966? 9 Sponsoring organizations maintaining donor advised funds. 9 Did the organization is maintaining donor advi | 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | N |
| c If "Yes," to line 5 a or 5b, did the organization file Form 886-T? 5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions? 5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Organization sthat may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," indicate the number of Forms 8282 filed during the year. c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year. 7d Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds. a Did the organization make any taxeble distributions under section 4966? b Did the organization make any taxeble distributions under section 4966? b Did the organization make any taxeble distributions under section 4966? b Cross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 1 Section 501(c)(12) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 for public use of club facilitie | | | | | N |
| So Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Did the organization in ontify the donor of the value of the goods or services provided? Did the organization shall, exchange, or otherwise dispose of tangible personal property for which it was required to file form \$282? Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? To but the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations make any taxable distributions under section 4966? Sonosoning organizations make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section full to the supporting organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12. Gross income from members or shareholders Section 501(c)(7) organizations. Enter Gross income from members or shareholders Gross inco | | |) DD | | H' |
| organization solicit any contributions that were not tax deductible as charitable contributions? b If "Ves," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 1 Did the organization serves a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 2 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form \$2.82? 1 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form \$2.82? 2 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 6 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization file Form \$899 as required? 8 If the organization received a contribution of qualified intellectual property, did the organization file a form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations. Did the supporting organizations. Did the supporting organizations. Did the supporting organizations was all stributions under section 4966? 9 Sponsoring organizations maintaining donor advised funds. 9 Did the organization make any taxable distributions under section 4966? 9 Section 501(c)(7) organizations. Enter 1 Initiation fees and capital contributions included on Part VIII, line 12. 1 Gross income from members or shareholders 9 Gross income from members or shareholders 1 Gross income from members or shareholders 1 Gross income from other sources (Do not net amounts due or paid to other sources and capital contributions under section 4967) in lite of form 1 | С | II TES, LO IIIIE SA OF SD, GIO THE OFGANIZATION THE FORM 8886-17 | 5c | | |
| were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 5 If "ves," did the organization notify the donor of the value of the goods or services provided? 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6 If "ves," indicate the number of Forms 8282 filed during the year . 7d . 7d | 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | Yes | |
| a Dd the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," idd the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8 282? d If "Yes," indicate the number of Forms 8 282 filed during the year P Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? To Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? To Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? To Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Section 501(c)(7) organizations. Enter Initiation fees and capital contribution to a donor, donor advised funds. Section 501(c)(12) organizations. Enter Gross income from members or shareholders Section 501(c)(12) organizations. Enter Section 501(c)(12) organizations in the turn organization in more than one sta | | were not tax deductible? | | Yes | |
| services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8.28.2? d If "Yes," indicate the number of Forms 8.28.2 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Soposoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization make any taxable distributions under section 4966? Soposoring organization make any taxable distributions under section 4966? Soction 501(c)(7) organizations. Enter In Initiation fees and capital contributions included on Part VIII, line 12. 10a | | | _ | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year . 7d | | services provided to the payor? | | | |
| file Form 8282? | | | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f 7d 8 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 77f 77f 77f 8 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 8 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(7) organizations. Enter 1 Initiation fees and capital contributions included on Part VIII, line 12 10 Section 501(c)(12) organizations. Enter 2 Section 501(c)(12) organizations. Enter 3 Gross income from members or shareholders 4 Section 501(c)(12) organizations. Enter 5 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 2 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issues. 3 Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13a | C | | | | |
| to contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 77 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 78 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a form 1098-C? 78 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 Organization make a distributions included on Part VIII, line 12 Section 501(c)(12) organizations. Enter Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Case Section 501(c)(12) organizations. Enter against amounts due or received from them) 10a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note, See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? Note, See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand | d | | | | |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations. The form 1098-C? h If the organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organizations. Did the promise of the supporting organizations and section 509(a)(3) supporting organizations. Did the supporting organization, no a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Cas Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? The fifty es," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans C Enter the amount of reserves on hand The form 1041? The provided fund the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand | e | | 7e | | |
| required? | f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| Form 1098-C? Soponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. DID the supporting organization, have excess business holdings at any time during the year? Soponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Did the organization make a distribution to a donor, donor advisor, or related person? Did the organization make a distribution to a donor, donor advisor, or related person? Did the organization make a distribution to a donor, donor advisor, or related person? Did the organization section 490(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 Did Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Social Solic)(c)(12) organizations. Enter Did Gross income from members or shareholders Did Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Did Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Did Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Did Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Did Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Did Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Did Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Did Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from t | g | | | | |
| the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | h | | 7h | | |
| Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? | 8 | the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess | | | |
| Did the organization make any taxable distributions under section 4966? | ۵. | Sponsoring organizations maintaining donor advised funds | L. | | |
| b Did the organization make a distribution to a donor, donor advisor, or related person? | _ | | 0- | | |
| Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 1 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders | | | | | \vdash |
| a Initiation fees and capital contributions included on Part VIII, line 12 | | | 90 | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 1 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders | | | | | |
| a Gross income from members or shareholders | | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club | | | |
| a Gross income from members or shareholders | 1 | Section 501(c)(12) organizations. Enter | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 7- | Section 4947(a)(1) non-everynt charitable truete. In the organization filing Form 0.00 in liquid Form 1.0412 | 12- | | |
| Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | If "Yes," enter the amount of tax-exempt interest received or accrued during the | 128 | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand | 3 | · | 1 | | |
| Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand | | | | | |
| In which the organization is licensed to issue qualified health plans | | | 13a | | L |
| | | in which the organization is licensed to issue qualified health plans | | | |
| 4a Did the organization receive any payments for indoor tanning services during the tax year? 14a I | С | Enter the amount of reserves on hand | Į | <u> </u> | |
| | 1 a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Ν |

Section A. Governing Body and Management

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

| | | | Yes | No |
|--------------------------------|---|---|---------------------|----------------|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | Yes | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | Yes | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal R | evenu | ıe Cod | e.) |
| | | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | Yes | No No |
| | Did the organization have local chapters, branches, or affiliates? | 10a 10b | Yes | |
| b 11a | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | Yes | |
| b 11a | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing | 10b | | |
| b 11a b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 10b | | |
| b 11a b 12a | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 10b | Yes | |
| b 11a b 12a b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 10b 11a 12a | Yes | |
| b 11a b 12a b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 10b 11a 12a 12b | Yes Yes | |
| b 11a b 12a b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 10b 11a 12a 12b | Yes Yes Yes | |
| b 11a b 12a b c | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? | 10b 11a 12a 12b 12c 13 | Yes Yes Yes Yes Yes | |
| b 11a b 12a c 13 14 | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by | 10b 11a 12a 12b 12c 13 | Yes Yes Yes Yes Yes | |
| b 11a b 12a c 13 14 15 a | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? | 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes | No |
| b 11a b 12a c 13 14 15 a | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official | 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes | No |
| b 11a b 12a c 13 14 15 a b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization | 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes | No |
| b 11a b 12a c 13 14 15 a b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | 10b 11a 12a 12b 12c 13 14 15a 15b | Yes Yes Yes Yes Yes | No No No |
| b 11a b 12a c 13 14 15 a b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | 10b 11a 12a 12b 12c 13 14 15a 15b | Yes Yes Yes Yes Yes | No No No |

- OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, DC, AR
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available Check all that apply Own website Another's website Vpon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►ELZBIETA SZAFRAN-BODZIONY C/O 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 Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

| (A) Name and Title | (B) A verage hours per week (list any hours | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | ess er e) | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the | |
|--|---|--|-----------------------|---------|--------------|------------------------------|-----------------|---|--|---|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | | | |
| (1) LAURA TUCKER | 1 00 | х | | х | | | | 0 | 0 | 0 | |
| CHAIR STARTING 6/10/14 | | | | | | | | | | | |
| (2) SHAMINA SINGH CHAIR & DIRECTOR THRU 6/10/14 | 1 00 | х | | х | | | | 0 | 0 | 0 | |
| (3) MARIA TERESA KUMAR | 1 00 | | | | | | | | | | |
| , | | x | | Х | | | | 0 | 0 | 0 | |
| VICE CHAIR STARTING 6/10/14 (4) JENNIFER ALLAN SOROS | 1 00 | | | | | | | | | | |
| | 1 00 | х | | х | | | | 0 | 0 | 0 | |
| CHAIR & DIR THRU 6/10/14 (5) SUNITA LEEDS | 1 00 | | | | | | | | | | |
| | 1 00 | х | | х | | | | 0 | 0 | 0 | |
| SECRETARY STARTING 6/10/14 (6) JULIANNA SMOOT | 1.00 | | | | | | | | | | |
| (6) JOLIANNA SMOOT | 1 00 | x | | х | | | | 0 | 0 | 0 | |
| TREASURER STARTING 6/10/14 | | | | | | | | | | | |
| (7) MICHAEL VACHON | 1 00 | l x | | x | | | | 0 | 0 | 0 | |
| TREASURER THRU 6/10/14 | | | | | | | | | | | |
| (8) NAOMI ABERLY | 1 00 | × | | | | | | 0 | 0 | 0 | |
| DIRECTOR | | _ ^ | | | | | | Ŭ | Ŭ | | |
| (9) PHILLIP AGNEW | 1 00 | × | | | | | | 0 | 0 | 0 | |
| DIRECTOR STARTING 6/10/14 | | ^ | | | | | | 0 | U | 0 | |
| (10) JARRETT BARRIOS | 1 00 | | | | | | | _ | _ | _ | |
| DIRECTOR THRU 6/10/14 | | X | | | | | | 0 | 0 | 0 | |
| (11) CECILIA BOONE | 1 00 | | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0 | 0 | 0 | |
| (12) GOV JIM DOYLE | 1 00 | | | | | | | | | | |
| , , | | x | | | | | | 0 | 0 | 0 | |
| DIRECTOR (13) JOANNE EGERMAN | 1 00 | | | | | | | | | | |
| | | x | | | | | | 0 | 0 | 0 | |
| DIRECTOR (14) KIKI MCLEAN | 1.00 | | | | | | | | | | |
| , , | 1 00 | x | | | | | | 0 | 0 | 0 | |
| DIRECTOR STARTING 6/10/14 | | | | | | | | | | | |
| (15) MINYON MOORE | 1 00 | × | | | | | | 0 | 0 | 0 | |
| DIRECTOR | | | | | <u> </u> | | | | | | |
| (16) ELAINE TAYLOR ROSE | 1 00 | × | | | | | | 0 | 0 | 0 | |
| DIRECTOR | | | | | L | | | <u> </u> | | | |
| (17) SARAH STOESZ | 1 00 | | | | _ | | | 0 | 0 | | |
| DIRECTOR | | X | | | | | | " | U | 0 | |
| | <u> </u> | | • | | | | | • | | Form 990 (2013) | |

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

| | for related organizations below dotted line) | Individe or dire | = | | _ | ustee | | (D) Reportable compensation from the organization (W- 2/1099- | (E) Reportable compensation from related organizations (W- 2/1099- | compensation from the organization |
|--|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|---|--|--|
| | | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | MISC) | MISC) | and related organizations |
| (18) URVASHI VAID | 1 00 | х | | | | | | 0 | 0 | 0 |
| DIRECTOR STARTING 6/10/14 | | _ ^ | | | | | | U | 0 | 0 |
| (19) CECILE RICHARDS | 2 00 | | | \ \ | | | | 21 405 | 451 752 | 107 771 |
| PRESIDENT | 33 00 | | | X | | | | 31,405 | 451,752 | 107,771 |
| (20) WALLACE D'SOUZA | 2 00 | | | ,, | | | | 10.047 | 206 001 | 40.665 |
| CHIEF FINANCIAL OFFICER | 33 00 | | | X | | | | 10,847 | 206,091 | 40,665 |
| (21) DAWN LAGUENS | 7 00 | | | | ,, | | | 04.022 | 344 400 | 45.645 |
| CHIEF EXPERIENCE OFFICER | 28 00 | | | | X | | | 91,022 | 344,489 | 45,615 |
| (22) SANDRA SEDACCA | 2 00 | | | | | | | | | |
| CHIEF DEVELOPMENT OFFICER | 33 00 | | | | × | | | 17,820 | 338,584 | 35,398 |
| (23) DEBRA ALLIGOOD WHITE | 2 00 | | | | | | | | | |
| SR VP & GENERAL COUNSEL | 33 00 | | | | × | | | 15,214 | 289,057 | 19,872 |
| (24) ANN MCGUINESS | 32 00 | | | | | | | | | |
| SR PRINCIPAL GIFTS OFFICER | 3 00 | | | | | Х | | 210,600 | 23,400 | 13,835 |
| (25) DANA SINGISER | 28 00 | | | | | | | | | |
| VP OF GOVERNMENT AFFAIRS | 7 00 | | | | | X | | 173,703 | 44,517 | 22,531 |
| (26) JENNIE THOMPSON | 2 00 | | | | | | | | | |
| MANAGING DIRECTOR OF DEVEL | 33 00 | | | | | X | | 14,766 | 280,563 | 22,954 |
| (27) HOPE WACHTER | 8 00 | | | | | | | | | |
| DEPUTY GENERAL COUNSEL | 27 00 | | | | | X | | 50,271 | 173,157 | 28,860 |
| (28) ELIZABETH LILEY | 3 00 | | | | | | | | | |
| DIRECTOR-PRINCIPAL & MAJOR GIFTS | 32 00 | | | | | Х | | 22,862 | 217,788 | 22,864 |
| | 32 00 | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-Total | | | • | • | | | | | | |
| c Total from continuation sheets to Pa | • | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | • | | ₽- | | 638,510 | 2,369,398 | 360,365 |

\$100,000 of reportable compensation from the organization 11

| | | | 1 63 | 140 |
|---|--|----|------|-----|
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | ית | | No |
| | | , | | 140 |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? 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 or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | 5 | | No |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|-----------------------------|----------------------------|
| O'BRIEN MCCONNELL & PEARSON 1133 19TH ST NW SUITE 300 WASHINGTON DC 20036 | CONSULTING | 1,048,071 |
| GRASSROOTS CAMPAIGN INC 1321 15TH ST SUITE 100 DENVER CO 80202 | CANVASSING | 913,325 |
| TRILOGY INTERACTIVE LLC 724 LYTTON AVE PALO ALTO CA 94301 | ADVERTISING | 410,000 |
| MACK SUMNER COMMUNICATIONS LLC 2001 N BEAUREGARD ST 420 ALEXANDRIA VA 22311 | CONSULTING | 312,749 |
| TELEFUND INC PO BOX 2366 DENVER CO 80201 | TELEMARKETING | 259,813 |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \blacktriangleright 16

| Part V | /##1 | Statement of | Revenue e O contains a respon | se or note to any lin | e in this Part VIII | | | Г |
|---|--------------|---|--|-----------------------|---------------------|--|--------------------------------|--|
| | | CHECK II SCHOOL. | e O Contains a respon | Se of flote to diff | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| · · · · · | 1a | Federated campa | aigns 1a | | | | | |
| unt | ь | Membership due | s 1b | 538,535 | | | | |
| 9 i | c | Fundraising ever | nts 1c | | | | | |
| Ę, Ę | _ | | | 4,500,000 | | | | |
| Gif ila | d | Related organiza | | 4,300,000 | | | | |
| ns, | e | Government grants | (contributions) 1e | | | | | |
| Contributions, Giffs, Grants and Other Similar Amounts | f | All other contribution similar amounts not | s, gifts, grants, and 1f included above | 13,104,614 | | | | |
| 혈美 | a | Noncash contribution | | | | | | |
| <u>a</u> | | 1a-1f \$ | | | 10 142 140 | | | |
| Contand | h | Total. Add lines | 1a-1f | · · · • | 18,143,149 | | | |
| 9 | | | | Business Code | | | | |
| Program Serwce Revenue | 2a | MEETING REVENUE | | 561000 | 9,580 | 9,580 | | |
| æ | ь | | | | | | | |
| 921 | С | | | | | | | |
| 7. Xe. | d | | | | | | | |
| Ξ | e | | | | | | | |
| × 2. | f | All other progran | n service revenue | | | | | |
| Ě | g | Total. Add lines | L 2a-2f | 🕨 | 9,580 | | | |
| | 3 | | me (ıncludıng dıvıdend | | | | | |
| | _ | | amounts) | | | | | |
| | 4 | | nent of tax-exempt bond p | roceeds | 26,759 | | | 26,759 |
| | 5 | Royalties | (ı) Real | (II) Personal | 20,733 | | | 20,733 |
| | 6a | Gross rents | (I) Keal | (II) Fersonal | | | | |
| | ь | Less rental | | | | | | |
| | _c | expenses Rental income | | | | | | |
| | _ | or (loss) | (() | | | | | |
| | d | Net rental incom | e or (loss) | | | | | |
| | 7a | Gross amount | (ı) Securities | (II) Other | | | | |
| | | from sales of assets other | | | | | | |
| | | than inventory Less cost or | | | | | | |
| | Ь | other basis and | | | | | | |
| | c c | sales expenses Gain or (loss) | | | | | | |
| | d | Net gain or (loss |) | | | | | |
| | 8a | Gross income fro | | | | | | |
| Other Revenue | | events (not inclu | ding | | | | | |
| 5 > | | | — reported on line 1c) | | | | | |
| Ä | | See Part IV, line | | | | | | |
| <u> </u> | | | a | | | | | |
| 돌 | l | Less direct expe | enses b [oss)from fundraising e | vents . | | | | |
| _ | | | om gaming activities | | | | | |
| | | See Part IV, line | | | | | | |
| | | | a | | | | | |
| | l | Less direct expe | | | | | | |
| | | | oss) from gaming activ | ities | | | | |
| | 104 | Gross sales of in returns and allow | | | | | | |
| | | | a | | | | | |
| | ь | Less cost of goo | ods sold b | | | | | |
| | С | | oss) from sales of inve | - | | | | |
| | <u> </u> | Miscellaneous | | Business Code | 10 707 | | | 12 707 |
| | 11a | MISCELLANEOU | JS REVENUE | 900099 | 13,787 | | | 13,787 |
| | b | | | | | | | |
| | С | A.H | | | | | | |
| | d | All other revenue | L | | | | | |
| | e | | 11a-11d | _ | 13,787 | | | |
| | 12 | Total revenue. S | ee Instructions | 🛌 | | | | |

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) .マ Check if Schedule O contains a response or note to any line in this Part IX (D) (B) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 4,074,093 4,074,093 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 246,096 168,933 44,017 33,146 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 6,337,536 5,578,190 214,299 545,047 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,095,719 Other employee benefits 987,682 41,187 66,850 10 438,402 383,042 16,836 38,524 11 Fees for services (non-employees) Management 97,638 Legal 97,638 Accounting 25,050 25,050 29,555 29,555 Lobbying Professional fundraising services See Part IV, line 17 1,617,790 1,617,790 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 2,829,629 2,650,702 72,516 Schedule O) 106,411 Advertising and promotion . . 629,350 12 629,350 13 Office expenses . . . 722,460 680,054 6,261 36,145 38,038 30,947 597 14 Information technology . . 6,494 15 Royalties . 558,474 13,190 37,420 16 Occupancy 507,864 **17** 1,065,881 1,019,364 5,302 41,215 Travel 18 Payments of travel or entertainment expenses for any federal, 49,673 49,673 state, or local public officials 19 Conferences, conventions, and meetings . 590,359 583,937 226 6,196 20 Interest Payments to affiliates 21 22 Depreciation, depletion, and amortization . 234,061 5,550 15,744 212,767 23 79,154 71,953 1,877 5,324 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a OTHER FUNDRAISING EXPEN 1,313,642 674,404 639,238 PRINTING & ARTWORK 224,769 221,790 291 2,688 MEMBERSHIP DUES 199,661 199,556 105 d BANK CHARGES 175,077 175,077 184,790 22,436 e All other expenses 154,022 8,332 Total functional expenses. Add lines 1 through 24e 25 22,856,897 18,907,878 742,455 3,206,564 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► 🔽 if following SOP 98-2 (ASC 958-720) 2,861,570 1,469,086 1,392,484

Part X Balance Sheet

| | | Check if Schedule O contains a response or note to any line in this \ensuremath{F} | Part X | | | · · · 「 |
|------------------------|-----|--|--------------------------------------|--------------------------|----------|--------------------|
| | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash-non-interest-bearing | | 2,738,048 | 1 | 5,731,887 |
| | 2 | Savings and temporary cash investments | | | 2 | |
| | 3 | Pledges and grants receivable, net | | 6,167,470 | 3 | 1,205,878 |
| | 4 | Accounts receivable, net | | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directly key employees, and highest compensated employees. Complete Paschedule L | art II of | | 5 | |
| its S | 6 | Loans and other receivables from other disqualified persons (as de section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, a employers and sponsoring organizations of section $501(c)(9)$ volumbeneficiary organizations (see instructions) Complete Part II of Sc | and contributing ntary employees' | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | 7 | |
| ⋖ | 8 | Inventories for sale or use | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 228,594 | 9 | 365,562 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | | | |
| | ь | Less accumulated depreciation | 10b | | 10c | |
| | 11 | Investments—publicly traded securities | | 11 | | |
| | 12 | Investments—other securities See Part IV, line 11 | | 12 | | |
| | 13 | Investments—program-related See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | 346,292 | 15 | 512,734 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 9,480,404 | 16 | 7,816,061 |
| | 17 | Accounts payable and accrued expenses | | 775,284 | 17 | 1,618,820 |
| | 18 | Grants payable | | 115,000 | 18 | 655,231 |
| | 19 | Deferred revenue | | 725,000 | 19 | 2,340,512 |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| 10 | 21 | Escrow or custodial account liability Complete Part IV of Schedule | e D | | 21 | |
| ilities | 22 | Loans and other payables to current and former officers, directors, key employees, highest compensated employees, and disqualified | | | | |
| Liabilit | | persons Complete Part II of Schedule L | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties . | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related to and other liabilities not included on lines 17-24) Complete Part X | of Schedule | | 25 | |
| | 36 | D | | 1,615,284 | 25 26 | 4,614,563 |
| | 26 | Total liabilities. Add lines 17 through 25 | | 1,015,204 | 26 | 4,014,303 |
| φ Φ | | Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34. | na complete | | | |
| Ĕ | 27 | Unrestricted net assets | | 83,161 | 27 | 442,945 |
| Assets or Fund Balance | 28 | Temporarily restricted net assets | | 7,781,959 | 28 | 2,758,553 |
| <u>-</u> | 29 | Permanently restricted net assets | | , , == | 29 | , , == |
| 5 | | Organizations that do not follow SFAS 117 (ASC 958), check here | ► □ and | | | |
| <u>.</u> | | complete lines 30 through 34. | , | | | |
| 0 9 | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| Š | 31 | Paid-in or capital surplus, or land, building or equipment fund . | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | s | | 32 | |
| ĕ | 33 | Total net assets or fund balances | | 7,865,120 | 33 | 3,201,498 |
| 2 | 34 | Total liabilities and net assets/fund balances | | 9,480,404 | 34 | 7,816,061 |

| Par | Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI | | | | ୮ |
|-----|--|----------|----------------|------|---------|
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 18, | 193,275 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 223 | 356,897 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | | | 22,0 | 330,037 |
| _ | | 3 | | -4,6 | 563,622 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot . | 4 | | 7,8 | 365,120 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | | | | |
| | | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | • | | | |
| | | 9 | | | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | 3,2 | 201,498 |
| Par | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | . Г |
| | | | | 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 |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revious separate basis, consolidated basis, or both | ewed or | 1 | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both | arate | | | |
| | ☐ Separate basis ☐ Both consolidated and separate basis | | | | |
| c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant? | ht of th | e 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain Schedule O | ın | | | |
| За | 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? | he | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | 3b | | |

DLN: 93493044014085

OMB No 1545-0047

Political Campaign and Lobbying Activities

SCHEDULE C (Form 990 or 990-EZ)

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. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

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 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** PLANNED PARENTHOOD ACTION FUND INC 13-3539048 Complete if the organization is exempt under section 501(c) or is a section 527 organization. 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). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1,391,192 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 863,583 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 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 (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter - 0 directly delivered to a separate political organization If none, enter-0-See Additional Data Table

| Sch | nedule C (Form 990 or 990-EZ) 2013 | | | | | Page 2 |
|-----|---|---------------------------|----------------------------------|-----------------------------|--|-------------------------------------|
| Pä | art II-A Complete if the organization | is exempt under | section 501(| c)(3) and file | ed Form 5768 | |
| _ | under section 501(h)). | | Link in Doub TV an | - h - 66:1: - h - d | | a adduces FIN |
| ٠. | Check ► If the filing organization belongs to a expenses, and share of excess lobb | | iist in Part IV ea | ch amiliated gro | up members nam | e, address, EIN, |
| 3 | Check ► ☐ If the filing organization checked bo | | l" provisions app | ly | | |
| | Limits on Lobbying E (The term "expenditures" means ar | | l .) | | (a) Filing organization's totals | (b) Affiliated group totals |
| La | Total lobbying expenditures to influence public o | pinion (grass roots lob | bying) | | | |
| ь | Total lobbying expenditures to influence a legisl | ative body (direct lobby | yıng) | | | |
| c | Total lobbying expenditures (add lines 1a and 1 | o) | | Γ | | |
| d | O ther exempt purpose expenditures | | | Γ | | |
| e | Total exempt purpose expenditures (add lines 1 | c and 1d) | | | | |
| f | Lobbying nontaxable amount Enter the amount is columns | rom the following table | ın both | | | |
| | If the amount on line 1e, column (a) or (b) is: | The lobbying nontax | able amount is: | | | |
| | Not over \$500,000 | 20% of the amount on lir | ne 1e | | | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the | e excess over \$500,0 | 00 | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the | e excess over \$1,000 | ,000 | | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the | excess over \$1,500,0 | 000 | | |
| | Over \$17,000,000 | \$1,000,000 | | | | |
| g | Grassroots nontaxable amount (enter 25% of lir | ue 1f) | | | | |
| h | Subtract line 1g from line 1a If zero or less, ent | er-0- | | | | |
| i | Subtract line 1f from line 1c If zero or less, ente | er - 0 - | | | | |
| j | If there is an amount other than zero on either li section 4911 tax for this year? | ne 1h or line 1ı, did the | organization file | Form 4720 repo | orting | ┌ Yes ┌ No |
| | (Some organizations that made a columns below. See t | he instructions fo | ection do not r lines 2a thro | havè to con ough 2f on p | | ne five |
| | Lobbying Exp | enditures During | 4-Year Avera ⊤ | ging Period | 1 | 1 |
| | Calendar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) Total |
| 2a | Lobbying nontaxable amount | | | | | |
| b | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| C | Total lobbying expenditures | | | | | |
| d | Grassroots nontaxable amount | | | | | |

e Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

| Page |
|--|
| (L) |
| (b) nount |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| tion |
| |
| es No |
| es |
| No |
| No |
| tion III-A, |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| e 2, and |
| |
| IE ES IONE /OTE IMILAR 27 |
| HEH |

| 201104410 0 (101111 330 01 330 12) 2013 | | 1 age - | | |
|---|-----------------------|---------|--|--|
| Part IV Supplemental Information | on <i>(continued)</i> | | | |
| Return Reference | Explanation | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Schedule D (Form 990) 2013

Additional Data

Software ID: Software Version:

EIN: 13-3539048

Name: PLANNED PARENTHOOD ACTION FUND INC

Form 990, Schedule C, Part 1-C, Line 5

| (a) Name | (b) Address | (c) EIN | (d) A mount paid from filing organization's own internal funds If none, enter -0- | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|--|---|----------------|--|---|
| EMILY'S LIST | 1120 CONNECTICUT AVE NW WASHINGTON,DC 20036 | 521391360 | 5000 | |
| BATTLEGROUND TEXAS | POST OFFICE BOX 780173 SAN ANTONIO,TX 78278 | 461751340 | 25000 | |
| NORTHAM FOR LT GOVERNOR | PO BOX 597 RICHMOND, VA 23218 | 461685929 | 5000 | |
| DEMOCRATIC PARTY OF VIRGINIA | 1710 E FRANKLIN ST RICHMOND, VA 23223 | 540495203 | 10000 | |
| DEMOCRATIC GOVERNORS ASSOCIATION | 1401 K STREET NW200 WASHINGTON, DC 20005 | 521304889 | 75000 | |
| MARK HERRING FOR ATTORNEY GENERAL | PO BOX 6201 LEESBURG, VA 20178 | 460557604 | 5000 | |
| PP OF NORTHERN NEW ENGLAND ACTION FUND NH PAC | 18 LOWAVENUE CONCORD,NH 03301 | 841703533 | 2500 | |
| NATIONAL DEMOCRATIC COUNTY OFFICIALS | 328 MASSACHUSETTS AVENE 4 WASHINGTON, DC 20002 | 522120677 | 2500 | |
| FLORIDA PLANNED PARENTHOOD PAC | 736 CENTRAL AVENUE SARASOTA,FL 34236 | 465055821 | 70000 | |
| PP MAINE ACTION FUND PAC | 443 CONGRESS ST PORTLAND, ME 04101 | 841703435 | 5000 | |
| RESPECT ALBUQUERQUE WOMEN | 133 GRIEGOS RD NW ALBUQUERQUE,NM 87107 | 352483014 | 20000 | |
| FUND FOR JOBS GROWTH AND SECURITY | 700 13TH ST NW SUITE 600 WASHINGTON, DC 20005 | 462127802 | 5000 | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493044014085

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990)

Supplemental Financial Statements

Open to Public

| emal | Revenue Service and its instruc | ctions is at <u>www.irs.gov/10riii990</u> . | | Inspection |
|------|--|---|-----------------------|--|
| | ne of the organization INED PARENTHOOD ACTION FUND INC | | Emp | loyer identification number |
| | | | | 3539048 |
| Pa | Organizations Maintaining Donor Ad | | unds | or Accounts. Complete if the |
| | organization answered "Yes" to Form 990 | (a) Donor advised funds | | (b) Funds and other accounts |
| | Total number at end of year | (a) beneficial tunios | | (2) Famus and sense deceanes |
| | Aggregate contributions to (during year) | | | |
| | Aggregate grants from (during year) | | | |
| | Aggregate value at end of year | | | |
| | Did the organization inform all donors and donor advis funds are the organization's property, subject to the o | _ | nor advı | sed Yes No |
| | Did the organization inform all grantees, donors, and oused only for charitable purposes and not for the bene | | | |
| a 1 | conferring impermissible private benefit? t II Conservation Easements. Complete if | f the organization answered "Ves" | to Forn | |
| | Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreation protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held | ganization (check all that apply) n or education) Preservation of a | n histori certifie | ically important land area d historic structure |
| | easement on the last day of the tax year | | | |
| | Total according to the control of th | | <u> </u> | Held at the End of the Year |
| | Total number of conservation easements | | 2a | |
| | Total acreage restricted by conservation easements Number of conservation easements on a certified hist | toric etructure included in (a) | 2b | |
| | Number of conservation easements included in (c) according to the conservation of the conservation easements included in (c) according to the conservation easements included in (c) according to the conservation easements of a certified instance of conservation easements included in (c) according to the conservation easements in cluded in (c) according to the conservation easements in cluded in (c) according to the conservation easements in cluded in (c) according to the conservation easement end (c) according to the conservation e | , , | 2c | |
| | historic structure listed in the National Register | quired after 3/17/00, and not on a | 2d | |
| | Number of conservation easements modified, transfer the tax year ▶ | red, released, extinguished, or terminat | ed by th | ne organization during |
| | Number of states where property subject to conservat | tion easement is located ► | | |
| | Does the organization have a written policy regarding enforcement of the conservation easements it holds? | | | violations, and Yes No |
| | Staff and volunteer hours devoted to monitoring, insper | ecting, and enforcing conservation ease | ments o | luring the year |
| | A mount of expenses incurred in monitoring, inspecting | g, and enforcing conservation easement | ts during | g the year |
| | Does each conservation easement reported on line 2(and section $170(h)(4)(B)(II)$? | (d) above satisfy the requirements of se | ction 17 | 70(h)(4)(B)(ı) |
| | In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easem | ne footnote to the organization's financia | | |
| ľ | Organizations Maintaining Collection Complete if the organization answered "\ | ns of Art, Historical Treasures, | or Otl | her Similar Assets. |
| | If the organization elected, as permitted under SFAS: works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote | ets held for public exhibition, education, | or rese | arch in furtherance of public |
| | If the organization elected, as permitted under SFAS: works of art, historical treasures, or other similar assesservice, provide the following amounts relating to these | 116 (ASC 958), to report in its revenue ets held for public exhibition, education, | statem | ent and balance sheet |
| | (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 following amounts required to be reported under SFAS | | | |
| | Revenues included in Form 990, Part VIII, line 1 | | | ► \$ |
| | Assets included in Form 990, Part X | | | \$ |
| | maacca meruucu mii viili aav, rait A | | | - Ψ |

| Par | Tit Organizations Maintaining Co | llections of Art, | Histoi | <u>'ical</u> | Treasur | es, or O | <u>ther</u> | Similar | Asse | ts (co | <u>ntınued)</u> |
|--------|--|------------------------|-----------------|--------------|---------------------------|--|-------------|---------------------|--------|---------------|-----------------|
| 3 | Using the organization's acquisition, access collection items (check all that apply) | ion, and other records | s, checl | k any c | of the follo | wing that a | re a | sıgnıfıcant | use of | ıts | |
| а | Public exhibition | | d 「 | Loa | n or exch | ange progi | ams | | | | |
| b | Scholarly research | | е Г | Oth | ner | | | | | | |
| c | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain | n how th | ey furt | her the or | ganızatıon | 's ex | empt purp | ose in | | |
| 5 | During the year, did the organization solicit | | | | | | | ılar | _ | | _ |
| | assets to be sold to raise funds rather than t | <u>`</u> | | | | | | " - | | Yes | No |
| Par | Part IV, line 9, or reported an ar | | | | | answere | a "Ye | es" to For | m 990 | ', | |
| 1a | Is the organization an agent, trustee, custoo included on Form 990, Part X? | lian or other intermed | liary for | contri | butions or | r other ass | ets n | ot | Γ | Yes | ┌ No |
| b | If "Yes," explain the arrangement in Part XI | II and complete the fo | ollowing | table | | _ | | | | | |
| | | | | | | - | | | Amou | ınt | |
| C | Beginning balance | | | | | - | 1c | | | | |
| d | Additions during the year | | | | | | 1d | | | | |
| е | Distributions during the year | | | | | | 1e | | | | |
| f | Ending balance | | | | | L | 1f | | | | |
| 2a | Did the organization include an amount on Fe | orm 990, Part X, line | 21? | | | | | | Γ | Yes | ┌ No |
| b | If "Yes," explain the arrangement in Part XI | II Check here if the 6 | explana | tion ha | s been pr | ovided in f | oart > | (III | | | Γ |
| Pa | rt V Endowment Funds. Complete | | | | | | | | | | |
| | | (a)Current year | (b) Prio | r year | b (c) Tw | o years back | (d)⊺ | hree years b | ack (e |)Four ye | ears back |
| 1a | Beginning of year balance | | | | | | - | | | | |
| b | Contributions | | | | | | _ | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| e | Other expenditures for facilities and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the cur | rent year end balance | e (line 1 | g, colu | ımn (a)) h | eld as | | | | | |
| а | Board designated or quasi-endowment 🕨 | | | | | | | | | | |
| b | Permanent endowment - | | | | | | | | | | |
| С | Temporarily restricted endowment ▶ | | | | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c sho | uld equal 100% | | | | | | | | | |
| За | Are there endowment funds not in the posse | ssion of the organizat | tion that | are h | eld and ad | lmınıstere | d for t | :he | | | |
| | organization by | | | | | | | | | Yes | No |
| | (i) unrelated organizations | | | • | | | • | | 3a(i) | | |
| L | (ii) related organizations | | | | | | | | 3a(ii) | | |
| ь 4 | If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the second of the second of the second or the second of the seco | | | | | | • | | 3b | | |
| | t VI Land, Buildings, and Equipme | | | | on answ | ered 'Ves | ' to | Form 990 | Part | TV lır | 16 |
| I GI | 11a. See Form 990, Part X, line | | ic orga | mzati | On answ | ered res | | 01111 550 | , rait | 1 V , III | ic |
| | Description of property | | | | st or other nvestment) | (b)Cost or basis (ot | | (c) Accur deprec | | (d) B | ook value |
| | Land | | | | | | | | | | |
| b | Buildings | | . | | | | | | | | |
| | Leasehold improvements | | . | | | | | | | | |
| | Equipment | | . | | | | | | | 1 | |
| | • • | | - ⊢ | | | | | | | + | |
| е | Other | | . | | | | | | | | |

| Part VII Investments—Other Securities. Col | mplete if the organizatio | n answered 'Yes' to For | m 990, Part IV, line 11b. |
|---|---------------------------|-----------------------------|----------------------------|
| See Form 990, Part X, line 12. (a) Description of security or category | (b) Book value | (c) Method of va | |
| (including name of security) | | Cost or end-of-year i | market value |
| (1)Financial derivatives (2)Closely-held equity interests | | | |
| Other | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | F | | |
| Part VIII Investments—Program Related. Co | omplete if the organizati | on answered 'Yes' to Fo | rm 990, Part IV, line 11c. |
| See Form 990, Part X, line 13. (a) Description of investment | (b) Book value | (c) Method of va | luation |
| | (-, | Cost or end-of-year | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | F | | |
| Part IX Other Assets. Complete if the organization | | 90, Part IV, line 11d See F | |
| (a) Descr | · | | (b) Book value |
| (1) DUE FROM PLANNED PARENTHOOD FEDERATION | OF AMERICA, INC | | 509,802 |
| (2) DUE FROM PPVOTES | | | 2,932 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 | 15.) | | 512,734 |
| Part X Other Liabilities. Complete if the orga | | | |
| Form 990, Part X, line 25. | 1 (1) 5 | 1 | |
| 1 (a) Description of liability | (b) Book value | 4 | |
| Federal income taxes | | 4 | |
| | | 4 | |
| | | | |
| | | 7 | |
| | 1 | 4 | |
| | | | |
| | 1 | 7 | |
| | | 4 | |
| | | | |
| | 1 | 1 | |
| | | _ | |
| | | | |
| | 1 | 1 | |
| | | 4 | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | • | | |

| Part | | Levenue per Audited Financial Stat Wered 'Yes' to Form 990, Part IV, line 1 | | ts with Revenue p | er Ke | sturn Complete if |
|--------|--|--|------|-------------------|-------|--------------------------|
| 1 | • | er support per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 bi | ut not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains on inves | tments | 2a | | | |
| b | Donated services and use of f | acılıtıes | 2b | | 1 | |
| c | Recoveries of prior year grant | s | 2c | | 1 | |
| d | Other (Describe in Part XIII) | | 2d | | 1 | |
| e | Add lines 2a through 2d . | | | | 2e | |
| 3 | Subtract line 2e from line 1 . | | | | 3 | |
| 4 | Amounts included on Form 99 | 0, Part VIII, line 12, but not on line 1 | | | | |
| а | Investment expenses not inc | luded on Form 990, Part VIII, line 7b . | 4a | | | |
| b | Other (Describe in Part XIII) |) | 4b | | 1 | |
| C | Add lines 4a and 4b | | | | 4c | |
| 5 | Total revenue Add lines 3 and | d 4c. (This must equal Form 990, Part I, line | 12). | | 5 | |
| Part 2 | | xpenses per Audited Financial Stanswered 'Yes' to Form 990, Part IV, line | | nts With Expenses | per | Return. Complete |
| 1 | Total expenses and losses pe | r audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 bu | ıt not on Form 990, Part IX, line 25 | | | | |
| a | Donated services and use of f | acılıtıes | 2a | | | |
| b | Prior year adjustments | | 2b | | | |
| c | Other losses | | 2c | | | |
| d | Other (Describe in Part XIII) | | 2d | | | |
| e | Add lines 2a through 2d | | | | 2e | |
| 3 | Subtract line $\bf 2e$ from line $\bf 1$. | | | | 3 | |
| 4 | Amounts included on Form 99 | 0, Part IX, line 25, but not on line 1: | | | | |
| a | Investment expenses not incl | uded on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII) | | 4b | | | |
| С | Add lines 4a and 4b | | | | 4c | |
| 5 | Total expenses Add lines 3 a | nd 4c. (This must equal Form 990, Part I, line | 18) | | 5 | |
| Part | XIII Supplemental Int | formation | | | | |
| | , line 4, Part X, line 2, Part XI | Part II, lines 3, 5, and 9, Part III, lines 1a a , , lines 2d and 4b, and Part XII, lines 2d and | | | | le any additional |
| | Return Reference | Explanation | | | | |
| PART > | (,LINE 2 | THE FIN 48 FOOTNOTE PER THE AUDIT ACTION FUND RECOGNIZES THE EFFEC POSITIONS ARE MORE LIKELY THAN NO | TOFI | NCOME TAX POSITIO | | |
| | | | | | | |
| | | | | | | |

| • | <u> </u> | |
|-----------|-------------------|----------------------|
| Part XIII | Supplemental Info | ormation (continued) |
| Ret | turn Reference | Explanation |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Schedule D (Form 990) 2013

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding **Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ. See separate instructions. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

DLN: 93493044014085 OMB No 1545-0047

Inspection

Name of the organization PLANNED PARENTHOOD ACTION FUND INC

Employer identification number 13-3539048

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

- Indicate whether the organization raised funds through any of the following activities Check all that apply
- Mail solicitations
- Internet and email solicitations
- Phone solicitations
- ▼ In-person solicitations

- e 🔽 Solicitation of non-government grants
- Solicitation of government grants
- Special fundraising events
- or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees

| | T | | T | | |
|---|---------------|--|--------------------------------------|--|--|
| (i) Name and address of ındıvıdual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | (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 |
| | | Yes No | | | |
| O'BRIEN MCCONNELL & PEARSON 1133 19TH STREET NW SUITE 300 | CONSULTING | No | 3,732,790 | 1,371,245 | 2,361,545 |
| WASHINGTON, DC 20036 | | | | | |
| MR STRATEGIC SERVICES INC 1901 L STREET NW STE 800 | CONSULTING | No | 542,625 | 66,050 | 476,575 |
| WASHINGTON, DC 20036 | | | | | |
| 3 GRASSROOTS CAMPAIGNS INC 1321 15TH ST SUITE 100 | CANVASSING | No | 472,267 | 901,728 | -429,461 |
| DENVER, CO 80202 | | | | | |
| 4 TELEFUND INC PO BOX 2366 | TELEMARKETING | No | 400,456 | 217,319 | 183,137 |
| DENVER, CO 80201 | TELEMARKETING | | | | |
| 5 THE SHARE GROUP 73 CHAPEL STREET | TELEMARKETING | No | 195,564 | 147,637 | 47,927 |
| NEWTON, MA 02458 | | | | | |
| 6 DONOR SERVICES GROUP 6715 SUNSET BLVD LOS ANGELES, CA | TELEMARKETING | No | 105,427 | 115,959 | -10,532 |
| 90028 | | | | | |
| 7 INTEGRAL RESOURCES INC 1972 MASSACHUSETTS AVE | TELEMARKETING | No | 94,432 | 105,963 | -11,531 |
| CAMBRIDGE, MA 02140 | | | | | |
| 8 ARIA COMMUNICATIONS CORP | TELEMARKETING | | | | |
| 717 WEST ST GERMAIN ST | | No | 40,434 | 5,531 | 34,903 |
| ST CLOUD, MN 56301 | | | | | |
| 10 | | | | | |
| | | | | | |
| Total | | 🗲 | 5,583,995 | 2,931,432 | 2,652,563 |

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

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

| Pa | rt II | Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g | aising event contribut | ion answered "Yes" to tions and gross income | Form 990, Part IV, li on Form 990-EZ, lin | ne 18, or reported es 1 and 6b. List | | | | |
|--|-------|---|--|---|--|--|--|--|--|--|
| | | | (a) Event #1 | (b) Event #2 | (c) O ther events | (d) Total events (add col (a) through col (c)) | | | | |
| Revenue | | | (event type) | (event type) | (total number) | (-), | | | | |
| | 1 | Gross receipts | | | | | | | | |
| eVe | 2 | Less Contributions | | | | | | | | |
| <u>~</u> | 3 | Gross income (line 1 minus line 2) | | | | | | | | |
| | 4 | Cash prizes | | | | | | | | |
| 60 | 5 | Noncash prizes | | | | | | | | |
| Expenses | 6 | Rent/facility costs | | | | | | | | |
| ă | 7 | Food and beverages . | | | | | | | | |
| Direct | 8 | Entertainment | | | | | | | | |
| ā | 9 | Other direct expenses . | | | | | | | | |
| | 10 | Direct expense summary Add lin | es 4 through 9 ın colum | n (d) | | () | | | | |
| | 11 | Net income summary Subtract li | ne 10 from line 3, colum | n (d) | | | | | | |
| Par | t II | Gaming. Complete if the or \$15,000 on Form 990-EZ, lir | | "Yes" to Form 990, Pa | rt IV, line 19, or repo | orted more than | | | | |
| <u>Ф</u> | | \$13,000 OH FORM 330 EZ, III | (a) Bingo | (b) Pull tabs/Instant | (c) Other gaming | (d) Total gaming (add | | | | |
| Revenue | | | | bingo/progressive bingo | | col (a) through col (c) | | | | |
| <u>~</u> | 1 | Gross revenue | | | | | | | | |
| ses | 2 | Cash prizes | | | | | | | | |
| Expenses | 3 | Non-cash prizes | | | | | | | | |
| Direct B | 4 | Rent/facility costs | | | | | | | | |
| <u>ā</u> | 5 | Other direct expenses | | | | | | | | |
| | 6 | Volunteer labor | ✓ Yes % ✓ No % | Г Yes% | ☐ Yes | | | | | |
| | 7 | Direct expense summary Add lines | s 2 through 5 in column | (d) | | | | | | |
| | 8 | Net gaming income summary Subt | ract line 7 from line 1, c | olumn (d) | | | | | | |
| 9 | Ent | er the state(s) in which the organiza | ition operates gaming ac | ctivities | | | | | | |
| a Is the organization licensed to operate gaming activities in each of these states? Yes | | | | | | | | | | |
| b | If" | If "No," explain | | | | | | | | |
| | | | | | | | | | | |
| 10a b | | re any of the organization's gaming l Yes," explain | | | | | | | | |
| | | | | | | | | | | |

| Page | • |
|------|---|
| rage | • |

| Sche | edule G (Form 990 or 990-EZ) 2013 | | | Page 3 |
|---------|---|---------------------------|--|------------------------------|
| _ | | | | |
| | | | ? | |
| 12 | | · | t or a member of a partnership or other entit | • |
| | | | | · · · · Yes No |
| 13 | Indicate the percentage of gaming act | | | |
| a | - · · · · · · · · · · · · · · · · · · · | | | |
| ь 14 | • | | organization's gaming/special events books | |
| 1-7 | Litter the name and address of the per | son who prepares the | organization s gaming/special events books | and records |
| | Name 🕨 | | | |
| | Address • | | | |
| 15a | Does the organization have a contract | t with a third party fron | n whom the organization receives gaming | |
| | | | | |
| b | | | e organization 🟲 \$ a | |
| | amount of gaming revenue retained by | | | |
| c | If "Yes," enter name and address of th | ne third party | | |
| | Name 🟲 | | | |
| | Address ► | | | |
| | | | | |
| 16 | Gaming manager information | | | |
| | Name 🕨 | | | |
| | Gaming manager compensation ► \$ | | | |
| | Description of services provided | | | |
| | Director/officer | F Employee | 「Independent contractor | |
| 17 | Mandatory distributions | Limployee | i independent contractor | |
| | • | te law to make charita | ble distributions from the gaming proceeds t | 0 |
| | retain the state gaming license? | | | · · · Fyes Fno |
| b | Enter the amount of distributions requ | ııred under state law dı | stributed to other exempt organizations or s | |
| | ın the organization's own exempt activ | vities during the tax ye | ar ⊳ \$ | |
| Pai | | 5b, 15c, 16, and 17 | planations required by Part I, line 2b, c b, as applicable. Also complete this pa | |
| | Return Reference | The decions j. | Explanation | |
| SCH | EDULE G, PART I, | ACTIVITIES PROVI | DED BY SELECT FUNDRAISERS RESULTE | D IN A CURRENT YEAR LOSS BUT |
| | E 2B, COLUMN (V) | SECURED FUTURE [| DONORS | |
| | T I, LINE 2B, | | ROFESSIONAL FUNDRAISER EXPENSES I RSED EXPENSES WERE PAID DIRECTLY T | |
| | UMN (V) & FORM , PART IX, LINE | | 7,136), PRINTING(\$396,099), MAILHOUS | |
| 24A | , | (\$166,960) AND MI | SCELLANEOUS EXPENSES(\$14,889) THE NGUISH BETWEEN PAYMENT FOR SERVIC | PROFESSIONAL FUNDRAISER |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493044014085

OMB No 1545-0047

Grants and Other Assistance to Organizations,

Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Open to Public

Schedule I

(Form 990)

► Attach to Form 990

| Internal Revenue Service Name of the organization | ► Information | n about Schedule I (Fo | rm 990) and its instructi | ions is at <u>www.irs.gov/</u> | <u>form990</u> . | | Inspection |
|--|---|--|------------------------------|---|---|--|-------------------------------------|
| Name of the organization PLANNED PARENTHOOD ACTION FU | | Employer identification number | | | | | |
| | | | | | | 13-3539048 | |
| Part I General Information 1 Does the organization maintain in the selection criteria used to awa pert IV the organization Part II Grants and Other Asserts | ecords to substanti ard the grants or as tion's procedures fo | ate the amount of the sistance?r | f grant funds in the Unite | d States | | | ✓ Yes ✓ I |
| Form 990, Part IV, line | | | | | | | |
| (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 grader or assistance |
| See Addıtıonal Data Table | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 Enter total number of section 503 Enter total number of other organ | | - | | | | · · · > _ | 26 23 |

| t III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. |
|-------|---|
| | Part III can be duplicated if additional space is needed. |
| | |

| (a)Type of grant or assistance | (b) Number of recipients | (c) 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 Informa | ation. Provide the info | ormation required in Pa | art I, line 2, Part III, col | lumn (b), and any other a | dditional information. |
| D. D.C. | | | , , | • ' ' | |

Return Reference Explanation SCHEDULE I, PART I, LINE 2 THE ORGANIZATION'S MANAGEMENT MONITORS ON A CONTINUING BASIS THE USAGE OF GRANTS TO ENSURE SUCH GRANTS ARE USED FOR INTENDED PURPOSES GRANTEES ARE REQUIRED TO SUBMIT A NARRATIVE AND FINANCIAL REPORT EXPLAINING HOW THE GRANT FUNDS WERE EXPENDED

Schedule I (Form 990) 2013

Additional Data

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 |
|--|----------------|------------------------------------|-------------------------------------|---|--|--|--|
| AMERICAN WOMEN 800 M STREET NW STE 375N WASHINGTON, DC 20036 | 46-1067490 | 501(C)(4) | 15,000 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS |

| 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 | | |
| BATTLEGROUND TEXAS PO BOX 780173 SAN ANTONIO,TX 78278 | 46-1751340 | 527 | 25,000 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | |

| Form 990, Schedule 1, Part 11, 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) Amount 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 | | | |
| DEMOCRATIC GOVERNORS ASSOCIATION 1401 K ST NW STE 200 WASHINGTON,DC 20005 | 52-1304889 | 527 | 75,000 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | | |

| 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 | | | |
| DEMOCRATIC PARTY OF VIRGINIA 1710 E FRANKLIN ST SUITE 200 RICHMOND,VA 23223 | 54-0495203 | 527 | 10,000 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | | |

| Form 990,Schedule 1, Part 11, 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 | | |
| FEMINIST MAJORITY FOUNDATION 433 SOUTH BEVERLY DRIVE BEVERLY HILLS,CA 90212 | 54-1426440 | 501(C)(3) | 6,000 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | |

| Form 990, Schedule 1, Part 11, 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 | | | |
| FLORIDA ALLIANCE OF PLANNED PARENTHOOD AFFILIATES 736 CENTRAL AVE 100 SARASOTA,FL 34236 | 59-3412119 | 501(C)(3) | 290,000 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | | |

| 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 | | | |
| FLORIDA ASSOCIATION OF PLANNED PARENTHOOD AFFILIATES 736 CENTRAL AVE SARASOTA,FL 34236 | 59-1741900 | 501(C)(3) | 60,000 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | | |

| Form 990, Schedule 1, Part 11, 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) Amount 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 | | | |
| FLORIDA PLANNED PARENTHOOD PAC 736 CENTRAL AVE SARASOTA,FL 34236 | 46-5055821 | 527 | 70,000 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | | |

| 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) Amount 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 | | | |
| NATIONAL ASSOCIATION OF LATINO ELECTED & APPOINTED OFFICIALS 1122 W WASHINGTON BLVD LOS ANGELES,CA 90015 | 52-1076236 | 501(C)(4) | 6,000 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | | |

| 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 | | | |
| NATIONAL FAMILY PLANNING & REPRODUCTIVE HEALTH ASSOC INC 1627 K STREET NW 12TH FL WASHINGTON, DC 20006 | 23-7323629 | 501(C)(3) | 6,450 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | | |

| 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 | | |
| NATIONAL MINORITY AIDS COUNCIL 1931 13TH STREET NW WASHINGTON,DC 20009 | 52-1578289 | 501(C)(3) | 10,000 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | |

| 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) Amount 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 | | | |
| NEVADA ADVOCATES FOR PP AFFILIATES 550 W PLUMB LANE SUITE B 104 RENO,NV 89509 | 74-3234716 | 501(C)(4) | 25,000 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | | |

| 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) Amount 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 | | | |
| PLANNED PARENTHOOD ACTION FUND OF NJ PO BOX 928 ELIZABETH,NJ 07207 | 22-3243732 | 501(C)(4) | 211,543 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | | |

| 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 | | | |
| PLANNED PARENTHOOD ADVOCACY FUND 1055 COMMONWEALTH AVE BOSTON,MA 02215 | 22-2517673 | 501(C)(4) | 9,244 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | | |

| -orm 990,Schedule 1, Part 11, 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) Amount 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 | | |
| PLANNED PARENTHOOD ADVOCATES OF MICHIGAN PO BOX 19104 LANSING,MI 48901 | 38-2765858 | 501(C)(4) | 319,415 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | |

| form 990,Schedule 1, Part 11, 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) Amount 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 | | | |
| PLANNED PARENTHOOD ADVOCATES OF OHIO 206 EAST STATE STREET COLUMBUS,OH 43215 | 31-0937837 | 501(C)(4) | 158,333 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | | |

| form 990,Schedule 1, Part 11, 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) Amount 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 | | | |
| PLANNED PARENTHOOD ADVOCATES OF OREGON PO BOX 12267 PORTLAND,OR 97212 | 93-1040482 | 501(C)(4) | 50,000 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | | |

| form 990,Schedule 1, Part 11, 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) Amount 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 | | | |
| PLANNED PARENTHOOD ADVOCATES OF VIRGINIA 201 N HAMILTON ST RICHMOND,VA 23221 | 54-1186756 | 501(C)(4) | 80,081 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | | |

| -orm 990,Schedule 1, Part 11, 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) Amount 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 | | | |
| PLANNED PARENTHOOD AFFILIATES OF MICHIGAN PO BOX 19104 LANSING,MI 48901 | 38-2346424 | 501(C)(3) | 70,000 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | | |

| Form 990, Schedule 1, Part 11, 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 | | | |
| PLANNED PARENTHOOD ASSOCIATION OF PENNSYLVANIA 1514 NORTH 2ND ST HARRISBURG,PA 17102 | 23-1989400 | 501(C)(3) | 75,000 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | | |

| Form 990,Schedule 1, Part 11, 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) Amount 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 | | |
| PLANNED PARENTHOOD GULF COAST INC 4600 GULF FREEWAY HOUSTON,TX 77023 | 74-1100163 | 501(C)(3) | 217,492 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | |

| Form 990, Schedule 1, Part 11, 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) Amount 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 | | | |
| PLANNED PARENTHOOD HEALTH SYSTEMS 100 SOUTH BOYLAN AVE RALEIGH,NC 27603 | 56-1282557 | 501(C)(3) | 140,710 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | | |

| Form 990, Schedule 1, 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) Amount 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 | | | |
| PLANNED PARENTHOOD MINNESOTA ND & SD 671 VANDALIA ST ST PAUL,MN 55114 | 41-0948382 | 501(C)(3) | 75,000 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | | |

| 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 | | | |
| PLANNED PARENTHOOD OF CENTRAL NORTH CAROLINA PO BOX 3258 CHAPEL HILL,NC 27515 | 58-1484820 | 501(C)(3) | 50,000 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | | |

| Form 990, Schedule 1, Part 11, 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 | | | |
| PLANNED PARENTHOOD OF GREATER TEXAS 7424 GREENVILLE AVE DALLAS,TX 75231 | 52-1243220 | 501(C)(3) | 40,800 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | | |

| 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 | | | |
| PLANNED PARENTHOOD OF ILLINOIS 18 SOUTH MICHIGAN AVE NO 6TH FL CHICAGO,IL 60603 | 36-2170901 | 501(C)(3) | 52,650 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | | |

| 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 | | | |
| PLANNED PARENTHOOD OF INDIANA AND KENTUCKY 200 SOUTH MERIDIAN ST NO 400 INDIANAPOLIS,IN 46225 | 35-0874276 | 501(C)(3) | 100,000 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | | |

| 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) Amount 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 | | |
| PLANNED PARENTHOOD OF MARYLAND INC 330 N HOWARD ST BALTIMORE, MD 21201 | 52-0607930 | 501(C)(3) | 100,000 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | |

| Form 990, Schedule 1, Part 11, 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 | | | |
| PLANNED PARENTHOOD OF METRO WASHINGTON DC ACTION FUND 1108 16TH ST NW WASHINGTON,DC 20036 | 52-1687743 | 501(C)(4) | 5,089 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | | |

| Form 990, Schedule 1, Part 11, 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 | | | |
| PLANNED PARENTHOOD OF MIDDLE AND EAST TN 50 VANTAGE WAY SUITE 102 NASHVILLE,TN 37228 | 62-6050064 | 501(C)(3) | 135,000 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | | |

| Form 990, Schedule 1, Part 11, 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) Amount 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 | | | |
| PLANNED PARENTHOOD OF MONTANA INC 2525 4TH AVE N 201 BILLINGS,MT 59101 | 81-0307201 | 501(C)(3) | 120,000 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | | |

| 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) Amount 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 | | | |
| PLANNED PARENTHOOD OF NORTHERN NEW ENGLAND 128 LAKESIDE AVE SUITE 301 BURLINGTON,VT 05401 | 03-0222941 | 501(C)(3) | 105,000 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | | |

| Form 990,Schedule 1, Part 11, 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 | | | |
| PLANNED PARENTHOOD OF SOUTHEASTERN VIRGINIA 515 NEWTOWN ROAD VIRGINIA BEACH, VA 23462 | 54-0929058 | 501(C)(3) | 17,123 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | | |

| Form 990, Schedule 1, Part 11, 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 | | | |
| PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND INC 345 WHITNEY AVE NEW HAVEN,CT 06511 | 06-0263565 | 501(C)(3) | 110,000 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | | |

| 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 | | | |
| PLANNED PARENTHOOD OF THE GREAT NORTHWEST 2001 E MADISON ST SEATTLE, WA 98122 | 91-0686012 | 501(C)(3) | 40,000 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | | |

| 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 | | | |
| PLANNED PARENTHOOD OF THE ST LOUIS REGION & SW MO 4251 FOREST PARK AVE ST LOUIS,MO 63108 | 43-0652666 | 501(C)(3) | 50,000 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | | |

| Form 990,Schedule 1, Part 11, 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) Amount 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 | | | |
| PLANNED PARENTHOOD OF WISCONSIN 302 NORTH JACKSON ST MILWAUKEE, WI 53202 | 39-0863391 | 501(C)(3) | 75,000 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | | |

| 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 | | | |
| PLANNED PARENTHOOD PENNSYLVANIA ADVOCATES 1514 N 2ND STREET HARRISBURG,PA 17102 | 23-2208281 | 501(C)(4) | 227,994 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | | |

| 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 | | | |
| PLANNED PARENTHOOD OF THE ROCKY MOUNTAINS ACTION FUND 7155 E 38TH AVE DENVER,CO 80207 | 84-1191279 | 501(C)(4) | 30,000 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | | |

| 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 | | | |
| PLANNED PARENTHOOD SOUTHEAST 75 PIEDMONT AVENUE SUITE 800 ATLANTA,GA 30303 | 58-6045874 | 501(C)(3) | 25,000 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | | |

| Form 990, Schedule 1, Part 11, 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 | | | |
| PLANNED PARENTHOOD SOUTHEAST ADVOCATES 75 PIEDMONT AVENUE SUITE 800 ATLANTA,GA 30303 | 58-1899303 | 501(C)(4) | 81,761 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | | |

| Form 990,Schedule 1, Part 11, 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) Amount 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 | | | |
| PLANNED PARENTHOOD TEXAS VOTES 201 E BEN WHITE BLVD AUSTIN,TX 78704 | 46-5305326 | 501(C)(4) | 318,375 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | | |

| 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) Amount 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 | | | |
| PLANNED PARENTHOOD VOTERS OF ARKANSAS 5921 W 12TH STREET STE BC LITTLE ROCK,AR 72204 | 46-1203976 | 501(C)(4) | 88,186 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | | |

| 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 | | | | |
| PLANNED PARENTHOOD VOTES COLORADO 7155 E 38TH AVENUE DENVER,CO 80207 | 84-1191279 | 501(C)(4) | 20,000 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | | | |

| Form 990,Schedule 1, Pa | orm 990, Schedule 1, Part 11, 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) Amount 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 | | | |
| PLANNED PARENTHOOD VOTES NORTHWEST 2001 E MADISON ST SEATTLE, WA 98122 | 94-3168114 | 501(C)(4) | 63,376 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | | |

| Form 990,Schedule 1, Pai | rm 990,Schedule 1, Part 11, 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 | | | |
| RESPECT ALBUQUERQUE WOMEN 133 GRIEGOS RD NW ALBUQUERQUE,NM 87107 | 35-2483014 | 527 | 20,000 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | | |

| Form 990,Schedule I, Pa | orm 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 | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| STATEWIDE PUBLIC AFFAIRS PROJECT 7424 GREENVILLE AVE 206 DALLAS,TX 75231 | 52-1243220 | 501(C)(3) | 15,000 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | | |

| Form 990,Schedule I, Par | orm 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 | | | |
| VIRGINIA LEAGUE FOR PLANNED PARENTHOOD 201 N HAMILTON ST RICHMOND,VA 23221 | 54-0505973 | 501(C)(3) | 35,000 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | | |

| Form 990,Schedule I, Par | orm 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) Amount 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 | | |
| VOICE FOR CHOICEPLANNED PARENTHOOD OF NYC ACTION FUND 26 BLEECKER ST NEW YORK, NY 10012 | 13-3731867 | 501(C)(4) | 14,618 | | | | TO SUPPORT PUBLIC AFFAIRS PROGRAMS | | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493044014085

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

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

Open to Public Inspection

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

13-3539048

| Pai | t I Questions Regarding Compensation | n | | | |
|-----|---|---|----|-----|----|
| | | | | Yes | No |
| 1a | | vided any of the following to or for a person listed in Form to provide any relevant information regarding these items | | | |
| | First-class or charter travel | Housing allowance or residence for personal use | | | |
| | Travel for companions | Payments for business use of personal residence | | | |
| | Tax idemnification and gross-up payments | Health or social club dues or initiation fees | | | |
| | Discretionary spending account | Personal services (e g , maid, chauffeur, chef) | | | |
| b | | ganization follow a written policy regarding payment or escribed above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to r directors, trustees, officers, including the CEO/Exec | reimbursing or allowing expenses incurred by all cutive Director, regarding the items checked in line 1a? | 2 | | |
| | | | | | |
| 3 | Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all thused by a related organization to establish compens | | | | |
| | Compensation committee | Written employment contract | | | |
| | Independent compensation consultant | Compensation survey or study | | | |
| | Form 990 of other organizations | Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed in Form 990, I or a related organization | Part VII, Section A, line 1a with respect to the filing organization | | | |
| а | Receive a severance payment or change-of-control | payment? | 4a | | Νo |
| b | Participate in, or receive payment from, a supplement | ntal nonqualified retirement plan? | 4b | Yes | |
| C | Participate in, or receive payment from, an equity-ba | ased compensation arrangement? | 4c | | Νo |
| | If "Yes" to any of lines 4a-c, list the persons and pr | ovide the applicable amounts for each item in Part III | | | |
| | Only 501(c)(3) and 501(c)(4) organizations only mu | ıst complete lines 5-9. | | | |
| 5 | For persons listed in Form 990, Part VII, Section A, compensation contingent on the revenues of | | | | |
| а | The organization? | | 5a | | No |
| | Any related organization? | | 5b | | Νo |
| | If "Yes," to line 5a or 5b, describe in Part III | | | | |
| 6 | For persons listed in Form 990, Part VII, Section A, compensation contingent on the net earnings of | , 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 A, payments not described in lines 5 and 6? If "Yes," of | | 7 | | No |
| 8 | Were any amounts reported in Form 990, Part VII, p | paid or accured pursuant to a contract that was | | | |
| | • | n Regulations section 53 4958-4(a)(3)? If "Yes," describe | | | |
| | ın Part III | | 8 | | Νo |
| 9 | If "Yes" to line 8, did the organization also follow the section 53 $4958-6(c)$? | e rebuttable presumption procedure described in Regulations | 9 | | |

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

For each individual whose compensation must be reported 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

| (A) Name and Title | (B) Breakdown o | f W-2 and/or 1099-MI | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns (B)(ı)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|---------------------------|--------------------------|---|---|--------------------------------|----------------|---------------------------------------|--|
| | (i) Base compensation | (ii) Bonus & ıncentıve compensatıon | (iii) Other reportable compensation | other deferred compensation | benefits | | |
| See Additional Data Table | | | | | | | |

Schedule J (Form 990) 2013

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

| / | |
|------------------|--|
| Return Reference | Explanation |
| · | THE PRESIDENT, CECILE RICHARDS, PARTICIPATED IN A 457(F) PLAN BEGINNING IN CALENDAR YEAR 2011 TOTAL AMOUNT DEFERRED TO THIS PLAN FOR THE CALENDAR YEAR 2013 AMOUNTED TO \$93,380 |
| , | PLANNED PARENTHOOD FEDERATION OF AMERICA, INC (PPFA), A RELATED ORGANIZATION, USED THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT COMPENSATION COMMITTEE, COMPENSATION SURVEY/STUDY AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE |

Schedule J (Form 990) 2013

Additional Data

Software ID: Software Version:

EIN: 13-3539048

Name: PLANNED PARENTHOOD ACTION FUND INC

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

| (A) Name | | (B) Breakdown of | of W-2 and/or 1099-MIS | SC compensation | (C) Deferred | (D) 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 |
| CECILE RICHARDS PRESIDENT | (1) (11) | | | | | | | |
| WALLACE D'SOUZA CHIEF FINANCIAL OFFICER | (ı) (ıı) | | 0 | 14 271 | | 1,577 29,971 | | |
| DAWN LAGUENS CHIEF EXPERIENCE OFFICER | (ı) (ıı) | | 0,500 | | | 1 | | |
| SANDRA SEDACCA CHIEF DEVELOPMENT OFFICER | (ı) (ıı) | 17,780 337,820 | | 40 764 | 1 | | | |
| DEBRA ALLIGOOD WHITE SR VP & GENERAL COUNSEL | (ı) (ıı) | | | | | 994 18,878 | | |
| ANN MCGUINESS SR PRINCIPAL GIFTS OFFICER | (ı) (ıı) | | | 0 0 | 12,393 1,377 | 59 6 | 223,052 24,783 | |
| DANA SINGISER VP OF GOVERNMENT AFFAIRS | (ı) (ıı) | 173,560 44,480 | | 143 | | | | |
| JENNIE THOMPSON MANAGING DIRECTOR OF DEVEL | (ı) (ıı) | | _ | 59 1,129 | | 597 11,349 | 1 | |
| HOPE WACHTER DEPUTY GENERAL COUNSEL | (ı) (ıı) | | | · | | 3,483 11,996 | | |
| ELIZABETH LILEY DIRECTOR- PRINCIPAL & MAJOR GIFTS | (I) (II) | | | 26 244 | 1 | 1 ' | | |

DLN: 93493044014085

OMB No 1545-0047

Open to Public Inspection

Schedule L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** PLANNED PARENTHOOD ACTION FUND INC 13-3539048 Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Relationship between disqualified (c) Description of transaction (d) Corrected? person and organization Yes 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part III Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of (b) (d) Loan to (e)Original (f)Balance (i)Written (c) (g) In (h) ınterested Relationship Purpose of or from the principal due default? Approved agreement? with organization? amount bν person loan organization board or committee? Τо Yes Yes No From No Yes Total Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (d) Type of assistance (b) Relationship between (c) A mount of assistance (a) Name of interested (e) Purpose of assistance person interested person and the organization

| Part IV Business Transactions | | | | | |
|-------------------------------|--|-------------------------------|--------------------------------|----------------------------------|---------------|
| Complete if the organization | <u>on answered "Yes" on l</u> | <u>Form 990, Part IV, lin</u> | ie 28a, 28b, or 28c. | | |
| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) A mount of transaction | (d) Description of transaction | (e) Sh of organiz reven | f zatıon': |
| | | | | Yes | No |
| (1) JENNIFER TREAT | SEE PART V BELOW | 33,000 | CONSULTING SERICES | | Νo |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

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

| Return Reference | Explanation |
|------------------|--|
| , , | A FAMILY MEMBER OF A CURRENT KEY EMPLOYEE PROVIDES SERVICES TO PLANNED PARENTHOOD ACTION FUND THE ARRANGEMENT FOR THESE SERVICES IS NEGOTIATED ON AN ARM'S LENGTH BASIS AND IS REVIEWED BY INDEPENDENT MEMBERS OF THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS UNDER THE ORGANIZATION'S CONFLICT OF INTEREST POLICY |

Schedule L (Form 990 or 990-EZ) 2013

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493044014085

2013

Open to Public
Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
PLANNED PARENTHOOD ACTION FUND INC

Employer identification number

13-3539048

| Return Reference | Explanation |
|---|--|
| FORM 990, PART VI, SECTION A, LINE 6 | MEMBERS AND ELECTION OF MEMBERS THE ACTION FUND IS A NOT-FOR-PROFIT MEMBERSHIP ORGANIZATION THERE ARE THREE CLASSES OF MEMBERS OF THE ACTION FUND REGULAR, CONTRIBUTING AND ASSOCIATE MEMBERS THE ASSOCIATE MEMBERS ELECT ONE DIRECTOR, THE REGULAR MEMBERS ELECT THE BALANCE OF THE DIRECTORS REGULAR MEMBERS ARE THOSE INDIVIDUALS WHO SERVE AS VOTING MEMBERS OF THE BOARD OF DIRECTORS OF PLANNED PARENTHOOD FEDERATION OF AMERICA, INC CONTRIBUTING MEMBERS ARE THOSE INDIVIDUALS WHO (1)PAY ANNUAL DUES IN AN AMOUNT ESTABLISHED BY THE BOARD, OR (2)ARE "LIFETIME MEMBERS" AS A RESULT OF MAKING ONE OR MORE DUES PAYMENTS IN AN AMOUNT ESTABLISHED BY THE BOARD CONTRIBUTING MEMBERS HAVE NO VOTING OR OTHER RIGHTS WITH RESPECT TO THE CORPORATION ASSOCIATE MEMBERS ARE THOSE INDIVIDUALS WHO ANNUALLY AFFIRM THEIR DESIRE TO BE A MEMBER PURSUANT TO A PROPERLY EXECUTED FORM PROVIDED BY THE CORPORATION |

| Return Reference | Explanation | | | | |
|---------------------------------------|--|--|--|--|--|
| FORM 990, PART VI, SECTION A, LINE 7A | SEE RESPONSE TO PART VI, SECTION A, LINE 6 | | | | |

| Return Reference | Explanation |
|---------------------------------------|---|
| FORM 990, PART VI, SECTION A, LINE 7B | THE REGULAR MEMBERS APPROVE CHANGES TO THE BYLAWS |

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 11 | BOARD REVIEW OF FORM 990 THE PLANNED PARENTHOOD ACTION FUND USES THE SERVICES OF THE EMPLOYEES OF PLANNED PARENTHOOD FEDERATION OF AMERICA, INC ("PPFA"), A RELATED ORGANIZATION THE PLANNED PARENTHOOD ACTION FUND FORM 990 IS PREPARED BY THE ORGANIZATION'S SHARED 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 ACTION FUND'S FINANCE COMMITTEE ONCE THE DRAFT FORM 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 |

| Return Reference | Explanation | | | | | |
|---|--|--|--|--|--|--|
| FORM 990, PART VI, SECTION B, LINE 12C | CONFLICT OF INTEREST POLICY PLANNED PARENTHOOD ACTION FUND USES THE SERVICES OF THE EMPLOYEES OF PLANNED PARENTHOOD FEDERATION OF AMERICA, INC (PPFA), A RELATED ORGANIZATION ANNUALLY, PPFA ASKS ITS KEY EMPLOYEES, AS WELL AS ALL OTHER EMPLOYEES, AND OFFICERS TO REVIEW AND SIGN A CONFLICT OF INTEREST POLICY IN ADDITION, THE ACTION FUND HAS ITS BOARD MEMBERS SIGN A CONFLICT OF INTEREST POLICY ANNUALLY THE ACTION FUND'S LEGAL COUNSEL FOLLOWS UP TO RESOLVE ANY DISCLOSED CONFLICTS IF A CONFLICT IS IDENTIFIED, THE INTERESTED INDIVIDUAL MAY NOT PARTICIPATE IN DELIBERATIONS OR DISCUSSIONS, BE PRESENT FOR A VOTE, OR VOTE ON THE MATTER | | | | | |

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 15 | COMPENSATION REVIEW PROCESS PLANNED PARENTHOOD ACTION FUND USES THE SERVICES OF THE EMPLOYEES OF 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 LEADERSHIP STAFF OF PPFA, INCLUDING THE PRESIDENT, CHIEF FINANCIAL OFFICER, CHIEF OPERATING OFFICER, AND OTHER MEMBERS OF THE EXECUTIVE TEAM 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 |

| 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 |

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION A, LINE 1 | EXECUTIVE COMMITTEE PLANNED PARENTHOOD ACTION FUND HAS AN EXECUTIVE COMMITTEE THAT MAY EXERCISE ALL THE AUTHORITY OF THE FULL BOARD EXCEPT FOR MATTERS REQUIRING THE APPROVAL OF THE REGULAR MEMBERS, FILLING OF VACANCIES ON THE BOARD OR COMMITTEES, AMENDMENT OR REPEAL OF RESOLUTIONS OF THE BOARD THAT BY THEIR TERMS MAY NOT BE AMENDED OR REPEALED BY THE COMMITTEE, REMOVAL OF VOTING DIRECTORS, INDEMNIFICATION, DISPOSTION OF REAL PROPERTY, AND DISSOLUTION ALL MEMBERS OF THE EXECUTIVE COMMITTEE ARE MEMBERS OF THE BOARD OF DIRECTORS |

| Return Reference | Explanation |
|------------------|---|
| | OTHER FEES FOR SERVICES PROGRAM SERVICE EXPENSES 2,650,702 MANAGEMENT AND GENERAL EXPENSES 72,516 FUNDRAISING EXPENSES 106,411 TOTAL EXPENSES 2,829,629 |

| Return Reference | Explanation |
|--------------------------------|--|
| FORM 990, PART IX, LINE 11G | FEES FOR SERVICES - OTHER OTHER FEES FOR SERVICES OF \$2,829,629 CONSISTS OF CONSULTANT FEES (\$2,643,559), TEMPORARY HELP FROM EXTERNAL AGENCIES (\$75,284), SECURITY EXPENSES (\$19,700), EXTERNAL RECRUITMENT FEES (\$6,000), REIMBURSED EXPENSES (\$45,827) AND OTHER PROFESSIONAL FEES (\$39,259) |

SCHEDULE R (Form 990)

Department of the Treasury

Name of the organization

PLANNED PARENTHOOD ACTION FUND INC

Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ► Attach to Form 990.
 ► See separate instructions.
 ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Employer identification number

DLN: 93493044014085

2013

Open to Public Inspection

| | | | | 13-3539048 | | | |
|---|--|---------------------------|--|---|-----------------------------------|--------------------|--------|
| Part I Identification of Disregarded Entities | Complete if the organization | answered "Yes" o | n Form 990, Pa | rt IV, line 33. | | | |
| (a) Name, address, and EIN (If applicable) of disregarded entity | or foreign country) Pt Organizations Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization and the organizatio | (e) End-of-year assets | (f) Direct controlling entity | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Part II Identification of Related Tax-Exempt or more related tax-exempt organizations | | the organization a | nswered "Yes" | on Form 990, Part | IV, line 34 because it | had on | е |
| (a) Name, address, and EIN of related organization | (b) | Legal domicile (state | (d) Exempt Code secti | (e) Public charity status (if section 501(c)(3) | | Section (13) co | |
| (1) PLANNED PARENTHOOD FEDERATION OF AMERICA INC | SEXUAL HEALTH | NY | 501(C)(3) | LINE 7 | | Yes | N N |
| 434 WEST 33RD STREET | | | | | N/A | | |
| NEW YORK, NY 10001 13-1644147 | | | | | N/ C | | |
| (2) PLANNED PARENTHOOD ACTION FUND INC PAC | POLITICAL ACTIVITY | NY | 527 | | PLANNED PARENTHOOD | Yes | ┢ |
| 134 WEST 33RD STREET | | | | | ACTION FUND | | |
| NEW YORK, NY 10001 13-3885199 | | | | | | | |
| (3) PLANNED PARENTHOOD VOTES | POLITICAL ACTIVITY | NY | 527 | | PLANNED PARENTHOOD ACTION FUND | Yes | l |
| 434 WEST 33RD STREET | | | | | ACTION FOND | | |
| NEW YORK, NY 10001 13-4128897 | | | | | | | |
| (4) PLANNED PARENTHOOD FOUNDATION | SUPPORTING | NY | 501(C)(3) | LINE 11A, I | PPFA | Yes | |
| 134 WEST 33RD STREET | | | | | | | |
| NEW YORK, NY 10001 13-3772613 | | | | | | | |
| (5) PPFA 21ST CENTURY INC | SUPPORTING | NY | 501(C)(3) | LINE 11A, I | PPFA | Yes | |
| 434 WEST 33RD STREET | | | | | | | |
| NEW YORK, NY 10001 16-1681541 | | | | | | | |
| (6) VOXENT | TECHNOLOGY SUPPORT | CA | 501(C)(3) | LINE 11A, I | PPFA | Yes | Т |
| 72960 FRED WARING DRIVE | | | | | | | |
| PALM DESERT, CA 92260 51-1541009 | | | | | | | |
| | | | | | | | |
| | | i . | 1 | i | 1 | 1 | 1 |

| Part III Identification of Related because it had one or more | | | | | | | ation an | swered "Ye | es" on | Form | 990, Part | IV, lı | ne 34 | 4 | |
|---|---|---|---|---|---|--|--|--|---|-----------|--|---------------------|---------------------------------|--|-------|
| (a) Name, address, and E related organizatio | IN of n | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predom Income(r unrela excluded tax ur sections | inant elated, ted, d from nder s 512- | (f) Share of total incom | (g) Share of e end-of-year assets | (h Disprop allocaí | ortionate | (i) Code V-UBI amount in bo 20 of Schedule K-1 (Form 1065) | Gene man part | j) eral or aging ener? | (k Percer owne | ntage |
| | | | | | | | | | Yes | No | | Yes | No | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Part IV Identification of Related line 34 because it had one of | | | | | | | | | wered | d "Yes | " on Form | 990, | Part | IV, | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | | | (d) Direct controlling entity | | (e) (f) Type of entity (C corp, S corp, or trust) income | | (g) Share of end-o year assets | | of- Percer owne | ntage | | (i) Section 51: (b)(13) controlled entity? | |
| (1) COMMUNITY OUTREACH GROUP LLC | COMMUNITY-BASED ORGANIZING, ADVOCACY AND CANVASSING | DE | | PLANNE PARENT ACTION | | С | | 168,863 | 1 | 111,7 | 779 100 0 | 00 % | | Yes Yes | No |
| C/O PPAF 434 WEST 33RD ST NEW YORK, NY 10001 46-5346839 | ACTIVITIES | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | \top | | |
| | | | | | | | | | | | | | + | $\neg \dagger$ | |
| | | | | | | | | | | | | | + | | |

| Part V Transactions With Related Organizations Complete if the organization ar | nswered "Yes" on Form | n 990, Part IV, line | e 34, 35b, or 36. | | | |
|---|-------------------------------|----------------------|----------------------------|----|-----|----|
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | | | Yes | No |
| $oldsymbol{1}$ During the tax year, did the organization engage in any of the following transactions with one or mo | re related organızatıons lı | sted in Parts II-IV? | | | | |
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | | | | 1a | | No |
| b Gift, grant, or capital contribution to related organization(s) | | | | 1b | Yes | |
| c Gift, grant, or capital contribution from related organization(s) | | | | | | |
| d Loans or loan guarantees to or for related organization(s) | | | | 1d | | No |
| e Loans or loan guarantees by related organization(s) | | | | | | No |
| f Dividends from related organization(s) | | | | 1f | | No |
| g Sale of assets to related organization(s) | | | | 1g | | No |
| h Purchase of assets from related organization(s) | | | | 1h | | No |
| i Exchange of assets with related organization(s) | | | | 1i | | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j | | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | | No |
| Performance of services or membership or fundraising solicitations for related organization(s) | | | | 11 | Yes | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | | | 1m | Yes | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | 1n | Yes | |
| • Sharing of paid employees with related organization(s) | | | | 10 | Yes | |
| p Reimbursement paid to related organization(s) for expenses | | | | 1p | Yes | |
| q Reimbursement paid by related organization(s) for expenses | | | | 1q | Yes | |
| r Other transfer of cash or property to related organization(s) | | | | 1r | | No |
| s Other transfer of cash or property from related organization(s) | | | | 1s | Yes | |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must comp | olete this line, including co | overed relationships | and transaction thresholds | 1 | | |
| (a) Name of related organization (b) Transaction Transaction type (a-s) (c) Method of determining and | | | | | | |
| 1) PLANNED PARENTHOOD VOTES | В | 56,772 | ACTUAL BASED ON USAGE | | | |
| 2) COMMUNITY OUTREACH GROUP LLC | М | 95,000 | ACTUAL PAYMENTS | | | |
| 3) PLANNED PARENTHOOD VOTES | S | 375,000 | ACTUAL PAYMENTS | | | |
| | | | | | | |
| | 1 | 1 | | | | |

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

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

| revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships | | | | | | | | | | | | | |
|--|--------------------------------|---|--|---|----|--|--|-----|----|---|-----|--------|--------------------------------|
| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | (e) Are all partners section 501(c)(3) organizations? | | | (g) Share of end-of-year assets | | | (i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065) | | | (k) Percentage ownership |
| | | | 314) | Yes | No | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | |] | |
| | | | | | | | | | | | | \Box | |
| | | | | | | | | | | | | \Box | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | • | | | | | | | | | | | | |

Schedule R (Form 990) 2013

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2013

Software ID: Software Version:

EIN: 13-3539048

Name: PLANNED PARENTHOOD ACTION FUND INC

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

| Form 990, Schedule R, Part II - Identification of Re | _lated Tax-Exempt Or | ganizations | | | | _ | , |
|--|-----------------------|---|-------------------------------|---|--------------------------------------|--|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c) (3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
| T | | | | | | Yes | No |
| (1) PLANNED PARENTHOOD FEDERATION OF AMERICA INC 434 WEST 33RD STREET NEW YORK, NY 10001 13-1644147 | SEXUAL HEALTH | NY | 501(C)(3) | LINE 7 | N/A | | No |
| (1) PLANNED PARENTHOOD ACTION FUND INC PAC 434 WEST 33RD STREET NEW YORK, NY 10001 13-3885199 | POLITICAL ACTIVITY | NY | 527 | | PLANNED PARENTHOOD ACTION FUND | Yes I | |
| (2) PLANNED PARENTHOOD VOTES 434 WEST 33RD STREET NEW YORK, NY 10001 13-4128897 | POLITICAL ACTIVITY | NY | 527 | | PLANNED PARENTHOOD ACTION FUND | Yes I | |
| (3) PLANNED PARENTHOOD FOUNDATION 434 WEST 33RD STREET NEW YORK, NY 10001 13-3772613 | SUPPORTING | NY | 501(C)(3) | LINE 11A, I | PPFA | Yes | |
| (4) PPFA 21ST CENTURY INC 434 WEST 33RD STREET NEW YORK, NY 10001 16-1681541 | SUPPORTING | NY | 501(C)(3) | LINE 11A, I | PPFA | Yes | |
| (5) VOXENT 72960 FRED WARING DRIVE PALM DESERT, CA 92260 61-1541009 | TECHNOLOGY SUPPORT | СА | 501(C)(3) | LINE 11A, I | PPFA | Yes | |