

EXTENSION GRANTED TO FEBRUARY 15, 2010
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2008

Open to Public Inspection

Form **990**

Department of the Treasury
 Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning APR 1, 2008 and ending MAR 31, 2009

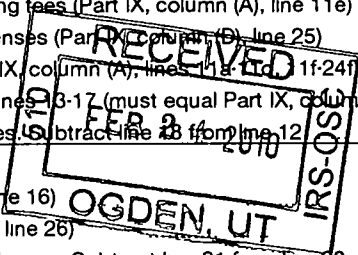
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization PLANNED PARENTHOOD OF DELAWARE, INC. Doing Business As		D Employer identification number 51-0066725
		Number and street (or P O box if mail is not delivered to street address) Room/suite 625 SHIPLEY STREET		E Telephone number 302-655-7296
		City or town, state or country, and ZIP + 4 WILMINGTON, DE 19801		G Gross receipts \$ 5,417,918.
		F Name and address of principal officer: NANCI HOFFMAN SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.PPDEL.ORG				
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
				L Year of formation 1935
				M State of legal domicile DE

SCANNED MAR 12 2010

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O:</u>
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 23
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 23
	5 Total number of employees (Part V, line 2a) 5 70
	6 Total number of volunteers (estimate if necessary) 6 82
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a 0.
7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	

	Prior Year	Current Year	
8 Contributions and grants (Part VIII, line 1h)	477,046.	689,045.	
9 Program service revenue (Part VIII, line 2g)	2,990,477.	3,024,117.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	400,132.	173,411.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	44,799.	6,199.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,912,454.	3,892,772.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,000.	12,000.	
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,054,767.	2,565,151.	
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (A), line 25) ▶ 147,333.			
17 Other expenses (Part IX, column (A), lines 11b-11d, 11f-11g, 11i-11j, 11l-11m, 11o-11p, 11r-11s, 11u-11v, 11x-11y, 11z, 12a-12b, 12d-12e, 12g-12h, 12j-12k, 12m-12n, 12p-12q, 12s-12t, 12v-12w, 12y-12z, 13a-13b, 13d-13e, 13g-13h, 13j-13k, 13m-13n, 13p-13q, 13s-13t, 13v-13w, 13y-13z, 14a-14b, 14d-14e, 14g-14h, 14j-14k, 14m-14n, 14p-14q, 14s-14t, 14v-14w, 14y-14z, 15a-15b, 15d-15e, 15g-15h, 15j-15k, 15m-15n, 15p-15q, 15s-15t, 15v-15w, 15y-15z, 16a-16b, 16d-16e, 16g-16h, 16j-16k, 16m-16n, 16p-16q, 16s-16t, 16v-16w, 16y-16z, 17a-17b, 17d-17e, 17g-17h, 17j-17k, 17m-17n, 17p-17q, 17s-17t, 17v-17w, 17y-17z, 18a-18b, 18d-18e, 18g-18h, 18j-18k, 18m-18n, 18p-18q, 18s-18t, 18v-18w, 18y-18z, 19a-19b, 19d-19e, 19g-19h, 19j-19k, 19m-19n, 19p-19q, 19s-19t, 19v-19w, 19y-19z, 20a-20b, 20d-20e, 20g-20h, 20j-20k, 20m-20n, 20p-20q, 20s-20t, 20v-20w, 20y-20z, 21a-21b, 21d-21e, 21g-21h, 21j-21k, 21m-21n, 21p-21q, 21s-21t, 21v-21w, 21y-21z, 22a-22b, 22d-22e, 22g-22h, 22j-22k, 22m-22n, 22p-22q, 22s-22t, 22v-22w, 22y-22z	1,632,593.	1,710,527.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,699,360.	4,287,678.	
19 Revenue less expenses. Subtract line 18 from line 12	213,094.	-394,906.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 9,093,531.	End of Year 6,798,429.
	21 Total liabilities (Part X, line 26)	166,322.	183,042.
	22 Net assets or fund balances. Subtract line 21 from line 20	8,927,209.	6,615,387.



Part II Signature Block

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

Sign Here
 Signature of officer: Nanci Hoffmann Date: 2/15/10
 Type or print name and title: NANCI HOFFMAN, CHIEF EXECUTIVE OFFICER

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 2-8-2010 Check if self-employed: Preparer's identifying number (see instructions):

Firm's name (or yours if self-employed), address, and ZIP + 4: WHEELER, WOLFENDEN & DWARES, P.A.
4550 NEW LINDEN HILL ROAD, SUITE 201
WILMINGTON, DE 19808

EIN ▶ Phone no ▶ (302) 254-8240

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

20 610

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
COMMITTED TO THE PROVISION OF COMMUNITY RESPONSIVE REPRODUCTIVE HEALTH SERVICES AND EDUCATION THROUGHOUT DELAWARE.

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 2,966,620. including grants of \$) (Revenue \$ 3,001,504.)
PLANNED PARENTHOOD OF DELAWARE GENERATED 24,941 VISITS DURING THE YEAR AND SERVED 11,948 DIFFERENT PATIENTS. OF THESE PATIENTS, 32% MET THE CRITERIA TO RECEIVE THEIR CARE AT A DISCOUNTED RATE AND ANOTHER 33% RECEIVED THEIR CARE COMPLETELY FREE OF CHARGE. OVER 85% OF VISITS TO PLANNED PARENTHOOD OF DELAWARE, INC. ARE FOR PREVENTIVE CARE INCLUDING FAMILY PLANNING, CANCER SCREENING, ROUTINE GYNECOLOGICAL EXAMS, SCREENING FOR SEXUALLY TRANSMITTED DISEASES AND TREATMENT FOR SEXUALLY TRANSMITTED DISEASES.

4b (Code:) (Expenses \$ 445,969. including grants of \$) (Revenue \$ 22,613.)
EDUCATION - PLANNED PARENTHOOD OF DELAWARE, INC. PROVIDES MEDICALLY ACCURATE, AGE APPROPRIATE SEX EDUCATION IN SCHOOLS AND COMMUNITY SETTINGS THAT FOCUS ON TOPICS SUCH AS DECISION-MAKING, BIRTH CONTROL, ABSTINENCE AND HIV PREVENTION. THE HEALTHY WOMAN PROGRAM WAS ESTABLISHED TO REDUCE INFANT MORTALITY IN DELAWARE THROUGH EXPANDED PRE-CONCEPTION CARE AND OUTREACH. THE PROGRAM HAS REACHED OUT TO OVER 46,000 PERSONS IN DELAWARE DURING THE YEAR.

4c (Code:) (Expenses \$ 234,869. including grants of \$) (Revenue \$ 0.)
ADVOCACY - PLANNED PARENTHOOD OF DELAWARE, INC. ADVOCATES FOR POLICIES AND LAWS THAT GUARANTEE ACCESS TO REPRODUCTIVE HEALTH INFORMATION AND CARE FOR ALL DELAWAREANS.

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 3,647,458. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

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

Section A. Governing Body and Management

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body		23
b	Enter the number of voting members that are independent		23
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?		X
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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or 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		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
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?	X	
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)		X
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?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	NONE	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:	LINDA SCOTT - 302-655-7296 625 SHIPLEY STREET, WILMINGTON, DE 19801	

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
STEVEN R. DIRECTOR CHAIR		X		X			0.	0.	0.	
SUSAN HERRMANN VICE CHAIR		X		X			0.	0.	0.	
FRANCIS N. MASE VICE CHAIR		X		X			0.	0.	0.	
TERRI L. TIPPING TREASURER		X		X			0.	0.	0.	
LESLEY MCKNIGHT SECRETARY		X		X			0.	0.	0.	
KYLE BOTTORFF DIRECTOR		X					0.	0.	0.	
DAVID B. BROWN DIRECTOR		X					0.	0.	0.	
CHARLES J. DURANTE DIRECTOR		X					0.	0.	0.	
RICHARD L. EASTON DIRECTOR		X					0.	0.	0.	
KATHLEEN EPLER DIRECTOR		X					0.	0.	0.	
RUTH FRANGOPOULOS DIRECTOR		X					0.	0.	0.	
SARAH I. GORE DIRECTOR		X					0.	0.	0.	
MARION HAMERMESH DIRECTOR		X					0.	0.	0.	
DOUGLAS HERRMANN DIRECTOR		X					0.	0.	0.	
ROBERT L. HICKOK, JR. DIRECTOR		X					0.	0.	0.	
KAREN HUDSON DIRECTOR		X					0.	0.	0.	
AMY H. HUGHES DIRECTOR		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	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARIAN LIEF PALLEY DIRECTOR		X					0.	0.	0.	
PATRICIA PURCELL DIRECTOR		X					0.	0.	0.	
MARIANNE RIDING DIRECTOR		X					0.	0.	0.	
PAMELA J.P. ROBINSON DIRECTOR		X					0.	0.	0.	
RENEE SIMONTON DIRECTOR		X					0.	0.	0.	
LIANE SORENSON DIRECTOR		X					0.	0.	0.	
JULIE WILGEN DIRECTOR		X					0.	0.	0.	
NANCI HOFFMAN CHIEF EXECUTIVE OFFICER	40.00			X			68,673.	0.	0.	
JESSICA WILSON CHIEF FINANCIAL OFFICER	40.00			X			83,866.	0.	0.	
KARLA FOX EXECUTIVE DIRECTOR	40.00			X			29,605.	0.	0.	
1b Total							453,012.	0.	0.	

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
SCHLOSSER & ASSOCIATES 2047 SUNSET LAKE ROAD, NEWARK, DE 19702	INSTALLATION AND MAINTENANCE OF HVAC	395,170.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 1

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a 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	1f 689,045.				
	g Noncash contributions included in lines 1a-1f \$	248,973.				
	h Total. Add lines 1a-1f	▶ 689,045.				
	Program Service Revenue	2 a PATIENT FEES	Business Code	2,062,469.	2,062,469.	
b DIVISION OF PUBLIC HEA			522,060.	522,060.		
c TITLE X			416,975.	416,975.		
d EDUCATION INCOME			22,613.	22,613.		
e						
f All other program service revenue						
g Total. Add lines 2a-2f		▶ 3,024,117.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	▶	188,803.		188,803.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)	▶	-15,392.	-15,392.		
	8 a Gross income from fundraising events (not including \$ 51,108. of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses				
c Net income or (loss) from fundraising events		▶	3,872.	3,872.		
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS		2,327.	2,327.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	▶	2,327.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	▶	3,892,772.	3,014,924.	0.	188,803.	

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	12,000.	12,000.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	411,606.	364,094.	27,955.	19,557.
7 Other salaries and wages	1,967,751.	1,744,338.	132,695.	90,718.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	64,646.	47,256.	10,820.	6,570.
9 Other employee benefits				
10 Payroll taxes	121,148.	106,790.	9,058.	5,300.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	63,107.	41,841.	19,673.	1,593.
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	5,314.	4,324.	151.	839.
12 Advertising and promotion	58,224.	58,224.		
13 Office expenses	56,454.	32,475.	22,554.	1,425.
14 Information technology				
15 Royalties				
16 Occupancy	266,598.	244,114.	20,466.	2,018.
17 Travel	54,894.	49,801.	4,624.	469.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	142,469.	104,504.	37,965.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a CONTRACEPTIVES	198,545.	198,545.	0.	0.
b BAD DEBT EXPENSE	150,000.	0.	150,000.	0.
c MEDICATIONS	145,453.	145,453.	0.	0.
d CONTRACT LABOR	117,850.	114,740.	3,110.	0.
e INSURANCE	85,507.	75,775.	6,960.	2,772.
f All other expenses	366,112.	303,184.	46,856.	16,072.
25 Total functional expenses. Add lines 1 through 24f	4,287,678.	3,647,458.	492,887.	147,333.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	105,470.	1	
	2	Savings and temporary cash investments	250,437.	2	108,293.
	3	Pledges and grants receivable, net	166,010.	3	143,191.
	4	Accounts receivable, net	311,217.	4	157,952.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	41,790.	8	27,273.
	9	Prepaid expenses and deferred charges	59,709.	9	79,796.
	10a	Land, buildings, and equipment: cost basis	3,695,588.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	1,870,030.	10c	1,825,558.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	6,659,399.	12	4,429,070.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	36,480.	15	27,296.
16	Total assets. Add lines 1 through 15 (must equal line 34)	9,093,531.	16	6,798,429.	
Liabilities	17	Accounts payable and accrued expenses	160,918.	17	182,115.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	5,404.	25	927.
	26	Total liabilities. Add lines 17 through 25	166,322.	26	183,042.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	8,667,646.	27	6,464,668.
	28	Temporarily restricted net assets	259,563.	28	150,719.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	8,927,209.	33	6,615,387.	
34	Total liabilities and net assets/fund balances	9,093,531.	34	6,798,429.	

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 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?
- b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **PLANNED PARENTHOOD OF DELAWARE, INC.** Employer identification number **51-0066725**

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: (Please check only one organization.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports.

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. 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 ▶ <input type="checkbox"/>		
b 33 1/3% support test - 2007. 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 ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	479,505.	2409512.	665,969.	477,046.	689,045.	4721077.
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	1931256.	2144799.	2303995.	2990477.	3024117.	12394644.
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 - 5	2410761.	4554311.	2969964.	3467523.	3713162.	17115721.
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						17115721.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	2410761.	4554311.	2969964.	3467523.	3713162.	17115721.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	119,020.	216,660.	236,435.	356,799.	188,803.	1117717.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	119,020.	216,660.	236,435.	356,799.	188,803.	1117717.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	15,108.	3,621.	3,469.	44,799.	50,071.	117,068.
13 Total support. (Add lines 9, 10c, 11, and 12)						18350506.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	93.27 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	94.37 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	6.09 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	5.30 %

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2008
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Name of the organization **PLANNED PARENTHOOD OF DELAWARE, INC.** Employer identification number **51-0066725**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

- 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 pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	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 8/17/06	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No
- Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in 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 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
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ _____ %
 - c Term endowment ▶ _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|-----|----|
| (i) unrelated organizations | | |
| (ii) related organizations | | |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		397,343.		397,343.
b Buildings		2,662,116.	1,509,335.	1,152,781.
c Leasehold improvements		107,687.	16,689.	90,998.
d Equipment		526,257.	343,096.	183,161.
e Other		2,185.	910.	1,275.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c))				1,825,558.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,892,772.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,287,678.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-394,906.
4	Net unrealized gains (losses) on investments	4	-1,916,916.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-1,916,916.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-2,311,822.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	2,276,074.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-1,916,916.
b	Donated services and use of facilities	2b	300,218.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-1,616,698.
3	Subtract line 2e from line 1	3	3,892,772.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	3,892,772.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	4,587,896.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	300,218.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	300,218.
3	Subtract line 2e from line 1	3	4,287,678.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	4,287,678.

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

FIN 48 FOOTNOTE:

DURING JUNE 2006, THE FASB RELEASED FASB INTERPRETATION FIN NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. FIN 48 INTERPRETS THE GUIDANCE IN FASB STATEMENT OF FINANCIAL ACCOUNTING STANDARDS (SFAS) NO. 109, ACCOUNTING FOR INCOME TAXES. WHEN FIN 48 IS IMPLEMENTED, REPORTING ENTITIES UTILIZE DIFFERENT RECOGNITION THRESHOLDS AND MEASUREMENT REQUIREMENTS WHEN COMPARED TO PRIOR TECHNICAL LITERATURE. ON DECEMBER 30,

Part XIV Supplemental Information (continued)

2008, THE FASB STAFF ISSUED FASB STAFF POSITION (FSP) FIN 48-3, EFFECTIVE DATE OF FASB INTERPRETATION NO. 48 FOR CERTAIN NONPUBLIC ENTERPRISES. AS DEFERRED BY THE GUIDANCE IN FSP FIN 48-3, THE ORGANIZATION IS NOT REQUIRED TO IMPLEMENT THE PROVISIONS OF FIN 48 UNTIL FISCAL YEARS BEGINNING AFTER DECEMBER 15, 2008. AS SUCH, THE ORGANIZATION HAS NOT IMPLEMENTED THOSE PROVISIONS IN THE 2008 FINANCIAL STATEMENTS.

SINCE THE PROVISIONS OF FIN 48 HAVE NOT BEEN IMPLEMENTED IN ACCOUNTING FOR UNCERTAIN TAX POSITIONS, THE ORGANIZATION CONTINUES TO UTILIZE ITS PRIOR POLICY OF ACCOUNTING FOR THESE POSITIONS, FOLLOWING THE GUIDANCE IN SFAS NO. 5, ACCOUNTING FOR CONTINGENCIES. DISCLOSURE IS NOT REQUIRED OF A LOSS CONTINGENCY INVOLVING AN UNASSERTED CLAIM OR ASSESSMENT WHEN THERE HAS BEEN NO MANIFESTATION BY A POTENTIAL CLAIMANT OF AN AWARENESS OF A POSSIBLE CLAIM OR ASSESSMENT, UNLESS IT IS CONSIDERED PROBABLE THAT A CLAIM WILL BE ASSERTED AND THERE IS A REASONABLE POSSIBILITY THAT THE OUTCOME WILL BE UNFAVORABLE. USING THAT GUIDANCE AS OF MARCH 31, 2009, THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

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

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

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

SCHEDULE I, PART I, LINE 2: THE GRANT IS TO A RELATED PARTY AND THEREFORE

THEIR BOOKS ARE REVIEWED ON AN ON-GOING BASIS TO ENSURE COMPLIANCE WITH THE GRANT.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

PLANNED PARENTHOOD ADVOCACY FUND OF DELAWARE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST THE ORGANIZATION WITH ITS EFFORTS TO REMAIN COMMITTED TO THE PROVISIONS OF COMMUNITY RESPONSIVE

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2008

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Inspection

Name of the organization **PLANNED PARENTHOOD OF DELAWARE, INC.** Employer identification number **51-0066725**

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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

b If line 1a is 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input 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 in Form 990, Part VII, Section A, line 1a:

- 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) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in 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," to line 5a or 5b, describe in Part III.

6 For persons listed in 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" to line 6a or 6b, describe in Part III.

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

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

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

Schedule J (Form 990) 2008

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ERIC SCHAFF	(i)	270,868.	0.	0.	0.	270,868.	0.
	(ii)	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

**SCHEDULE M
(Form 990)**

NonCash Contributions

OMB No 1545-0047

2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

Name of the organization **PLANNED PARENTHOOD OF DELAWARE, INC.** Employer identification number **51-0066725**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	1	248,973.	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 Acknowledgment **29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?
b If "Yes," describe the arrangement in Part II.

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

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization

PLANNED PARENTHOOD OF DELAWARE, INC.

Employer identification number

51-0066725

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMITTED TO THE PROVISION OF COMMUNITY RESPONSIVE REPRODUCTIVE HEALTH SERVICES AND EDUCATION THROUGHOUT DELAWARE.

FORM 990, PART VI, SECTION A, LINE 7A: PPDE IS A DELAWARE NON-STOCK CORPORATION AND AS SUCH IS REQUIRED TO HAVE MEMBERS AS WELL AS A GOVERNING BODY. THE DIRECTORS OF PPDE WHO SIT ON ITS GOVERNING BODY COMPRISE THE MEMBERS OF PPDE.

FORM 990, PART VI, SECTION A, LINE 10: THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AN EMAILED DRAFT OF FORM 990 BEFORE IT IS SIGNED. AFTER ALL HAVE APPROVED OF IT, IT IS SIGNED AND DISTRIBUTED, AGAIN ELECTRONICALLY, TO THE REMAINDER OF THE BOARD OF DIRECTORS FOR FINAL REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE REQUIRED WHEN THEY JOIN THE BOARD TO REVIEW AND SIGN A CONFLICT OF INTEREST POLICY REQUIRING THAT THEY REVIEW ON AN ANNUAL BASIS THE POLICY AND DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST TO THE SECRETARY OF PPDE. PPDE HAS IMPLEMENTED AN ANNUAL PRACTICE OF EITHER REQUIRING BOARD MEMBERS TO RE-SIGN THE CONFLICT OF INTEREST POLICY OR REMIND THEM OF THEIR OBLIGATION TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST AS REQUIRED UNDER THE POLICY. MANAGEMENT REVIEWS THE ACTUAL OR POTENTIAL CONFLICTS AND ADDRESSES ANY KNOWN ISSUES.

ALL EMPLOYEES MUST DISCLOSE IN WRITING TO THEIR SUPERVISOR ANY POTENTIAL

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2008
Open to Public
Inspection

Name of the organization

PLANNED PARENTHOOD OF DELAWARE, INC.

Employer identification number

51-0066725

CONFLCITS OF INTEREST UPON BEING HIRED TO PPDE. ALSO, IF AN EMPLOYEE BECOMES AWARE OF A CONFLICT OF INTEREST THEY MUST NOTIFY A SUPERVISOR. MANAGEMENT REVIEWS THE CONFLICT OR POTENTIAL CONFLICT AND WHEN NECESSARY EXCUSES THE EMPLOYEE FROM EXERCISING RESPONSIBILITIES IN CONNECTION WITH THE CONFLCIT.

FORM 990, PART VI, SECTION B, LINE 15: IT IS THE POLICY OF PPDE TO MAKE EVERY EFFORT TO COMPENSATE EMPLOYEES FAIRLY AND EQUITABLY AND TO RECOGNIZE CONTRIBUTIONS MADE BY EMPLOYEES AS ONE OF ITS HIGHEST PRIORITIES. THE BOARD OF DIRECTORS SETS THE SALARY OF THE CHIEF EXECUTIVE OFFICER (CEO). THE CEO SETS ALL THE OTHER SALARIES ACCORDING TO RANGES PROVIDED BY THE BOARD. PERIODICALLY, THE CEO REVIEWS SALARIES FOR ALL POSITIONS AND COMPARES DATA FROM SIMILAR ORGANIZATIONS TO ENSURE THAT PPDE REMAINS COMPETITIVE IN COMPENSATION PRACTICES.

FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING DOCUMENTS, THE CONFLICT ON INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AT THE CORPORATE OFFICE.

FORM 990, PART XI, LINE 2C:
COMMITTEE RESPONSIBLE FOR SELECTION OF AUDITOR AND OVERSIGHT OF THE AUDIT THE BOARD OF DIRECTORS OF PLANNED PARENTHOOD OF DELAWARE, INC. HAS AUTHORIZED THE FINANCE COMMITTEE TO SELECT AN INDEPENDENT AUDITOR. THE FINANCE COMMITTEE ALSO HAS THE RESPONSIBILITY OF REVIEWING THE FINANCIAL STATEMENTS BEFORE BEING ISSUED AND MAINTAINING OVERSIGHT OF THE AUDIT PROCESS.

Part V Transactions With Related Organizations

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

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 (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

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 other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) PLANNED PARENTHOOD ADVOCACY FUND OF DELAWARE, INC.	B	12,000.
(2) PLANNED PARENTHOOD ADVOCACY FUND OF DELAWARE, INC.	M	4,795.
(3) PLANNED PARENTHOOD ADVOCACY FUND OF DELAWARE, INC.	N	13,670.
(4)		
(5)		
(6)		

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II		Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization		Employer identification number
	PLANNED PARENTHOOD OF DELAWARE, INC.		51-0066725
	Number, street, and room or suite no. If a P.O. box, see instructions. 625 SHIPLEY STREET		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WILMINGTON, DE 19801		

Check type of return to be filed (File a separate application for each return):

- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THE ORGANIZATION

- The books are in the care of **▶ 625 SHIPLEY STREET - WILMINGTON, DE 19801**
Telephone No. **▶ 302-655-7296** FAX No. **▶**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **_____**. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **FEBRUARY 15, 2010.**
- 5 For calendar year **_____**, or other tax year beginning **APR 1, 2008**, and ending **MAR 31, 2009**.
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension

ADDITIONAL INFORMATION NEEDED FROM THIRD PARTIES TO FILE AN ACCURATE AND COMPLETE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature **▶ Kathleen Coen, CIA** Title **▶ CIA** Date **▶ 11/2/09**

extension processed - certified mail

Application for Extension of Time To File an Exempt Organization Return

Sent 7/24/09
Acc 7/24/09
OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization PLANNED PARENTHOOD OF DELAWARE, INC.	Employer identification number 51-0066725
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 625 SHIPLEY STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WILMINGTON, DE 19801	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

THE ORGANIZATION

- The books are in the care of ▶ **625 SHIPLEY STREET - WILMINGTON, DE 19801**
Telephone No. ▶ **302-655-7296** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **NOVEMBER 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning **APR 1, 2008**, and ending **MAR 31, 2009**.

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 4-2009)

e-filed