



**Part III**     **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☒

**1**     Briefly describe the organization’s mission:  
**TO PROVIDE LEADERSHIP, ADVOCACY, AND EDUCATION IN THE FIELD OF REPRODUCTIVE HEALTH CARE. SEE SCHEDULE O.**

**2**     Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ **Yes**   ☒ **No**  
If "Yes," describe these new services on Schedule O.

**3**     Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ **Yes**   ☒ **No**  
If "Yes," describe these changes on Schedule O.

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

**4a**     (Code: ) (Expenses \$ **215,517,717** including grants of \$ **140,083,512** ) (Revenue \$ **392,387** )  
**HEALTHCARE - PROGRAMS DESIGNED TO IMPROVE AND PROTECT THE ABILITY TO PROVIDE HIGH-QUALITY REPRODUCTIVE HEALTHCARE FOR ALL.**

**4b**     (Code: ) (Expenses \$ **63,364,021** including grants of \$ **29,096,762** ) (Revenue \$ )  
**ADVOCACY - PROGRAMS DESIGNED TO CHANGE CULTURAL ATTITUDES ABOUT REPRODUCTIVE HEALTH AND PROTECT ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH CARE TO BUILD THE FUTURE INDIVIDUALS WANT FOR THEMSELVES AND THEIR FAMILIES.**

**4c**     (Code: ) (Expenses \$ **2,040,262** including grants of \$ **750,019** ) (Revenue \$ **20,910** )  
**EDUCATION - PROGRAMS DESIGNED TO EDUCATE THE PUBLIC REGARDING REPRODUCTIVE HEALTH.**

(Code: ) (Expenses \$ **3,171,824** including grants of \$ **1,163,247** ) (Revenue \$ **109,919** )  
**RESEARCH - PROGRAMS TO PROMOTE CLINICAL RESEARCH**

**4d**     Other program services (Describe in Schedule O.)  
(Expenses \$ **3,171,824** including grants of \$ **1,163,247** ) (Revenue \$ **109,919** )

**4e**     **Total program service expenses ▶ **284,093,824****

Part IV

Checklist of Required Schedules

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	<b>2</b> Yes	
<b>3</b> 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	<b>3</b>	No
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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	<b>4</b> Yes	
<b>5</b> 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	<b>5</b>	No
<b>6</b> 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	<b>6</b>	No
<b>7</b> 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	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> 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	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	<b>10</b> Yes	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</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	<b>11b</b>	No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> 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)?	<b>11f</b> Yes	
<b>12a</b> If "Yes," complete Schedule D, Part XI. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</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	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b> Yes	
<b>b</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	<b>14b</b> Yes	
<b>15</b> 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	<b>15</b>	No
<b>16</b> 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	<b>16</b>	No
<b>17</b> 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.	<b>17</b> Yes	
<b>18</b> 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	<b>18</b>	No
<b>19</b> 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	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b>	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>21</b> Yes	

Part IV

Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? 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? If "Yes," complete Schedule J . . . . .	23	Yes
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer 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), 501(c)(4), and 501(c)(29) 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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?	26	No
27 If "Yes," complete Schedule L, Part I. Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? 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 the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .	28a	No
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .	28b	No
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	29	Yes
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?	30	No
31 If "Yes," complete Schedule M. Did the organization reorganize, 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?	33	No
34 If "Yes," complete Schedule R, Part I. 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? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36	Yes
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .	37	No
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. . . . .	38	Yes

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

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	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	247
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes

Part V		Statements Regarding Other IRS Filings and Tax Compliance (continued)		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		2a	757	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . .		3a		No
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . .</i>		3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	Yes	
b If "Yes," enter the name of the foreign country: ▶KE See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .		5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .		5c		
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		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		6b		
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? . . . . .		7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		7c	Yes	
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		7d	2	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		7h	Yes	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . .		9b		
10 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		10b		
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders . . . . .		11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		13a		
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 . . . . .		13b		
c Enter the amount of reserves on hand . . . . .		13c		
14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		14a		No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . .</i>		14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		15		No
16 Is the organization an eligible organization under section 4960? If "Yes," complete Form 4720, Schedule D.		16		No
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . If "Yes," complete Form 6069.		17		

Part VI

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

☒

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year.	1a	30	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent.	1b	30	
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:			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		No

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

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

Section C. Disclosure

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:  
CAMILA SOUSA 123 WILLIAM STREET 10TH FLOOR NEW YORK, NY 10038 (212) 541-7800

Part VII

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

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

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

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

- List all of the organization’s **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization’s **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AIMEE CUNNINGHAM ..... DIRECTOR (UNTIL 4/26/22)	1.00 ..... 0.00	X						0	0	0
(2) ALEXANDRA GUEVARA ..... DIRECTOR (AS OF 4/26/22)	1.00 ..... 0.00	X						0	0	0
(3) AMANDA SKINNER ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
(4) AMY CORTON ..... DIRECTOR/VICE-CHAIR (AS OF 4/26/22)	1.00 ..... 0.00	X		X				0	0	0
(5) BETSY SEATON ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
(6) CARMEN RITA WONG ..... DIRECTOR (UNTIL 4/26/22)	1.00 ..... 0.00	X						0	0	0
(7) DAISY AUGER-DOMINGUEZ ..... DIRECTOR/VICE-CHAIR (UNTIL 4/26/22)	1.00 ..... 0.00	X		X				0	0	0
(8) DEBBIE BARNES ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
(9) DEBORAH HOPSON ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
(10) DEBORAH SIMON ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
(11) GILDA GONZALES ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
(12) HECTOR E SANCHEZ BARBA ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
(13) IRIS HARVEY ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
(14) JASSUM GLOSTER ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
(15) JESSICA BRYNDZA ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
(16) DR KULLENI GEBREYES ..... DIRECTOR/CHAIR	1.00 ..... 0.00	X		X				0	0	0
(17) LAURA MEYERS ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0

Part VII

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MANEESH GOYAL ..... DIRECTOR	1.00 ..... 0.00	.....X						0	0	0
(19) MARGARET ANADU ..... DIRECTOR	1.00 ..... 0.00	.....X						0	0	0
(20) DR MARK NICHOLS ..... DIRECTOR/SECRETARY (UNTIL 4/26/22)	1.00 ..... 0.00	.....X		X				0	0	0
(21) MEGHAN STABLER ..... DIRECTOR	1.00 ..... 1.00	.....X						0	0	0
(22) MICHAEL ROEMER ..... DIRECTOR	1.00 ..... 0.00	.....X						0	0	0
(23) MICHELLE BERREY ..... DIRECTOR	1.00 ..... 0.00	.....X						0	0	0
(24) MICHELLE JUBELIRER ..... DIRECTOR (UNTIL OF 4/26/22)	1.00 ..... 0.00	.....X						0	0	0
(25) MONICA RAMIREZ ..... DIRECTOR (AS OF 4/26/22)	1.00 ..... 0.00	.....X						0	0	0
(26) NATASHA BHUYAN ..... DIRECTOR	1.00 ..... 0.00	.....X						0	0	0
(27) NEIL PATEL ..... DIRECTOR (AS OF 4/26/22)	1.00 ..... 0.00	.....X						0	0	0
(28) SHERESSE CLARKE-SOARES ..... DIRECTOR/TREASURER	1.00 ..... 0.00	.....X		X				0	0	0
(29) SITA SYMONETTE ..... DIRECTOR	1.00 ..... 0.00	.....X						0	0	0
(30) STACI FOX ..... DIRECTOR (UNTIL 4/26/22)	1.00 ..... 0.00	.....X						0	0	0
(31) SUSAN DUNLAP ..... DIRECTOR	1.00 ..... 0.00	.....X						0	0	0
(32) TANUJA BAHAL ..... DIRECTOR/SECRETARY (AS OF 4/26/22)	1.00 ..... 1.00	.....X		X				0	0	0
(33) WANDA MCCLAIN ..... DIRECTOR	1.00 ..... 0.00	.....X						0	0	0
(34) ZUHAIRAH SCOTT-WASHINGTON ..... DIRECTOR	1.00 ..... 0.00	.....X						0	0	0
(35) LORI A MCGILL JOHNSON ..... PRESIDENT	24.00 ..... 11.00			X				488,669	226,601	2,100
(36) VICKIE BARROW-KLEIN ..... EVP & COO (AS OF 1/22)	31.00 ..... 4.00			X				313,279	40,509	43,935
(37) DAWN LAGUENS ..... CHIEF GLBL STRATEGY & INNOV OFCR	9.00 ..... 26.00				X			121,529	349,894	8,696
(38) JETHRO MILLER ..... CHIEF DEVELOPMENT OFFICER	31.00 ..... 4.00				X			481,595	62,273	3,001
(39) KIMBERLY CUSTER ..... EVP, FED, ENGAGE & IMPACT	31.00 ..... 4.00				X			400,059	51,730	49,948
(40) KUMIKI GIBSON ..... SVP & GENERAL COUNSEL	31.00 ..... 4.00				X			263,145	34,026	14,333
(41) MARINA SPYROU ..... CHIEF INFO SECURITY OFFICER	31.00 ..... 4.00					X		254,301	32,882	53,984
(42) DANNETTE S HILL ..... CHIEF H.R. OFFICER (UNTIL 5/3/22)	31.00 ..... 4.00					X		321,570	41,580	27,206
(43) MELANIE NEWMAN ..... SENIOR VP, COMMUNICATIONS & CULTURE	28.00 ..... 7.00					X		279,779	67,615	5,034
(44) HELENE KRASNOFF ..... VP, LITIGATION AND LAW	30.00 ..... 5.00					X		244,343	36,193	15,436
(45) JENNIFER BROWN UNTIL 1021 ..... SENIOR VP, POLICY CAMPAIGNS & ADVOCACY	29.00 ..... 6.00					X		333,813	68,806	49,151
1b Sub-Total . . . . .										
c Total from continuation sheets to Part VII, Section A . . . . .										
d Total (add lines 1b and 1c) . . . . .							3,502,082	1,012,109	272,824	

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 290

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

1

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

(A) Name and business address	(B) Description of services	(C) Compensation
CHONG & KOSTER LLC  1640 RHODE ISLAND AVE NW STE 600 WASHINGTON, DC 20036	ADVERTISING	4,275,572
ARENT FOX LLP  PO BOX 644672 PITTSBURGH, PA 152644672	LEGAL SERVICES	724,713
FORTIUM PARTNERS LP  6860 N DALLAS PKWY STE 200 PLANO, TX 75024	IT SERVICES	679,750
OPERATIONS INC LLC  383 MAIN AVE 4TH FLOOR NORWALK, CT 06851	CONSULTING	666,078
SEIU-CC LLC  330 W 42ND ST FL 7 NEW YORK, NY 10036	CONSULTING	610,131
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 ▶ 34		

Part VIII

Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other	1a Federated campaigns . . b Membership dues . . c Fundraising events . . d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a - 1f:\$ h Total. Add lines 1a-1f . . . . .	1a	4,495,778	
Amt Similar Amounts		1b		
		1c		
		1d		
		1e		
		1f	423,549,282	
		1g	51,622,707	
				428,045,060

Program Service Revenue	2a SERVICES TO AFFILIATES	Business Code				
		900099	392,387	392,387		
	b RESEARCH/CLINICAL	900099	109,919	109,919		
	c					
	d					
	e					
	f All other program service revenue.					
	9 Total. Add lines 2a-2f. . . . .	502,306				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		7,716,950			7,716,950
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties . . . . .		130,870			130,870
		(i) Real	(ii) Personal			
	6a Gross rents	6a				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss) . . . . .					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	164,532,062			
	b Less: cost or other basis and sales expenses	7b	151,578,571			
	c Gain or (loss)	7c	12,953,491			
	d Net gain or (loss) . . . . .		12,953,491			12,953,491
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .	8a				
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events . . . . .					
	9a Gross income from gaming activities. See Part IV, line 19 . . . . .	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities . . . . .					
	10a Gross sales of inventory, less returns and allowances . . . . .	10a	56,704			
	b Less: cost of goods sold	10b	35,794			
	c Net income or (loss) from sales of inventory . . . . .		20,910	20,910		
	Miscellaneous Revenue	Business Code				
	11a INDIRECT COST RECOVERY	900099	5,071,981			5,071,981
	b REFUNDS	900099	66,807			66,807
	c ATTORNEY FEES AWARDS	900099	65,633			65,633
	d All other revenue . . . . .					
	e Total. Add lines 11a-11d . . . . .		5,204,421			
	12 Total revenue. See instructions . . . . .		454,574,008	523,216	0	26,005,732

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	171,093,540	171,093,540		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
4 Benefits paid to or for members . . . . .				
5 Compensation of current officers, directors, trustees, and key employees . . . . .	2,656,272	465,590	1,686,243	504,439
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7 Other salaries and wages . . . . .	73,025,424	37,590,118	20,306,016	15,129,290
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	3,326,118		3,326,118	
9 Other employee benefits . . . . .	12,041,863	6,338,340	3,268,374	2,435,149
10 Payroll taxes . . . . .	5,270,484	2,732,064	1,468,067	1,070,353
11 Fees for services (non-employees):				
a Management . . . . .				
b Legal . . . . .	2,283,653	155,470	2,128,183	
c Accounting . . . . .	163,390		163,390	
d Lobbying . . . . .	40,094	40,094		
e Professional fundraising services. See Part IV, line 17	4,547,985			4,547,985
f Investment management fees . . . . .	846,528		846,528	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	30,757,344	20,918,292	7,011,721	2,827,331
12 Advertising and promotion . . . . .	34,744,270	22,408,122		12,336,148
13 Office expenses . . . . .	10,869,151	6,496,453	1,040,420	3,332,278
14 Information technology . . . . .	8,909,098	3,702,807	2,381,851	2,824,440
15 Royalties . . . . .				
16 Occupancy . . . . .	4,847,909	1,537,597	2,176,597	1,133,715
17 Travel . . . . .	1,513,675	1,100,593	318,010	95,072
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .	2,383,428	1,980,838	375,576	27,014
20 Interest . . . . .				
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .	3,147,450	468,741	1,413,131	1,265,578
23 Insurance . . . . .	2,721,872	944,614	1,166,073	611,185
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	8,042,401	3,379,981		4,662,420
b OUTSIDE PRINTING AND AR	5,200,907	2,183,769	2,079	3,015,059
c STAFF DEVELOPMENT AND T	865,194	383,306	270,719	211,169
d REPAIRS AND MAINTENANCE	1,571	-196,906	123,856	74,621
e All other expenses	723,314	370,401	264,671	88,242
25 Total functional expenses. Add lines 1 through 24e	390,022,935	284,093,824	49,737,623	56,191,488
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720).	15,225,160	7,086,877	0	8,138,283

Part X

Balance Sheet

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

☐

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing . . . . .		46,051,098	1	68,887,713	
	2	Savings and temporary cash investments . . . . .			2		
	3	Pledges and grants receivable, net . . . . .		50,288,283	3	38,898,471	
	4	Accounts receivable, net . . . . .		1,605,939	4	1,135,908	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .			6		
	7	Notes and loans receivable, net . . . . .			7	8,777,003	
	8	Inventories for sale or use . . . . .		112,298	8	105,524	
	9	Prepaid expenses and deferred charges . . . . .		3,545,063	9	5,656,210	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	30,771,879			
	b	Less: accumulated depreciation . . . . .	10b	22,716,656	9,740,035	10c	8,055,223
	11	Investments—publicly traded securities . . . . .		340,468,670	11	352,754,378	
	12	Investments—other securities. See Part IV, line 11 . . . . .		5,563,856	12	10,205,282	
	13	Investments—program-related. See Part IV, line 11 . . . . .		1,216,436	13	2,641,522	
	14	Intangible assets . . . . .			14		
	15	Other assets. See Part IV, line 11 . . . . .		4,748,969	15	3,738,641	
16	Total assets: Add lines 1 through 15 (must equal line 33) . . . . .		463,340,647	16	500,855,875		
Liabilities	17	Accounts payable and accrued expenses . . . . .		17,949,126	17	33,968,443	
	18	Grants payable . . . . .		32,132,793	18	62,617,364	
	19	Deferred revenue . . . . .			19		
	20	Tax-exempt bond liabilities . . . . .			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .			22		
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			23		
	24	Unsecured notes and loans payable to unrelated third parties . . . . .			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D . . . . .		32,904,089	25	20,041,871	
	26	Total liabilities: Add lines 17 through 25 . . . . .		82,986,008	26	116,627,678	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions . . . . .		258,317,777	27	247,895,221	
	28	Net assets with donor restrictions . . . . .		122,036,862	28	136,332,976	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds . . . . .			29		
	30	Paid-in or capital surplus, or land, building or equipment fund . . . . .			30		
	31	Retained earnings, endowment, accumulated income, or other funds . . . . .			31		
	32	Total net assets or fund balances . . . . .		380,354,639	32	384,228,197	
	33	Total liabilities and net assets/fund balances . . . . .		463,340,647	33	500,855,875	

Part XI

Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	454,574,008
2	Total expenses (must equal Part IX, column (A), line 25)	2	390,022,935
3	Revenue less expenses. Subtract line 2 from line 1	3	64,551,073
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	380,354,639
5	Net unrealized gains (losses) on investments	5	-61,320,216
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	642,701
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	384,228,197

Part XII

Financial Statements and Reporting

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

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

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

**Special Condition Description**

Name of the organization  
PLANNED PARENTHOOD FEDERATION OF AMERICA INC

Employer identification number  
13-1644147

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10

☐

An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f

Enter the number of supported organizations . . . . .
- g

Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	259,024,664	263,506,477	273,795,082	297,628,504	428,045,060	1,521,999,787
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						
<b>4 Total.</b> Add lines 1 through 3	259,024,664	263,506,477	273,795,082	297,628,504	428,045,060	1,521,999,787
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						87,774,077
<b>6 Public support.</b> Subtract line 5 from line 4.						1,434,225,710

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4. . . . .	259,024,664	263,506,477	273,795,082	297,628,504	428,045,060	1,521,999,787
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	5,170,648	9,191,069	7,857,947	5,012,512	7,847,820	35,079,996
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . . .	7,018,230	10,489,073	8,840,964	10,351,921	5,204,421	41,904,609
<b>11 Total support.</b> Add lines 7 through 10						1,598,984,392
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	3,723,476

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ☐

Section C. Computation of Public Support Percentage

<b>14</b> Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	89.700 %
<b>15</b> Public support percentage for 2020 Schedule A, Part II, line 14 . . . . .	<b>15</b>	88.470 %

- 16a 33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☒
- b 33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐
- 17a 10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ☐
- b 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ☐
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ☐

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) .						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	
16 Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	
18 Investment income percentage from 2020 Schedule A, Part III, line 17 . . . . .	18	
19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)			
2	Activities Test. Answer lines 2a and 2b below.			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in Part VI.			
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.			

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

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

**Section A - Adjusted Net Income**

(A) Prior Year

(B) Current Year  
(optional)

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

**Section B - Minimum Asset Amount**

(A) Prior Year

(B) Current Year  
(optional)

<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>
<b>a</b>	Average monthly value of securities	<b>1a</b>
<b>b</b>	Average monthly cash balances	<b>1b</b>
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in <b>Part VI</b></i> ):	
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>
<b>6</b>	Multiply line 5 by 0.035	<b>6</b>
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>

**Section C - Distributable Amount**

Current Year

<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>
<b>2</b>	Enter 85% of line 1	<b>2</b>
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>
<b>5</b>	Income tax imposed in prior year	<b>5</b>
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>

- 7**    ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>		(continued)
<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts ( <i>prior IRS approval required - provide details in <b>Part VI</b></i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in <b>Part VI</b></i> ). See instructions	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in <b>Part VI</b></i> ). See instructions	<b>8</b>	
<b>9</b> Distributable amount for 2021 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2021</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required-- <i>explain in <b>Part VI</b></i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021:			
<b>a</b> From 2016. . . . .			
<b>b</b> From 2017. . . . .			
<b>c</b> From 2018. . . . .			
<b>d</b> From 2019. . . . .			
<b>e</b> From 2020. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.			
<b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017. . . . .			
<b>b</b> Excess from 2018. . . . .			
<b>c</b> Excess from 2019. . . . .			
<b>d</b> Excess from 2020. . . . .			
<b>e</b> Excess from 2021. . . . .			

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

Facts And Circumstances Test

Return Reference	Explanation
PART 11, SECTION B, LINE 10	OTHER INCOME CONSISTS OF SPECIAL EVENTS (IF APPLICABLE), OVERHEAD AND OTHER FEES.

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

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

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

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

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

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

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

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

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."	
2	Political campaign activity expenditures. See instructions	\$
3	Volunteer hours for political campaign activities. See instructions	

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A

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

- A Check ☒ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	157,437	157,437												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	708,609	708,609												
c	Total lobbying expenditures (add lines 1a and 1b)	866,046	866,046												
d	Other exempt purpose expenditures	359,910,152	375,458,068												
e	Total exempt purpose expenditures (add lines 1c and 1d)	360,776,198	376,324,114												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	1,000,000												
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e.</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000.</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000.</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000.</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000.</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000												
h	Subtract line 1g from line 1a. If zero or less, enter -0-.	0	0												
i	Subtract line 1f from line 1c. If zero or less, enter -0-.	0	0												
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	755,897	787,523	717,138	866,046	3,126,604
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	191,230	165,341	162,920	157,437	676,928

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

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

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

Part IV Supplemental Information

### Explanation

## Additional Data

[Return to Form](#)

**Software ID:**

**Software Version:**

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space											
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a Total number of conservation easements . . . . .</td><td>2a</td></tr><tr><td>b Total acreage restricted by conservation easements . . . . .</td><td>2b</td></tr><tr><td>c Number of conservation easements on a certified historic structure included in (a) . . . . .</td><td>2c</td></tr><tr><td>d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .</td><td>2d</td></tr></table>		Held at the End of the Year	a Total number of conservation easements . . . . .	2a	b Total acreage restricted by conservation easements . . . . .	2b	c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c	d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d
	Held at the End of the Year										
a Total number of conservation easements . . . . .	2a										
b Total acreage restricted by conservation easements . . . . .	2b										
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c										
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d										
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____											
4 Number of states where property subject to conservation easement is located ▶ _____											
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No										
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____											
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____											
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No										
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.											

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ _____ (ii) Assets included in Form 990, Part X . . . . . ▶ \$ _____	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ _____ b Assets included in Form 990, Part X . . . . . ▶ \$ _____	

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

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

- a** ☐ Public exhibition
- d** ☐ Loan or exchange programs
- b** ☐ Scholarly research
- e** ☐ Other .....
- c** ☐ Preservation for future generations

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

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . ☐ **Yes** ☐ **No**

**Part IV Escrow and Custodial Arrangements.**

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ **Yes** ☐ **No**

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

	Amount
<b>c</b> Beginning balance . . . . .	<b>1c</b>
<b>d</b> Additions during the year . . . . .	<b>1d</b>
<b>e</b> Distributions during the year . . . . .	<b>1e</b>
<b>f</b> Ending balance . . . . .	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ **Yes** ☐ **No**

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	218,661,983	156,675,870	172,105,591	165,839,166	157,145,414
<b>b</b> Contributions . . . . .	1,549,475	25,209,369	179,436	-3,226,130	15,000
<b>c</b> Net investment earnings, gains, and losses	-29,144,301	40,897,981	2,543,789	11,178,775	10,316,779
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	3,831,128	4,121,237	18,152,946	1,686,220	1,638,027
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	187,236,029	218,661,983	156,675,870	172,105,591	165,839,166

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

- a** Board designated or quasi-endowment ▶ 66.000 %
- b** Permanent endowment ▶ 29.000 %
- c** Term endowment ▶ 5.000 %

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

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations . . . . .
- (ii)** Related organizations . . . . .

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

	Yes	No
<b>3a(i)</b>		No
<b>3a(ii)</b>		No
<b>3b</b>		

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements		11,846,972	6,467,432	5,379,540
<b>d</b> Equipment . . . . .		18,924,907	16,249,224	2,675,683
<b>e</b> Other . . . . .				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ 8,055,223

Part VII

Investments - Other Securities.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII

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

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

Part IX

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

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

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	20,041,871

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

☒

**Part XI**

**Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	401,241,765
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-61,320,216
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	5,124,200
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	3,674,507
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-52,521,509
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	453,763,274
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	846,528
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	-35,794
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	810,734
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	454,574,008

**Part XII**

**Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	397,368,207
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	5,124,200
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	3,067,600
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	8,191,800
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	389,176,407
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	846,528
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	846,528
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	390,022,935

**Part XIII**

**Supplemental Information**

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

Return Reference	Explanation
PART X, LINE 2:	THE FIN 48 FOOTNOTE PER THE AUDITED FINANCIAL STATEMENTS STATES THAT THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. PPFA BELIEVES IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	DONATED ADMINISTRATIVE SUPPORT TO PPG 3,031,806. CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 642,701.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	COST OF GOOD SOLD -35,794.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	COST OF GOOD SOLD 35,794. DONATED ADMINISTRATIVE SUPPORT TO PPG 3,031,806.
PART V, LINE 4:	THE PURPOSE OF THE ENDOWMENT FUND IS TO PROVIDE FUTURE INCOME FOR THE OPERATIONS OF PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. ("PPFA"). THE BOARD DESIGNATED ENDOWMENT DOES SO AS WELL, AS A MEANS OF DIVERSIFYING PPFA'S REVENUE BASE, WHICH OTHERWISE RELIES LARGELY ON ANNUAL FUNDRAISING. THE BOARD DESIGNATED ENDOWMENT ALSO SERVES THE PURPOSE OF PROVIDING KEY STRATEGIC LONG-TERM PROGRAMMATIC AND OPERATIONAL INVESTMENTS.

## Additional Data

[Return to Form](#)

**Software ID:**

**Software Version:**

Name of the organization  
PLANNED PARENTHOOD FEDERATION OF AMERICA INC

Employer identification number  
13-1644147

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants or other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		7,542,851
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total . . . . .	0	0			7,542,851
b Total from continuation sheets to Part I . . . . .	0	0			0
c Totals (add lines 3a and 3b)	0	0			7,542,851

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

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
( 1 )									
( 2 )									
( 3 )									
( 4 )									
( 5 )									
( 6 )									
( 7 )									
( 8 )									
( 9 )									
( 10 )									
( 11 )									
( 12 )									
( 13 )									
( 14 )									
( 15 )									
( 16 )									

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

3 Enter total number of other organizations or entities . . . . .

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1

Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .

☒ Yes

☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . .

☒ Yes

☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . . . . .

☒ Yes

☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .

☐ Yes

☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . .

☐ Yes

☒ No

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

[illegible]

# Additional Data

**Software ID:**

**Software Version:**

Name of the organization  
PLANNED PARENTHOOD FEDERATION OF AMERICA INC

Employer identification number  
13-1644147

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

1

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

a☒ Mail solicitations

e☒ Solicitation of non-government grants

b☒ Internet and email solicitations

f☐ Solicitation of government grants

c☒ Phone solicitations

g☐ Special fundraising events

d☒ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?☒ Yes☐ No

b

If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 O'BRIEN GARRETT 1133 19TH ST NW STE 300  WASHINGTON, DC 20036	CONSULTING		No	71,781,010	2,053,498	69,727,512
2 M&R STRATEGIC SERVICES 1101 CONNECTICUT AVE NW  WASHINGTON, DC 20036	CONSULTING		No	25,425,085	1,002,133	24,422,952
3 TELEFUND INC PO BOX 2366  DENVER, CO 80201	TELEMARKETING		No	870,853	561,326	309,527
4 BLUE STATE DIGITAL INC 41 FLATBUSH AVE 8TH  BROOKLYN, NY 11217	CONSULTING		No	348,788	150,518	198,270
5 PUBLIC INTEREST COMMUNICATIONS INC 7700 LEESBURG PIKE STE 301N  FALLS CHURCH, VA 22043	TELEMARKETING		No	151,814	501,405	-349,591
6 GORDON AND SCHWENK MEYER INC 360 N SEPULVEDA BLVD  EL SEGUNDO, CA 90245	TELEMARKETING		No	74,111	213,660	-139,549
7 CAUSEWORX INC 2 MCNAMARA COURT  AJAX ONTARIO, CA 91114	TELEMARKETING		No	19,287	65,445	-46,158
8 SD&A TELESERVICES INC 5757 W CENTURY BLVD  LOS ANGELES, CA 90045	TELEMARKETING		No	9,818	0	9,818
9						
10						
Total				98,680,766	4,547,985	94,132,781

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

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

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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50083H Schedule G (Form 990) 2021

Part II

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

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

Part III

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

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

9 Enter the state(s) in which the organization conducts gaming activities:\_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

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

☐ Yes ☐ No

13

Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14

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

Name ▶ -----

Address ▶ -----

15a

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

☐ Yes ☐ No

b

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

c

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

Name ▶ -----

Address ▶ -----

16

Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----.

Description of services provided ▶ -----

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions:

a

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

☐ Yes ☐ No

b

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

Part IV

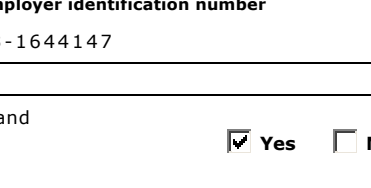
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See Instructions.

Return Reference	Explanation
PART I, LINE 2B, COLUMN (V) & FORM 990, PART IX, LINE 24A	IN ADDITION TO PROFESSIONAL FUNDRAISER EXPENSES INCLUDED ON LINE 11E, \$8,042,401 OF OTHER REIMBURSED EXPENSES WERE PAID DIRECTLY TO PROFESSIONAL FUNDRAISERS FOR DIRECT POSTAGE/FREIGHT \$6,158,920, MAIL HOUSE COSTS \$1,768,008, AND OTHER COSTS TOTALING \$115,473. THESE REIMBURSED EXPENSES ARE REPORTED ON FORM 990, PART IX, LINE 24A. THE PROFESSIONAL FUNDRAISER'S CONTRACTS AND THE INVOICES PAID DISTINGUISH BETWEEN PAYMENT FOR SERVICES AND PAYMENT FOR THESE EXPENSES. PART I, LINE 2B, COLUMN (VI) AMOUNTS PAID TO CERTAIN FUNDRAISERS RESULTED IN A CURRENT YEAR LOSS BUT SECURED FUTURE DONORS.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I (Form 990)** **Grants and Other Assistance to Organizations, Governments and Individuals in the United States**

OMB No. 1545-0047



Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](https://www.irs.gov/Form990) for the latest information.

Department of the Treasury Internal Revenue Service  
Name of the organization  
PLANNED PARENTHOOD FEDERATION OF AMERICA INC  
Employer identification number  
13-1644147

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

(47) PP OF THE GREAT NORTHWEST HAWAII ALASKA INDIANA KENTUCKY 2001 E MADISON ST SEATTLE, WA 98122	47-5312115	501(C)(3)	1,050,351	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(3) PP OF THE GREAT NORTHWEST HAWAII ALASKA INDIANA KENTUCKY 2001 E MADISON ST SEATTLE, WA 98122	91-0686012	501(C)(3)	6,555,825	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(4) PP OF THE ROCKY MOUNTAIN 7155 E 38TH AVE DENVER, CO 80207	84-0040253	501(C)(3)	5,528,463	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(5) PP OF ILLINOIS 18 S MICHIGAN AVE FL 6 CHICAGO, IL 60603	36-2170901	501(C)(3)	5,318,925	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(6) PP OF GREATER NEW YORK 26 BLEEKER STREET NEW YORK, NY 10012	13-2621497	501(C)(3)	5,168,959	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(7) PP OF SOUTH FLORIDA AND THE TREASURE COAST 2306 N FLORIDA MANGO RD WEST PALM BEACH, FL 33409	59-1391115	501(C)(3)	4,973,355	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(8) PP NORTH CENTRAL ST 671 VANDALIA ST SAINT PAUL, MN 55114	83-0614523	501(C)(3)	4,299,182	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(9) PP SOUTH ATLANTIC 100 S BOYLAN AVE RALEIGH, NC 27603	56-1282557	501(C)(3)	4,220,105	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(10) PP OF GREATER TEXAS INC 7024 GREENVILLE AVE STE 206 DALLAS, TX 75231	52-1243220	501(C)(3)	3,903,363	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(11) PP OF THE COAST INC 4600 GULF FREEWAY HOUSTON, TX 77023	74-1100163	501(C)(3)	3,572,068	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(12) PP MAR MONTE INC 1691 E MONTE AVENUE SAN JOSE, CA 95126	94-1583439	501(C)(3)	3,422,783	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(13) PP SOUTHEASTERN PENNSYLVANIA PHILADELPHIA, PA 19107	23-1352509	501(C)(3)	3,246,535	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(14) PP LOS ANGELES 400 W 30TH ST LOS ANGELES, CA 90007	95-2408623	501(C)(3)	3,166,618	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(15) PP SOUTHEAST INC 241 PEACH TREE ST NE STE 400 ATLANTA, GA 30303	58-6045874	501(C)(3)	2,957,585	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(16) PP OF SOUTHERN NEW 345 WHITNEY AVE NEW HAVEN, CT 06511	06-0263565	501(C)(3)	2,857,997	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(17) PP ARIZONA INC 4751 N 13TH ST PHOENIX, AZ 85014	86-0146520	501(C)(3)	2,775,894	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(18) PP LEAGUE OF MASSACHUSETTS INC 1055 COMMONWEALTH AVE BOSTON, MA 02215	04-2698497	501(C)(3)	2,688,735	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(19) PP OF METROPOLITAN WASHINGTON DC INC 1225 4TH ST NE WASHINGTON, DC 20002	53-0204621	501(C)(3)	2,668,721	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(20) PP OF WISCONSIN INC 302 N JACKSON ST MILWAUKEE, WI 53202	39-0863391	501(C)(3)	2,524,233	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(21) PP KEYSTONE 610 LOUIS DRIVE SUITE 200 WARMISTON, PA 18974	23-2450112	501(C)(3)	2,376,933	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(22) PP HUDSON-PECONIC INC 570 TAXTER ROAD ROCKY HILLS, CT 06523	11-2454790	501(C)(3)	2,341,123	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(23) PP SHASTA-DIABLO 2318 E 1ST AVE CONCORD, CA 94520	94-1575233	501(C)(3)	2,310,466	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(24) PP OF GREATER OHIO 444 W EXCHANGE ST AKRON, OH 44302	34-1015976	501(C)(3)	2,279,024	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(25) PP GREAT PLAINS 4401 W 109TH ST STE 200 OVERLAND PARK, KS 66211	44-0565390	501(C)(3)	2,162,429	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(26) REPRODUCTIVE HEALTH SERVICES PLANNED PARENTHOOD 4251 FOREST PARK AVENUE SAINT LOUIS, MO 63108	43-1848056	501(C)(3)	2,153,335	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(27) PP OF MICHIGAN 950 VICTORS WAY STE 100 ANN ARBOR, MI 48108	38-1707521	501(C)(3)	2,109,680	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(28) PP SOUTHWEST OHIO REGION 2314 AUBURN AVE CINCINNATI, OH 45219	31-0536688	501(C)(3)	2,033,029	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(29) PP OF SOUTHWEST ARIZONA CENTRAL FLORIDA INC 4001 E 1ST AVE SARASOTA, FL 34236-4042	59-1274328	501(C)(3)	2,001,926	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(30) PP OF NORTHERN NEW 784 HERCULES DR STE 110 COLUMBIANA, OH 44405	03-0222941	501(C)(3)	1,974,573	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(31) THE VIRGINIA LEAGUE FOR PLANNED PARENTHOOD INC 201 N HAMILTON ST RICHMOND, VA 23221	54-0505973	501(C)(3)	1,879,545	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(32) PP COLUMBIA WHEELS 3727 NE MARTIN LUTHER KING JR BL PORTLAND, OR 97212	93-6031270	501(C)(3)	1,875,696	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(33) PP OF WESTERN PENNS 195 LIBERTY AVE PITTSBURGH, PA 15222	25-0965474	501(C)(3)	1,714,861	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(34) COMPREHENSIVE HEALTH OF PP GREAT PLAINS 4401 W 109TH STREET SUITE 200 LEAWOOD, KS 66211	48-0847946	501(C)(3)	1,712,697	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(35) PP GREATER MEMPHIS 2430 POPLAR AVE STE 100 MEMPHIS, TN 38112	62-6073178	501(C)(3)	1,678,518	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(36) PP SOUTH TEXAS 2140 BARCROCK RD SAN ANTONIO, TX 78229	74-1297211	501(C)(3)	1,661,297	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(37) PP OF THE PACIFIC SOUTHWEST INC 1075 CAMINO DEL RIO S SAN DIEGO, CA 92108	95-6111785	501(C)(3)	1,369,523	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(38) PP OF ORANGE AND SAN BERNARDINO COUNTIES INC 801 E KATELLA AVE ANAHEIM, CA 92805	95-6152773	501(C)(3)	1,346,839	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(39) PP OF NORTHERN CENT 196 SPEEDWELL AVE NEWTON, MA 02459	22-1643997	501(C)(3)	1,262,942	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(40) PP OF MARYLAND INC 330 N HOWARD ST BALTIMORE, MD 21201	52-0607930	501(C)(3)	1,178,419	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(41) PP ASSOCIATION OF UTAH 654 S 900 E SALT LAKE CITY, UT 84102	87-0288909	501(C)(3)	1,133,239	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(42) PP OF THE ST LOUIS REGION AND SOUTHWEST MISSOURI 4251 FOREST PARK AVE SAINT LOUIS, MO 63108	43-0652666	501(C)(3)	956,869	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(43) PP OF CENTRAL AND WESTERN NEW YORK 114 UNIVERSITY AVE ROCHESTER, NY 14605	16-0746860	501(C)(3)	944,314	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(44) PP OF MONTANA INC 1116 GRAND AVE STE 201 BILLINGS, MT 59102	81-0307201	501(C)(3)	886,537	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(45) PP OF SOUTHWESTERN OREGON 3579 FRANKLIN BLVD EUGENE, OR 97403	93-0573822	501(C)(3)	874,803	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(46) PP CALIFORNIA CENTRAL COAST 518 GARDEN ST SANTA BARBARA, CA 93101	95-2319356	501(C)(3)	818,253	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(47) PP OF GREATER WASHINGTON AND NORTH IDAHO 1117 TETON DR YAKIMA, WA 98902	91-6071384	501(C)(3)	794,479	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(48) PP PASADENA AND SAN GABRIEL VALLEY INC 2333 LAKE AVE FL 2 ALTADENA, CA 91001	95-1916050	501(C)(3)	762,060	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(49) PP OF METROPOLITAN NEW JERSEY INC 238 MULBERRY ST NEWARK, NJ 07102	22-1593559	501(C)(3)	635,333	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(50) PP OF DELAWARE INC 625 N SHIPLEY ST WILMINGTON, DE 19801	51-0066725	501(C)(3)	615,111	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(51) THE NATIONAL CAMPAIGN TO PREVENT TE 1776 MASSACHUSETTS AVE NW WASHINGTON, DC 20036	52-1974611	501(C)(3)	500,000	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(52) HOPEWELL FUND 1201 CONNECTICUT AVE NW WASHINGTON, DC 20036	47-3681860	501(C)(3)	459,577	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(53) MT BAKER PLANNED PARENTHOOD 1509 CORNWALL AVE BELLINGHAM, WA 98225	91-0846274	501(C)(3)	403,696	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(54) UPPER HUDSON PLANNED PARENTHOOD INC 855 CENTRAL AVE ALBANY, NY 12206	14-6000805	501(C)(3)	358,461	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(55) PP OF THE NORTH COUNTRY NEW YORK INC 160 STONE ST WATERTOWN, NY 13601	16-0919175	501(C)(3)	353,109	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(56) PP ADVOCATES OF TEXAS PO BOX 41646 AUSTIN, TX 78704	81-3566701	501(C)(3)	346,450	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(57) ABORTION CARE NETWORK 13001 S 1ST NW STE 400E WASHINGTON, DC 20005	26-1972058	501(C)(3)	259,577	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(58) REPRODUCTIVE FREEDOM FOR ALL 2966 WOODWARD AVE DETROIT, MI 48201	87-4298764	501(C)(4)	250,000	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(59) COURIER NEWSROOM INC PO BOX 509 NEW YORK, NY 10032	83-4159180	NOT APPLICABLE	250,000	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(60) NEVADA EDUCATION FUND FOR PLANNED PARENTHOOD AFFILIATES 550 W PLUMB L STE B-104 RENO, NV 89509	26-4715618	501(C)(3)	171,500	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(61) WOMEN'S MARCH 400 JAY STREET BROOKLYN, NY 11201	81-4571869	501(C)(4)	150,000	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(62) NATIONAL LATINA INSTITUTE FOR 40 EXCHANGE PLACE NEW YORK, NY 10005	52-1891734	501(C)(3)	130,000	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(63) KANSAS FOR CONSTITUTIONAL FREEDOM INC 4401 W 109TH STREET OVERLAND PARK, KS 66211-1303	87-1224421	501(C)(4)	100,000	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(64) CALIFORNIA PLANNED PARENTHOOD EDUCATION 555 CAPITOL MALL STE 510 SACRAMENTO, CA 95814-5022	68-0358026	501(C)(3)	95,000	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(65) PP EMPIRE STATE ACTS INC 194 WASHINGTON AVE STE 620 ALBANY, NY 12210	14-1593876	501(C)(4)	85,000	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(66) BLACK WOMEN FOR WELLNESS 4336 11TH AVE LOS ANGELES, CA 90008	95-4624707	501(C)(3)	80,000	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(67) COLORADO ORGANIZATION FOR LATINA OPPORTUNITY AND REPRODUCTIVE RIGHTS PO BOX 40991 DENVER, CO 80204	84-1569021	501(C)(3)	80,000	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(68) EDUCATION FUND OF FAMILY PLANNING ADVOCATES OF NEW YORK STATE 194 WASHINGTON AVE ALBANY, NY 12210	22-2753767	501(C)(3)	80,000	0			TO SUPPORT PROGRAMS REGARDING REPRODUCTIVE HEALTH
(69) PP ALLIANCE ADVOCAT 2001 EAST MADISON ST SEATTLE, WA 98122	94-3168114	501(C)(4)	td				

**Part III**

**Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

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

**Part IV**

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

Return Reference	Explanation
PART I, LINE 2:	THE MAJORITY OF GRANTS ARE GIVEN TO PLANNED PARENTHOOD 501(C)(3) ORGANIZATIONS TO FURTHER THEIR MISSION TO ADVANCE REPRODUCTIVE HEALTH. FOR GRANTS TO ORGANIZATIONS THAT ARE NOT EXEMPT UNDER 501(C)(3), ALL GRANT AGREEMENTS: 1) SPECIFICALLY PROHIBIT POLITICAL ACTIVITY; AND 2) SPECIFICALLY ADDRESS WHETHER THE GRANT MAY BE USED FOR LOBBYING. FOR GRANTS THAT ARE AWARDED FOR SPECIFIC PURPOSES, THE ORGANIZATION'S MANAGEMENT MONITORS, ON A CONTINUING BASIS, THE USAGE OF GRANTS TO ENSURE SUCH GRANTS ARE USED FOR INTENDED PURPOSES. THE GRANTEEES ARE REQUIRED TO SUBMIT A NARRATIVE AND FINANCIAL REPORT EXPLAINING HOW THE GRANT FUNDS WERE SPENT.

**Additional Data**

**Return to Form**

**Software ID:**  
**Software Version:**

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

Part I Questions Regarding Compensation

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

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

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

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

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

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

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment? . . . . .

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?  
If "Yes".to any.of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization? . . . . .

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

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization? . . . . .

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

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

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

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

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

Part II

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1LORI A MCGILL JOHNSON PRESIDENT	(i)	488,485	0	184	1,435	0	490,104	0
	(ii)	226,515	0	86	665	0	227,266	0
2JETHRO MILLER CHIEF DEVELOPMENT OFFICER	(i)	481,214	0	381	2,657	0	484,252	0
	(ii)	62,224	0	49	344	0	62,617	0
3KIMBERLY CUSTER EVP, FED, ENGAGE & IMPACT	(i)	399,678	0	381	4,926	39,303	444,288	0
	(ii)	51,681	0	49	637	5,082	57,449	0
4DAWN LAGUENS CHIEF GLBL STRATEGY & INNOV OFCR	(i)	121,153	0	376	1,896	346	123,771	0
	(ii)	348,811	0	1,083	5,459	995	356,348	0
5JENNIFER BROWN UNTIL 1021 SENIOR VP, POLICY CAMPAIGNS & ADVOCA	(i)	248,208	0	85,605	3,473	37,278	374,564	0
	(ii)	51,161	0	17,645	716	7,684	77,206	0
6VICKIE BARROW-KLEIN EVP & COO (AS OF 1/22)	(i)	312,227	0	1,052	6,253	32,651	352,183	0
	(ii)	40,373	0	136	809	4,222	45,540	0
7DANNETTE S HILL CHIEF H.R. OFFICER (UNTIL 5/3/22)	(i)	320,477	0	1,093	7,273	16,818	345,661	0
	(ii)	41,439	0	141	940	2,175	44,695	0
8MELANIE NEWMAN SENIOR VP, COMMUNICATIONS & CULTURE	(i)	279,634	0	145	4,054	0	283,833	0
	(ii)	67,580	0	35	980	0	68,595	0
9MARINA SPYROU CHIEF INFO SECURITY OFFICER	(i)	254,044	0	257	7,102	40,701	302,104	0
	(ii)	32,849	0	33	918	5,263	39,063	0
10KUMIKI GIBSON SVP & GENERAL COUNSEL	(i)	262,295	0	850	0	12,692	275,837	0
	(ii)	33,916	0	110	0	1,641	35,667	0
11HELENE KRASNOFF VP, LITIGATION AND LAW	(i)	243,955	0	388	10,083	3,362	257,788	0
	(ii)	36,135	0	58	1,493	498	38,184	0

**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 3:	PLANNED PARENTHOOD FEDERATION OF AMERICA, INC., USED THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT: COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, FORM 990 OF OTHER ORGANIZATIONS, COMPENSATION SURVEY/STUDY AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.
PART I, LINE 4A:	JENNIFER BROWN'S EMPLOYMENT AS SENIOR VP, POLICY CAMPAIGNS & ADVOCACY ENDED IN OCTOBER 2021. DURING CALENDAR YEAR 2021 SHE RECEIVED A SEVERANCE PAYMENT OF \$103,077, OF WHICH PLANNED PARENTHOOD FEDERATION OF AMERICA PAID \$85,462.

**Additional Data**

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**Software Version:**

Name of the organization  
PLANNED PARENTHOOD FEDERATION OF AMERICA INC

Employer identification number  
13-1644147

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .	X	27	77,446	FAIR MARKET VALUE
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	807,800	51,545,261	FAIR MARKET VALUE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( ) . . . . .				
26 Other ► ( ) . . . . .				
27 Other ► ( ) . . . . .				
28 Other ► ( ) . . . . .				

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

292

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

30a

No

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

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

31

Yes

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

32a

Yes

b If "Yes," describe in Part II.

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

33

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

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN (B):	THE AMOUNT REPORTED IN COLUMN (B) REPRESENTS THE NUMBER OF SHARES CONTRIBUTED.
SCHEDULE M, LINE 32B:	PPFA USED A THIRD PARTY PROVIDER TO MANAGE THE RECEIPT OF, SALE OF, AND IRS REPORTING RELATED TO CONTRIBUTED VEHICLES.

**Additional Data**

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<div>SCHEDULE O (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Information to Form 990 or 990-EZ</div> <div>Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.</div>		<div>OMB No. 1545-0047</div> <div>2021</div> <div>Open to Public Inspection</div>	
<div>Name of the organization PLANNED PARENTHOOD FEDERATION OF AMERICA INC</div>				<div>Employer identification number 13-1644147</div>	
Return Reference		Explanation			
FORM 990, PART I, LINE 1, ORGANIZATION'S MISSION		TO PROVIDE LEADERSHIP, ADVOCACY, AND EDUCATION IN THE FIELD OF REPRODUCTIVE HEALTH CARE, ADVOCATE FOR PUBLIC POLICIES AND ENSURE ACCESS TO SERVICES, AND PROVIDE SEX EDUCATION TO ENHANCE UNDERSTANDING OF HUMAN SEXUALITY. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: (A) TO PROVIDE LEADERSHIP, ADVOCACY, AND EDUCATION IN THE FIELD OF REPRODUCTIVE HEALTH CARE. (B) ADVOCATING PUBLIC POLICIES WHICH GUARANTEE THESE RIGHTS AND ENSURE ACCESS TO SUCH SERVICES; (C) PROVIDING EDUCATIONAL PROGRAMS WHICH ENHANCE UNDERSTANDING OF INDIVIDUAL AND SOCIETAL IMPLICATIONS OF HUMAN SEXUALITY; AND (D) PROMOTING RESEARCH AND THE ADVANCEMENT OF TECHNOLOGY IN REPRODUCTIVE HEALTH CARE AND ENCOURAGING THE UNDERSTANDING OF THEIR INHERENT BIOETHICAL, BEHAVIORAL, AND SOCIAL IMPLICATIONS.			
FORM 990, PART V, LINES 4A & B:		THE KENYA BANK ACCOUNTS ARE IN PPFA'S NAME BUT THESE ASSETS WERE TRANSFERRED OVER TO PPFA INTERNATIONAL AFRICA REGIONAL OFFICE WHEN PP GLOBAL STARTED OPERATIONS IN JULY 2016. FORM 990, PART V, LINE 7H: AS NOTED IN THE SUPPLEMENTAL INFORMATON TO SCHEDULE M, PPFA USED A THIRD PARTY PROVIDER TO MANAGE THE RECEIPT OF, SALE OF, AND IRS REPORTING RELATED TO CONTRIBUTED VEHICLES.			
FORM 990, PART VI, SECTION A, LINE 1A		THE PPFA BYLAWS PROVIDE FOR AN EXECUTIVE COMMITTEE WHICH IS RESPONSIBLE TO THE BOARD AND HAS FULL POWER TO ACT IN THE OPERATION AND MANAGEMENT OF PPFA IF AN URGENT MATTER ARISES BETWEEN BOARD MEETINGS. THE COMMITTEE MUST REQUEST THAT THE BOARD RATIFY THE COMMITTEE'S DECISIONS AT THE NEXT REGULARLY SCHEDULED BOARD MEETING. ALL MEMBERS OF THE EXECUTIVE COMMITTEE ARE MEMBERS OF THE BOARD OF DIRECTORS.			
FORM 990, PART VI, SECTION A, LINE 6		PPFA IS A NOT-FOR-PROFIT MEMBERSHIP ORGANIZATION. THE MEMBERS OF PPFA CONSIST OF FORTY-NINE INDEPENDENT, SEPARATELY INCORPORATED 501(C)(3) PUBLIC CHARITIES AND THE PPFA BOARD OF DIRECTORS. EACH OF THE FORTY-NINE PUBLIC CHARITIES HAVE TWO (2) MEMBERSHIP VOTES, AND THE BOARD OF DIRECTORS HAVE TWO (2) MEMBERSHIP VOTES.			
FORM 990, PART VI, SECTION A, LINE 7A		THE MEMBERS OF PPFA ELECT THE BOARD OF DIRECTORS.			
FORM 990, PART VI, SECTION A, LINE 7B		IN ADDITION TO THE BOARD, THE MEMBERSHIP APPROVES CHANGES TO THE BYLAWS AND CHANGES TO THE DUES FORMULA FOR THE NATIONAL PROGRAM SUPPORT TO BE CONTRIBUTED BY THE MEMBERS OF PPFA. FORM 990, PART VI, SECTION B, LINE 10B: FORTY-NINE INDEPENDENT, SEPARATELY INCORPORATED 501(C)(3) ORGANIZATIONS ARE THE MEMBERS OF PPFA. WHILE SOME OF THESE MEMBER ORGANIZATIONS MAY HAVE "AFFILIATE" IN THEIR NAMES, THEY DO NOT MEET THE DESCRIPTION OF "AFFILIATE" IN THE FORM 990 INSTRUCTIONS. PPFA DOES NOT "EXERCISE DIRECT OR INDIRECT SUPERVISION AND CONTROL" OVER THESE ORGANIZATIONS, AND EACH IS SEPARATELY INCORPORATED UNDER APPLICABLE STATE LAW.			
FORM 990, PART VI, SECTION B, LINE 11B		FORM 990 REVIEW - PPFA'S FORM 990 IS PREPARED EXTERNALLY BY AN INDEPENDENT PAID TAX PREPARER. THE DRAFT FORM 990 IS THEN REVIEWED INTERNALLY BY THE ORGANIZATION'S FINANCE STAFF, CFO, AND LEGAL DEPARTMENT. ANY REVISIONS ARE PRESENTED TO THE ORGANIZATION AND ONCE THE DRAFT FORM 990 IS REVISED, THE FINAL DRAFT FORM 990 IS REVIEWED BY THE ORGANIZATION'S AUDIT COMMITTEE. ONCE THE DRAFT IS APPROVED BY THE AUDIT COMMITTEE, COPIES OF THE COMPLETED FORM 990 ARE PROVIDED TO EACH VOTING MEMBER OF THE GOVERNING BOARD PRIOR TO SUBMISSION AND FILING WITH THE INTERNAL REVENUE SERVICE.			
FORM 990, PART VI, SECTION B, LINE 12C		CONFLICT OF INTEREST POLICY - PPFA ASKS ITS KEY EMPLOYEES, OTHER EMPLOYEES, OFFICERS AND OTHER BOARD MEMBERS TO REVIEW AND SIGN A CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS. PPFA'S LEGAL COUNSEL FOLLOWS UP TO RESOLVE ANY DISCLOSED CONFLICTS. IF A CONFLICT IS IDENTIFIED, THE INTERESTED INDIVIDUAL MAY NOT BE PRESENT AT, OR PARTICIPATE IN DELIBERATION, OR VOTE ON THE MATTER GIVING RISE TO THE CONFLICT.			
FORM 990, PART VI, SECTION B, LINE 15		COMPENSATION REVIEW PROCESS - PPFA HAS A COMPENSATION SETTING BODY (THE "BODY") THAT REVIEWS AND APPROVES THE COMPENSATION OF THE LEADERSHIP STAFF OF PPFA INCLUDING THE PRESIDENT AND CEO, CHIEF FINANCIAL OFFICER, EVP AND CHIEF OPERATING OFFICER, AND OTHER MEMBERS OF THE EXECUTIVE TEAM. THIS INDEPENDENT BODY IS COMPRISED OF THE OFFICERS OF THE PPFA BOARD AND 3 OTHER DIRECTORS, WITH THE CHAIR OF THE BOARD SERVING AS ITS CHAIR. THE ANNUAL REVIEW AND APPROVAL OF THE SALARIES OF THESE EMPLOYEES USES COMPARABILITY DATA SUCH AS INDUSTRY SURVEYS, DOCUMENTED COMPENSATION OF PERSONS HOLDING SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS, AND/OR INDEPENDENT COMPENSATION STUDIES. PROCEEDINGS ARE DOCUMENTED CONTEMPORANEOUSLY IN MINUTES. THE MOST RECENT REVIEW OCCURRED IN DECEMBER OF 2022.			
FORM 990, PART VI, SECTION C, LINE 18		PPFA'S MOST RECENT 990 FILING IS AVAILABLE ON THE ORGANIZATION'S WEBSITE. ALL OTHER DOCUMENTS REQUIRED TO BE MADE PUBLICLY AVAILABLE BY LAW ARE AVAILABLE UPON REQUEST.			
FORM 990, PART VI, SECTION C, LINE 19		PPFA'S MOST RECENT 990 FILING, ANNUAL REPORT AND AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE. ALL OTHER DOCUMENTS REQUIRED BY LAW TO BE MADE PUBLICLY AVAILABLE ARE AVAILABLE UPON REQUEST.			
FORM 990, PART XI, LINE 9:		CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 642,701.			

## Additional Data

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SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

- Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
PLANNED PARENTHOOD FEDERATION OF AMERICA INC

Employer identification number
13-1644147

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) PLANNED PARENTHOOD ACTION FUND INC 123 WILLIAM ST 10TH FL  NEW YORK, NY 10038 13-3539048	ADVOCACY	NY	501(C)(4)	N/A	PPFA	Yes	
(2) PLANNED PARENTHOOD GLOBAL INC 123 WILLIAM ST 10TH FL  NEW YORK, NY 10038 47-5312115	GLOBAL SEXUAL HEALTH	DE	501(C)(3)	LINE 7	PPFA	Yes	
(3) PP FEDERATION OF AMERICA INTERNATIONAL ARGWINGS KODHEK RDCHAKA PL NAIROBI 5538-00200 KE	CHARITABLE OPERATION	KE	501(C)(3)	LINE 7	PP GLOBAL	Yes	
(4) PLANNED PARENTHOOD GLOBAL-UGANDA LIMITED BANK BLDG PLOT 4 NILE AVE PO BOX KAMPALA 71 UG	CHARITABLE OPERATION	UG	501(C)(3)	LINE 7	PP GLOBAL	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> PPGLOBAL SA  C/O PP GLOBAL 123 WILLIAM ST 10TH F NEW YORK, NY 10038	CHARITABLE OPERATION	EC	PP GLOBAL	C				Yes	
<b>(2)</b> SCALE FOR CHANGE LLC  C/O PPAF 123 WILLIAM ST 10TH FL NEW YORK, NY 10038 46-5346839	COMMUNITY-BASED	DE	PPAF	C				Yes	

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

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

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

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

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

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

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

**e** Loans or loan guarantees by related organization(s) . . . . .

**f** Dividends from related organization(s) . . . . .

**g** Sale of assets to related organization(s) . . . . .

**h** Purchase of assets from related organization(s) . . . . .

**i** Exchange of assets with related organization(s) . . . . .

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

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

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

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

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

**o** Sharing of paid employees with related organization(s) . . . . .

**p** Reimbursement paid to related organization(s) for expenses . . . . .

**q** Reimbursement paid by related organization(s) for expenses . . . . .

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

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

	Yes	No
<b>1a</b>	Yes	
<b>1b</b>	Yes	
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>	Yes	
<b>1m</b>	Yes	
<b>1n</b>	Yes	
<b>1o</b>	Yes	
<b>1p</b>		No
<b>1q</b>	Yes	
<b>1r</b>		No
<b>1s</b>		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)PLANNED PARENTHOOD ACTION FUND INC	A	10,030	ESTIMATED USAGE
(2)PLANNED PARENTHOOD GLOBAL INC	B	16,656,351	ACTUAL AMOUNT
(3)PLANNED PARENTHOOD ACTION FUND INC	L	230,220	ESTIMATED USAGE
(4)PLANNED PARENTHOOD GLOBAL INC	L	135,969	ESTIMATED USAGE
(5)SCALE FOR CHANGE LLC	M	1,281,100	ACTUAL AMOUNT
(6)PLANNED PARENTHOOD ACTION FUND INC	N	1,873,684	ESTIMATED USAGE
(7)PLANNED PARENTHOOD GLOBAL INC	N	1,106,609	ESTIMATED USAGE
(8)PLANNED PARENTHOOD ACTION FUND INC	O	2,968,077	ESTIMATED USAGE
(9)PLANNED PARENTHOOD GLOBAL INC	O	1,789,228	ESTIMATED USAGE
(10)PLANNED PARENTHOOD ACTION FUND INC	Q	2,540,174	ACTUAL AMOUNT
(11)PLANNED PARENTHOOD GLOBAL INC	Q	3,638,880	ACTUAL AMOUNT

**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.

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:	NAME OF RELATED ORGANIZATION: SCALE FOR CHANGE, LLC DIRECT CONTROLLING ENTITY: PLANNED PARENTHOOD ACTION FUND, INC.
COST SHARING:	PLANNED PARENTHOOD FEDERATION OF AMERICA HAS ENTERED INTO A RESOURCE-SHARING AGREEMENT WITH PLANNED PARENTHOOD ACTION FUND (PPAF), AN ORGANIZATION EXEMPT UNDER IRC SECTION 501(C)(4). UNDER THIS AGREEMENT, PPAF IS PERMITTED TO USE CERTAIN PPFA STAFF, FACILITIES, SUPPLIES AND OTHER ADMINISTRATIVE RESOURCES TO CONDUCT PPAF ACTIVITIES SO LONG AS PPAF REIMBURSES PPFA FOR SUCH USE- ITS ALLOCABLE SHARE OF THE COST BASED ON USE- PROMPTLY AND IN ACCORDANCE WITH THE RESOURCE SHARING AGREEMENT.
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:	NAME OF RELATED ORGANIZATION: PLANNED PARENTHOOD ACTION FUND,INC. DIRECT CONTROLLING ENTITY: PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. NAME OF RELATED ORGANIZATION: PLANNED PARENTHOOD GLOBAL, INC. DIRECT CONTROLLING ENTITY: PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. NAME AND ADDRESS OF RELATED ORGANIZATION: PP FEDERATION OF AMERICA INTERNATIONAL AFRICA REGIONAL OFFICE ARGWINGS KODHEK RD, CHAKA PL, PO BOX 53538-00200, NAIROBI, KENYA

Additional Data

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Software Version:

## TY 2021 IRS 990 e-File Render

**Name:** PLANNED PARENTHOOD FEDERATION OF  
AMERICA INC

**EIN:** 13-1644147

**Affiliated Group Business Name:** PLANNED PARENTHOOD GLOBAL INC

**Address. Either US or Foreign Type:** 123 WILLIAM STREET  
NEW YORK, NY 10038

**EIN:** 47-5312115

**Electing Organization Checkbox:** ☒

**Total Grassroots Lobbying:** 0

**Total Direct Lobbying:** 0

**Total Lobbying Expenditures:** 0

**Other Exempt Purpose Expenditures:** 15,547,916

**Total Exempt Purpose Expenditures:** 15,547,916

**Lobbying Nontaxable Amount:** 927,396

**Grassroots Nontaxable Amount:** 231,849

**Tot Lobbying Grassroot Minus Non  
Tx:** 0

**Tot Lobby Expend Mns Lobbying Non  
Tx:** 0

**Share Of Excess Lobbying:** 0