Form **990** 

Department of the Treasury Internal Revenue

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

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

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

OMB No 1545-0047 2008 Open to Public Inspection

Serv									
A Fo	r the 2	2008 c	alendar yea	r, or tax year beginnir	ng 01-01-2008	and ending 12-31-2008	3	D FI	danalification number
<b>B</b> Ch	eck ıf a <sub>l</sub>	pplicable	Please	C Name of organization PLANNED PARENTHOOD	OF NEW YORK CIT	Y INC		D Employer i	dentification number
┌ Ad	dress ch	ange	use IRS label or					13-26214	
Г№	me chai	nge	print or	Doing Business As				E Telephone	number
┌ Ini	tıal retui	rn	type. See Specific	Number and street (sr	D.O. how if mod io n	at dalusared to atreat address	a) Daama (austa	(212) 965	-7022
_			Instruc-	26 BLEECKER STREET	PO box if mail is n	ot delivered to street addres	s) Room/suite	G Gross recei	<b>pts</b> \$ 26,959,647
	mınatıo		tions.						
An	nended i	return		City or town, state or c NEW YORK, NY 10012					
Г Ар	plication	pending		NEW TORK, WI 10012					
			F Nar	ne and address of Prir	ncipal Officer		H(a) To this	a group retu	rn for
			joan ma				affiliat		⊤Yes <b>▼</b> No
				ECKER STREET					,
				ORK,NY 10012			H(b) Are all	affiliates inclu	ded? Yes No
<u> </u>	x-exem	pt status	<b>№</b> 501(c)	) ( 3 ) ◀ (insert no )	4947(a)(1) or	527	(If "No	o," attach a lis	st See instructions )
J W	eb site	e: 🟲 ww	w ppnyc org	J			H(c) Group	Exemption N	umber 🟲
<b>K</b> Typ	e of org	anızatıon	✓ Corporat	tion 🗌 trust 🗀 association	other 🟲		<b>L</b> Year of For	mation 1968	<b>M</b> State of legal domicile NY
Pa	rt I	Sum	mary						
	1			ne organization's miss	ion or most sign	ificant activities			
<u>გ</u>			al Data Tab	•	ion or most sign	meant activities			
Ξ	2				continued its or	perations or disposed o	fmore than 2	F% of its ass	ots
E .			,						
Governance	3					VI, line 1a)			35
	4			_	_	g body (Part VI, line 11	)		35
8	5	Totalr	number of e	mployees (Part V , line	e 2a)			5	379
Activities &	6	Totalr	number of v	olunteers (estimate if	necessary) .			6	127
ਓ	7a	Total	gross unrela	ated business revenue	from Part VIII,	line 12, column (C)		7:	<b>a</b> 0
₹	b	Netun	related bus	iness taxable income	from Form 990-	T, line 34		7	<b>b</b> 0
							Prio	r Year	Current Year
	8	Contr	ibutions and	d grants (Part VIII, lır		14,116,407	14,512,174		
≘	9	Progra	am service	revenue (Part VIII, lii		10,418,377	10,364,423		
venue	10			me (Part VIII, column		2,160,975	1,741,508		
2	11			art VIII, column (A),				586,476	179,622
	12		•	, , , , , , , , , , , , , , , , , , , ,		t VIII, column (A), line		300,170	1,3,022
		12)	revenue u	ad IIIIco o timoagii 11	(mast equal) at			27,282,235	26,797,727
	13	Grant	s and simila	ar amounts paid (Part	IX, column (A),	lines 1-3)			0
	14	Benef	its paid to c	or for members (Part I	X, column (A), lı	ne 4)			0
	15		•	•		IX, column (A), lines 5	_		
\$		10)	,	·····p ····· a ····· y ····· p ··· y ·	(, , , ,	, (,,		17,132,303	19,410,901
Expenses	16a	Profes	ssional fund	Iraising fees (Part IX,	column (A ), line	11e)			94,500
훘	ь	(Total f	undraising ex	penses, Part IX, column (D	), line 25 1,227,049	)			
Ш	17	•	_	(Part IX, column (A), l				12,617,237	11,370,995
	18			-add lines 13–17 (mus				29,749,540	30,876,396
	19		•	penses Subtract line		25, column (A))		-2,467,305	-4,078,669
± 00 3r ≈	1.5	116 4 61	.ac 1633 EX	, c.i.scs Subtract lille .	_		Deci	· ·	
Net Assets or Fund Balances		_						ng of Year	End of Year
35 eg	20	Total	assets (Pai	rt X, line 16)			1	.07,592,259	84,937,340
A B	21	Total	liabilities (F	Part X, line 26)				1,666,111	3,357,736
žŽ	22	Netas	ssets or fun	nd balances Subtract	line 21 from line	20	1	05,926,148	81,579,604
Pa	rt II	Sigr	nature Bl	ock					
									the best of my knowledge
		and bel	iet, it is true,	correct, and complete Dec	iaration of preparer	(other than officer) is based	ı on all ınformatı ı	on of which prep	arer has any knowledge
Plea Sign		***	*** nature of office				2009-:	11-16	
Her		, Sign	lature or office	31			Date		
	•		rles eke ceo	4 441-					
		F iyp	e or print nam	e and tide		<u> </u>			
		Pre	parer's 🛦			Date	Check If	Preparer's PT	IN (See Gen Inst )
Pai	d	I .	nature				self- empolyed ▶ <b></b>	.	
Pre	pare						poi,cu ,		
Use	-	Firr	n's name (or elf-employed)						
Onl	y		lress, and ZIP		IC			EIN 🕨	
				1185 AVENUE OF TH	HE AMERICAS			Phone no 🕨	(212) 372-1000
				NEW YORK, NY 100	0362602				

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

<b>1</b> See A	Briefly describe the organization's mission Additional Data Table				
2	Did the organization undertake any si	gnificant program se	ervices during the year	which were not listed on	
	'				┌ Yes ┌ No
	If "Yes," describe these new services				
3	Did the organization cease conducting services?		t changes in how it cor	nducts any program	┌ Yes ┌ No
	If "Yes," describe these changes on S	chedule O			
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organizatio others, the total expenses, and reven	ns and 4947(a)(1)	trusts are required to r	eport the amount of grants	
4a	(Code ) (Expenses \$ Clinical Services - Provides state-of-the-art r reproductive lives Services include family pla services, STI and HIV testing and counseling, visited PPNYC's three health centers for a co	reproductive health care anning, gynecological ex and screening for repro	and accurate information to cams, pregnancy testing, em ductive cancers and intimat	nergency contraception, medicatio e partner violence During 2008, r	n and surgical abortion, male
4b	(Code ) (Expenses \$ Education and Training Program - Engages to Programming targets areas of New York City education workshops, peer education, techni pilots sexuality education in communities and	eens, parents, and comr that have disproportion cal assistance, and profe	nunity partners in a combine nately high rates of adolesce	ent pregnancy and HIV/STI infection	on We provide innovative sex
4c	(Code ) (Expenses \$ International Program - Works toward a wor Johannesburg, South Africa and Santo Domir organizations in these countries can develop Collaborates in these areas and in coalition w prevention programs, religious leaders, and o	ld where healthy sexual ngo, the Dominican Repu their own culturally sens with a wide range of part	ublic, provides specialized tra sitive programs, particularly	aining and tailored technical assist around HIV/AIDS and gender-bas	ance so that grassroots ed violence prevention
	(Code ) (Expenses \$	1,718,750	ıncludıng grants of \$	) (Revenue \$	)
	OH				
4d	Other program services (Describe i (Expenses \$	n Schedule O ) including grants o	.f ¢	) (Revenue \$	1
4e	Total program service expenses \$	25,411,84	·	Line 25, column (B).	,
	i otal program service expenses \$	23,411,04	o musicyuairait 1/	Line 20, column (D).	

Part IV Checklist of Required Schedules

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

## Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	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? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent 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

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal	l	1			
	of U.S. Information Returns . Enter -0- if not applicable					
		1a	94			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable					
		1b	0			
С	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable		V	
_	gaming (gambling) winnings to prize winners?	· ·		1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this					
	return	2a	379			
b	If at least one is reported in 2a, did the organization file all required federal employn					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?	g the	year covered by this	3a		Νο
h	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Sch</i>	edule :	· · · · · ·	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a s			- 55		
-TG	over, a financial account in a foreign country (such as a bank account, securities ac					
	account)?			4a		Νο
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Re	eport o	f Foreign Bank and			
	Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	-	•	5a		No
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exemp</i>	t Entit	ty Regarding Prohibited			
	Tax Shelter Transaction?	•		5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		No
Ь	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).	•				
	Did the organization provide goods or services in exchange for any quid pro quo con	tribut	ion of \$75 or	7a		No
	more?		•			
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope		· ·	7-		N -
	file Form 8282?	ı	 I	7c		No
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay	/ prem	nums on a personal			
	benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
	required?		-t 500(-\/3\	7h		No
8	supporting organizations. Did the supporting organization, or a fund maintained by a s					
	excess business holdings at any time during the		,	8		
	year?					
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
a	,			9a		
Ь	, , , , , , , , , , , , , , , , , , , ,	۰ .		9b		
10	Section 501(c)(7) organizations. Enter	1	I			
	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	( ), ( )		1			
а	Gross income from members or shareholders	11a				
L	Gross income from other sources (Do not net amounts due or paid to other sources	114				
U	against amounts due or received from them )	11b				
	·			.		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	ı ileu d İ	or Form 1041? 	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

Section A. Governing Body	and Management	

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 35			
b	Enter the number of voting members that are independent 1b 35			
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 organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

#### Section B. Policies

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

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed NY
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. 

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

26 BLEEcKER STREET NEW YORK,NY 100122413 (212) 274-7359

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

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

Check this box if the organization did not compensate any officer, director, trustee or key employee										
(C) Position (check all that apply)					I			(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
MARCIA ALLINA , BOARD MEMBER	1 00	Х						0	0	0
LESLIE K BROWN , BOARD MEMBER	1 00	Х						0	0	0
GLORIA J BROWNE MARSHALL, BOARD MEMBER	1 00	Х						0	_	
EVELYN CASTRO , BOARD MEMBER	1 00	X						0		
KATIE DANZIGER , BOARD MEMBER	1 00	X						0	_	
EMME L DELAND , BOARD MEMBER LISA BEATTIE FRELINGHUYS , BOARD MEMBER	1 00 1 00	X						0	_	
STACEY R GRILL , BOARD MEMBER	1 00	X						0		
MANDY GREENFIELD , BOARD MEMBER	1 00	X						0	_	
ANDREW HERZ , BOARD MEMBER	1 00	Х						0	0	0
ELLEN JEWETT , BOARD MEMBER	1 00	Х						0	0	0
BETTY KOWALOFF, BOARD MEMBER	1 00	Х						0	_	
HOWARD KAGEN , BOARD MEMBER	1 00	Х						0	_	
PATRICIA Y MARTI , BOARD MEMBER	1 00	X	<u> </u>			-		0	_	
JOHN N MAYBERRY , BOARD MEMBER	1 00 1 00	X						0		
RAFAEL MAYER , BOARD MEMBER	1 00	×						0	_	
JOSIE MORALES , BOARD MEMBER	1 00	X						0	_	
LISA PEVAROFF COHN , BOARD MEMBER	1 00	X						0		0
JAY STERLING , BOARD MEMBER	1 00	Х						0	0	0
LAURA A PHILIPS , BOARD MEMBER	1 00	Х						0	0	0
MARGARET POLANECZKY , BOARD MEMBER	1 00	Х						0	_	
BETH ROTHENBERG , BOARD MEMBER	1 00	X						0	_	
NANCY SCHACHT , BOARD MEMBER	1 00	X		_			_	0	_	
DAVID SHERMAN , BOARD MEMBER CARLA S SINZ , BOARD MEMBER	1 00 1 00	X						0		
COURTNEY SMITH , BOARD MEMBER	1 00	X						0		
JOHN W TOWNSEND , BOARD MEMBER	1 00							0		0
NICOLE WACHTER , BOARD MEMBER	1 00	Х						0	0	0
ROBIN WILLNER , BOARD MEMBER	1 00	Х						0	0	0
MELINDA WOLFE , BOARD MEMBER	1 00	Х						0	0	0
jay sterling , bOARD MEMBER	1 00	X		_				0	_	
charles straut , bOARD MEMBER	1 00	X						0	_	
matthew traub , bOARD MEMBER caroline curry , bOARD MEMBER	1 00 1 00	X						0	_	
JOAN MALIN , CHIEF EXECUTIVE OFFICER	35 00	^		X		X		222,857	0	
CAROLINE D GREENE , VP FOR F&A/CFO	35 00			X		X		205,719	0	
MAUREEN E PAUL, CHIEF MEDICAL OFFIC	35 00					Х		317,140		21,242
Louis K Corso , VICE PRESIDENT DEVELOPME	35 00					Х		168,820	0	17,483
GERALD ZUPNICK , PHYSICIAN	35 00					Х		283,377	0	,
ANNE M ROBINSON , VP,CLINICAL SERVICES	35 00					Х		164,015	0	15,120
					1					
			<u> </u>							
			-							
			$\vdash$							
	1					1				

## Part VII Continued

		1			appl		all			(E)	(F)
	<b>(A)</b> Name and Title	(B) A verage hours per week	Individual Trustee or Prector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
				+							
		1									
		1									
				1				$\vdash$			
								Ш			
		+		$\vdash$				$\vdash$			
								$\vdash$			
1b To	tal							•	1,361,928	C	131,456

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►6

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

#### **Section B. Independent Contractors**

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

( <b>A</b> ) Name and business address	( <b>B</b> ) Description of services	<b>(C)</b> Compensation
Westerman Construction Co 80 8th Avenue NEW YORK, NY 10011	Architects Consultants	1,223,153
Perkins Eastman Architects PC 115 5TH AVENUE NEW YORK, NY 10003	Architects Consultants	622,012
US Security Associates Inc 200 Mansell Court - 5th Floor ROSWELL, GA 30076	Security Services	240,921
Works in Progress Associates 33 Rector Street NEW YORK, NY 10006	Architects Consultants	162,456
SIGNATURE CLEANING SERVICES 231 WEST 29TH STREET SUITE 402 NEW YORK, NY 10001	MAINTENANCE	144,049
2 Total number of independent contractors (including those in 1) who from the organization	, ,	7

Statement of Revenue

				<b>(A)</b> Total Revenue	(B) Related or	<b>(C)</b> Unrelated	(D) Revenue
				Total Kevende	Exempt Function Revenue	Business Revenue	Excluded from Tax under IRC
	1a	Federated campaigns 1	.a		Revenue		512, 513, or 514
\$ <del>\$</del>	ь	Membership dues					
<u>E</u> ₹		1	ь ———				
કું.દે ∰	С	Fundraising events <b>1</b>	c ———				
≣ੁ≅	d	Related organizations1	d				
ξŒ.	e	Government grants (contributions) 1	e 7,955,208				
Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, grants, and similar amounts not included above	6,556,966 <b>f</b>				
E G	g	Noncash contributions included i					
္မ	h	lines 1a-1f \$	<u>.</u>	14,512,174			
			Business Code				
ПIE	2a	MEDICARE/MEDICAID PAYM	900,099	3,968,665	3,968,665		
e ve	ь	self-pay	900,099	3,462,174	3,462,174		
ъ П	c	commercial insurance	900,099	2,809,807	2,809,807		
rws	d	PROFESSIONAL TRAINING	900,099	123,777	123,777		
જૂ	e						
Program Serwce Revenue	f	All other program service revenu	е				
<u> </u>	g	Total. Add lines 2a-2f					
	3	Investment income (including div	·	1,409,377			1,409,377
		other similar amounts)		1,409,377			1,409,377
	4	Income from investment of tax-exempt	bond proceeds				
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross Rents					
	Ь	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
		(ı) Securities	(II) O ther				
	7a	Gross amount 332,131					
		from sales of assets other					
	ь	than inventory Less cost or					
		other basis and sales expenses					
	с	Gain or (loss) 332,131					
	d	Net gain or (loss)		332,131			332,131
	8a	Gross income from fundraising	<del>†                                    </del>				
		events (not including					
<u>o</u>		\$ 83,190 of contributions reported on line					
Other Revenue		1c) See Part IV, line 18					
ě		Attach Schedule G if total exceeds					
<u> </u>	ь	\$15,000	323,733				
‡	c	Less direct expenses Net income or (loss) from fundrai		-78,730			-78,730
0			<u>▶</u>				
	9a	Gross income from gaming activities See part IV, line 19					
		Complete Schedule G ıf total exceeds \$15,000					
			a				
	ь	Less direct expenses	ь				
	с	Net income or (loss) from gaming					
	10a	Gross sales of inventory, less	<u> </u>				
	IVa	returns and allowances .					
			а				
	ь	Less cost of goods sold					
	С	Net income or (loss) from sales of	_				
	4.4	Miscellaneous Revenue	Business Code 900,099	196,437			196,437
	11a	miscELLANEOUS	900,099				61,915
	Ь	ec'otc income		01,915			01,915
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d	 \$ 258,352				
	12	Total Revenue. Add lines 1h, 2g,		26,797,727	10,364,423	-	1,921,130
		8c,	, ,, L				

# Part IX Statement of Functional Expenses

A	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 ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21		·							
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)									
7	Other salaries and wages	15,497,706	12,506,438		445,792					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	792,016	605,137	169,881	16,998					
9	Other employee benefits	1,975,451	1,509,337	423,719	42,395					
10	Payroll taxes	1,145,728	875,389	245,750	24,589					
11	Fees for services (non-employees)									
а	Management									
Ь	Legal	57,040		57,040						
c	Accounting	93,274		93,274						
d	Lobbying									
e	Professional fundraising See Part IV, line 17	94,500			94,500					
f	Investment management fees				<u> </u>					
g	Other	687,669	591,455	20,514	75,700					
12	Advertising and promotion	,	,		·					
13	Office expenses	2,862,720	2,623,686	62,422	176,612					
14	Information technology		, ,	,	,,					
15	Royalties									
16	Occupancy	1,875,355	1,810,419	47,513	17,423					
17	Travel	2,5:2,555	2,222,122	,						
18	Payments of travel or entertainment expenses for any Federal, state or local public officials									
19	Conferences, conventions and meetings	197,406	182,126	15,280						
20	Interest	6,727	· · · · · ·	6,727						
21	Payments to affiliates	, ==		, 1						
22	Depreciation, depletion, and amortization	938,445	783,165	120,972	34,308					
23	Insurance	367,001	367,001		·					
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 )									
а	PHYSICIAN FEES	1,318,487	1,318,487							
b		480,075	447,301	26,893	5,881					
c	BANK CHARGES & INVESTME	459,054	459,054	,						
d	PASS THRU FUNDS	427,107	120,092	307,015						
e		384,321	384,321							
f	All other expenses	1,216,314	828,432	95,031	292,851					
25	Total functional expenses. Add lines 1 through 24f	30,876,396	25,411,840	4,237,507	1,227,049					
26	Joint Costs. Check   If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	23/27/3/330	25,.12,610	.,257,557	2,22,70.13					
	fundraising solicitation				000 (2008)					

Dart Y	Ralance	Sheet

					(A)		(E	
	1	Cash—non-interest-bearing			Beginning of year 251,232	1	End o	877,580
	2	Savings and temporary cash investments	•		4,671,563			6,130,192
	3	Pledges and grants receivable, net			3,917,418			2,940,425
	4	Accounts receivable, net			4,073,801	4		4.935.843
	5	Receivables from current and former officers, directors, trustees		emplovees or	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			.,,,,,,,,,,,
		other related parties $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	•	•		5		
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of				6		
	7	Notes and loans receivable, net	•			7		
	8	Inventories for sale or use		8				
sts	9	Prepaid expenses and deferred charges	217,833	9		13,634		
Assets	10a	Land, buildings, and equipment cost basis	0					
•	ь	Less accumulated depreciation Complete Part VI of Schedule D	10a 10b	10,313,20	3 10,348,945	10c	1	2,395,887
	11	Investments—publicly traded securities			62,559,182	11	2	2,895,445
	12	Investments—other securities See Part IV, line 11 Complete Part Schedule D	art VII	of	21,517,053	12	3	34,713,102
	13	Investments—program-related See Part IV, line 11 Complete P	art VII	I		13		
	14	of Schedule D .				14		
	14 15	Intangible assets Other assets See Part IV , line 11 Complete Part IX of Schedule			35,232	14		35,232
		D				15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			107,592,259	16	8	34,937,340
	17	Accounts payable and accrued expenses .			1,344,333	17		1,818,161
	18	Grants payable				18		
	19	Deferred revenue				19		
φ.	20	Tax-exempt bond liabilities				20		
ξė	21	Escrow account liability Complete Part IV of Schedule D	• •	•		21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ë		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			321,778	25		1,539,575
	26	<b>Total liabilities.</b> Add lines 17 through 25			1,666,111	26		3,357,736
s e		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and comp through 29, and lines 33 and 34.	lete li	nes 27				
anc	27	Unrestricted net assets			26,604,880	27		2,916,992
Balance	28	Temporarily restricted net assets			6,470,168	28		5,773,615
	29	Permanently restricted net assets			72,851,100	29	7	2,888,997
Fund		Organizations that do not follow SFAS 117, check here ▶ ┌ an	d com	plete				
or I		lines 30 through 34.						
	30	Capital stock or trust principal, or current funds	•			30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31				
	32	Retained earnings, endowment, accumulated income, or other fu		32				
Net	33	Total net assets or fund balances		105,926,148	33	ε	31,579,604	
_	34	Total liabilities and net assets/fund balances			107,592,259	34	8	34,937,340
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

Dart YT	Financial	Statements	and Reporting

	_			
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

### SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

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

Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization )

2008

Open to Public Inspection

Name of the organization
PLANNED PARENTHOOD OF NEW YORK CITY INC

Employer identification number
13-2621497

1	ı	A church, c	onvention of c	hurches, or association of ch	nurches de	escribed in	Section 1	L70(b)(1)(	(A)(i).			
2	$\vdash$	A school d	escribed in <b>Sec</b>	tion 170(b)(1)(A)(ii). (Atta	ch Schedı	ıle E )						
3	$\Gamma$	A hospital	or a cooperativ	e hospital service organizati	ıon descrı	bed in <b>Sec</b>	tion 170(l	o)(1)(A)(i	ii). (Attac	h Schedul	le H)	
4	$\Gamma$	A medical	research organ	ızatıon operated ın conjunctı	on with a	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the	
		hospital's i	name, city, and	state								
5	$\Gamma$	An organiza	ation operated	for the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unıt desc	rıbed ın	
		Section 170	D(b)(1)(A)(iv)	. (Complete Part II )								
6	$\Gamma$	A federal, s	tate, or local g	overnment or governmental	unıt desci	ribed in <b>Se</b>	ct ion 170	(b)(1)(A)	(v).			
7	굣	An organiza	ation that norm	ally receives a substantial p	art of its	support fro	om a gove	rnmental u	ınıt or fror	n the gene	ral public	С
		described i	n <b>Sect ion 170(</b>	<b>b)(1)(A)(vi)</b> (Complete Par	tII)							
8	$\Gamma$	A commun	ty trust descri	bed in <b>Section 170(b)(1)(A)</b>	(vi) (Com	nplete Par	tII)					
9	$\Gamma$	An organiza	ation that norm	ally receives (1) more than	3 3 1/3% 0	fits supp	ort from c	ontribution	ns, membe	rship fees	, and gro	SS
		receipts fro	m activities re	lated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2	) no more	than 331/	'3% of	
		ıts support	from gross inv	estment income and unrelate	ed busines	s taxable	income (l	ess sectio	on 511 ta:	x) from bu	sınesses	
		acquired by	the organizati	on after June 30, 1975 See	Section 5	609(a)(2).	(Complete	e Part III	)			
10	Г	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ct ion 509(	( <b>a)(4).</b> (S	ee instruc	tions )	
11	$\Gamma$	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purpo:	ses of
				orted organızatıons descrıbe				-		Section 5	09(a)(3)	.Check
		_		type of supporting organiza Type II <b>c</b>					_	Г типа	III - Ot	har
_	_	•					nally Integ		d			
e	1	•		rtify that the organization is lagers and other than one or			•			•	•	
		section 50				,					()(	_,
f		_		ed a written determination fro	m the IRS	5 that it is	a Type I,	Type II o	r Type III	supportir	ng organiz	zatio <u>n,</u>
_		check this			J <b>c</b> .		<b>.</b>					ı
g		following pe		as the organization accepte	d any gift	or contrib	ution from	any or the	•			
				or indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No
		and (III) be	ow, the govern	ing body of the the supported	d organiza	tion?				11g	(i)	<u> </u>
		(ii) a family	/ member of a p	person described in (i) above	?					11g(	ii)	1
		(iii) a 35%	controlled ent	ity of a person described in (	(ı) or (ıı) a	bove?				11g(	iii)	<del>                                     </del>
h		Provide the	following infor	mation about the organizatio	ns the org	ganızatıon	supports					
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) An	nount of
		oorted		(described on lines 1-9		ation in	_	nızatıon	, ,	ation in	supp	ort?
	Orgar	nization		above or IRC section (See Instructions))		listed in	1 -	) of your		rganized US?		
				(See Instructions))	, ,	verning ment?	Supp	ort?	In the	057		
					Yes	No	Yes	No	Yes	No	†	
					1.55	1	1.55		1.55	1		
										1		
						<u> </u>						
Tota	1											

# Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you ched	ked the box o	n line 5, 7, or	8 of Part I.)				
Р	ublic Support							
Cal	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	<b>(c)</b> 2006	<b>(d)</b> 2007	(e)	2008	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	15,161,269	14,858,424	14,089,057	14,116,407		14,512,174	72,737,331
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 line 1-3	15,161,269	14,858,424	14,089,057	14,116,407		14,512,174	72,737,331
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)							
6	Public Support subtract line 5 from line 4							72,737,331
T	otal Support							
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	15,161,269	2,253,390	14,089,057	14,116,407		14,512,174	72,737,331
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	2,205,942	2,253,390	3,470,143	2,160,975		1,409,377	11,499,827
9 10	sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss							
	from the sale of capital assets (Explain in Part IV )			153,480	675,286		341,542	1,170,308
11	Total Support (Add lines 7 through 10)							85,407,466
12	Gross receipts from related activities, etc	(See instruction	s)			12		55,631,992
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc		rst, second, third	d, fourth, or fifth	tax year as a 5	01(c)(	3)	▶┌
14	Public Support Percentage for 2008 (line 6		ed by line 11 co	lumn (f))		14		85 170 %
15	Public Support Percentage for 2007 Scheo		•	(177		15		85 220 %
	33 1/3% Test - 2008. If the organization di and stop here. The organization qualifies a 33 1/3% Test - 2007. If the organization di	s a publicly supp	orted organizati	on	·			<b>▶</b>  ✓
	box and stop here. The organization qualifi 10% Facts and Circumstances Test - 2008. more, and if the organization meets the "fa organization meets the "facts and circums" 10% Facts and Circumstances Test - 2007.	If the organization ots and circumst tances" test Tho If the organization	on did not check ances" test, che e organization qu on did not check	a box on line 13 eck this box and ualifies as a pub a box on line 13	stop here. Exp licly supported 3, 16a, 16b, or	laın ın organı 17a aı	Part IV ho zation nd line 15	ow the ► Is 10% or
18	more, and if the organization meets the "fa the organization meets the "facts and circu <b>Private Foundation.</b> If the organization did	ımstances" test	The organizatio	n qualifies as a	publicly suppor	ted or	ganızatıon	>W ▶□

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	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	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	Add lines 10a and 10b						
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 )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% 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 **33 1/3% 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

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

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

**Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

#### **Additional Data**

Software ID: Software Version:

**EIN:** 13-2621497

Name: PLANNED PARENTHOOD OF NEW YORK CITY INC

#### Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

PPNYC is a organization providing a wide range of reproductive health services, information, training, and counseling to the nyc community. we are a leader in the design and implementation of comprehensive sex education for youth, their parents and teachers, and advocate on behalf of measures that ensure women's health and wellness in NYC and beyond, ppnyc's three health centers are licensed by the state of new york and provide affordable, comprehensive and medically approved reproductive health services and counseling.

DLN: 93493320022139

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

	ARENTHOOD OF NEW YORK CITY INC		Linployer ident	in icación number
			13-2621497	
art I	Organizations Maintaining Donor Ac organization answered "Yes" to Form 99	0, Part IV, line 6.	unds or Accou	ınts. Complete ıf t
		(a) Donor advised funds	(b) Funds a	and other accounts
Total	I number at end of year			
Aggr	egate Contributions to (during year)			
Aggr	egate Grants from (during year)			
Aggr	egate value at end of year			
	the organization inform all donors and donor advi s are the organization's property, subject to the o	5	nor advised	┌ Yes ┌ N
used	the organization inform all grantees, donors, and I only for charitable purposes and not for the ben ermissible private benefit?		•	┌ Yes ┌ N
rt II	Conservation Easements. Complete	ıf the organızatıon answered "Yes"	to Form 990, Pa	rt IV, line 7.
Г Сот	Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space plete lines 2a-2d if the organization held a quali	Preservation of c	in historically impo ertified historic sti m of a conservation	ructure
on tr	ne last day of the tax year		Hel	ld at the End of the Y
Tot	al number of conservation easements		2a	
	al acreage restricted by conservation easement:		2b	
	nber of conservation easements on a certified hi		2c	
	mber of conservation easements included in (c) a		2d	
	ber of conservation easements modified, transfe	•	ted by the organiza	tion during
	axable year ►			g
		then accompany to be about Mr.		
	ber of states where property subject to conserva		1-4	
	s the organization have a written policy regarding reement of the conservation easements it holds?		liations, and	Г Yes  Г I
Staff	for volunteer hours devoted to monitoring, inspe	cting and enforcing easements during th	ie year 🟲	
A mo	unt of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the y	year ► \$	
	s each conservation easement reported on line 2 (h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of se	ection	Г Yes
balaı	art XIV, describe how the organization reports conces sheet, and include, if applicable, the text of torganization's accounting for conservation easem	he footnote to the organization's financia	•	•
t III	Organizations Maintaining Collectio Complete if the organization answered "		, or Other Simi	lar Assets.
art, l	e organization elected, as permitted under SFAS historical treasures, or other similar assets held ide, in Part XIV, the text of the footnote to its fin	116, not to report in its revenue statem for public exhibition, education or resea	rch in furtherance	
histo	e organization elected, as permitted under SFAS orical treasures, or other similar assets held for p ide the following amounts relating to these items	public exhibition, education, or research		
(i) <sub>R</sub>	evenues included in Form 990, Part VIII, line 1		<b>►</b> \$	
(ii) a	Assets included in Form 990. Part X			

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 relating to these items

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

**►** \$

Part	1 0 0 1	Organizations Maintaining Co	llections of Art,	His	<u>tori</u>	cal Treas	sures, or Oth	<u>ner Sin</u>	<u>nilar</u>	Asse	ts (co	ntınued)
3		g the organization's accession and other s (check all that apply)	r records, check any	of th	e foll	owing that a	are a significan	use of	ıts coll	ection	1	
а		Public exhibition		d	$\sqcap$	Loan or ex	change program	ns				
b	Γ 9	Scholarly research		e	Γ	Other						
С	_ F	Preservation for future generations										
4	Provi Part	ide a description of the organization's co XIV	ollections and explain	n how	v they	further the	e organization's	exempt	purpos	se in		
5		ng the year, did the organization solicit o ts to be sold to raise funds rather than t						ımılar		Г	Yes	┌ No
Par	t IV	Trust, Escrow and Custodial A Part IV, line 9, or reported an an					ganızatıon ans	wered	"Yes"	to Fo	orm 9	90,
1a		e organization an agent, trustee, custod ded on Form 990, Part X?	ian or other intermed	ıary	for c	ontributions	s or other asset	s not		Γ	Yes	┌ No
b	If"Y	es," explain why in Part XIV and comple	te the following table									
										A mou	ınt	
С	Begı	nnıng balance					10	3				
d	Addı	itions during the year					10	t				
e	Dıstı	ributions during the year					10	e .				
f	Endı	ng balance					11	•				
2a	Dıd t	he organization include an amount on Fo	orm 990, Part X, line	21?						Γ	Yes	┌ No
b	If "Ye	es," explain the arrangement in Part XIV	,									
Pai	t V	Endowment Funds. Complete										
4-	D = =		(a)Current Year 79,321,268	(b	<b>)</b> Prior	Year (c)	Two Years Back	(d)Three	Years Ba	ick   <b>(e</b>	)Four Ye	ears Back
1a L		nning of year balance	1,682,731									
b c		stment earnings or losses	1,002,731									
d		its or scholarships										
e		er expenditures for facilities	2,341,387									
_		programs	, ,									
f	Adm	inistrative expenses										
g	End	of year balance	78,662,612									
2	Provi	ide the estimated percentage of the yea	r end balance held as	;								
а	Boar	d designated or quasi-endowment 🕨										
b	Perm	nanent endowment 🕨 93 000 %										
c	Term	n endowment 🕨 7 000 %										
3a		there endowment funds not in the posses	ssion of the organizat	ion t	hat a	re held and	l admınıstered f	or the				
	_	nization by nrelated organizations							Г	3a(i)	Yes	No No
		elated organizations		•	•				<b>—</b>	3a(ii)		No
ь		es" to 3a(II), are the related organization			ched	ule R?				3b		
4	Desc	ribe in Part XIV the intended uses of th	e organization's endo	wme	nt fu	nds			<u> </u>			
Par	t VI	Investments—Land, Buildings	s, and Equipmen	t. S	ee F	orm 990,	Part X, line 1	0.				
		Description of investment				Cost or other (investment)		er (c) [	Deprecia	tion	( <b>d)</b> Boo	ok value
<b>1</b> a l	and											
b E	Buildir	ngs					5,209,6	20	862	,166		4,347,454
<b>c</b> l	ease	hold improvements					11,794,6	89	7,570	,367		4,224,322
d E	Equipr	ment					2,666,1	45	1,880	,670		785,475
<b>e</b> (	Other						3,038,6	36				3,038,636

Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or cateory (including name of security)	( <b>b)</b> Book value	(c) Method of valuation Cost or end-of-year market value
nancial derivatives and other financial products		
losely-held equity interests		
ther Private Investment funds	27,525,010	
ther preferred stock	123,458	
ther limited partnerships	7,026,896	
ther venture capital private equity	37,738	
otal. (Column (b) should equal Form 990, Part X, col (B) line 12 )	34,713,102	
art VIII Investments—Program Related. Se	o Form 000 Part V June 1	12
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
otal. (Column (b) should equal Form 990, Part X, col (B) line 13 )	15	
Part IX Other Assets. See Form 990, Part X, III  (a) Descrip		(b) Book value
(a) beschip	7.11011	(B) Book Funds
otal. (Column (b) should equal Form 990, Part X, col.(B) line 1		
Part X Other Liabilities. See Form 990, Part X	1	
(a) Description of Liability	(b) A mount	
ederal Income Taxes		
NNUITIES PAYABLE	54,469	
UE TO MEDICAID	1,485,106	
「otal. (Column (b) should equal Form 990, Part X, col (B) line 25) 🕨	1,539,575	

	XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	113	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	26,797,72
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	30,876,39
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-4,078,66
4	Net unrealized gains (losses) on investments	4	-20,267,85
5	Donated services and use of facilities	5	
6	Investment expenses	6	-
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
_	Total adjustments (net) Add lines 4 - 8	9	-20,267,85
	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-24,346,52
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	6,691,79
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-20,105,93
3	Subtract line <b>2e</b> from line <b>1</b>	3	26,797,72
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
ь	Other (Describe in Part XIV) 4b		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	26,797,72
Part 2	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	urn
1	Total expenses and losses per audited financial statements	1	31,038,33
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25 2c		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	161,92
3	Subtract line <b>2e</b> from line <b>1</b>	3	30,876,41
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	30,876,41

Ident if ier	Return Reference	Explanation
art V , Line 4	Description of Intended Use of Endowment Funds	The term endowment net assets will be utilized for future program services and for capital expansion. In addition, the permanent endowment funds are used to generate income to help support the operations of the organization.
		In June 2006, the FASB issued FASB Interpretation No 48 ("FIN 48"), Accounting for Uncertainty in Income Taxes - an interpretation of FASB Statement No 109 FIN 48 clarifies the accounting for uncertainty in income taxes recognized in an enterprise's financial statements in accordance with FASB Statement No 109, Accounting for Income Taxes FIN 48 prescribes a comprehensive model for recognizing, measuring, presenting and disclosing in the financial statements tax positions taken or expected to be taken on a tax return, including positions that the organization is exempt from income taxes or not subject to income taxes on unrelated business income If there are changes in net assets as a result of application of FIN 48 these will be accounted for as an adjustment to the opening balance of retained earnings Additional disclosures about the amounts of such liabilities will be required also PPNYC presently discloses or recognizes income tax positions based on management's estimate of whether it is reasonably possible or probable, respectively, that a liability has been incurred for unrecognized income tax benefits by applying FASB Statement No 5, Accounting for Contingencies PPNYC has elected to defer the application of FIN 48 in accordance with FASB Staff Position ("FSP") FIN 48-3. This FSP defers the effective date of FIN 48 for nonpublic enterprises, such as PPNYC, included within its scope to the annual financial statements for fiscal years beginning after December 15, 2008. PPNYC will be required to adopt FIN 48 in its 2009 annual financial statements. Management is currently assessing the impact of FIN 48 on its consolidated financial position and results of operations and has determined that the adoption of FIN 48 will not have a material effect on its financial statements.

Part XIV Supplemental Information(continued)												
Ident if ier	Return Reference	Explanation										
Part V, Line 4	Description of Intended Use of Endowment Funds	The term endowment net assets will be utilized for future program services and for capital expansion. In addition, the permanent endowment funds are used to generate income to help support the operations of the organization.										
		In June 2006, the FASB issued FASB Interpretation No 48 ("FIN 48"), Accounting for Uncertainty in Income Taxes - an interpretation of FASB Statement No 109 FIN 48 clarifies the accounting for uncertainty in income taxes recognized in an enterprise's financial statements in accordance with FASB Statement No 109, Accounting for Income Taxes FIN 48 prescribes a comprehensive model for recognizing, measuring, presenting and disclosing in the financial statements tax positions taken or expected to be taken on a tax return, including positions that the organization is exempt from income taxes or not subject to income taxes on unrelated business income If there are changes in net assets as a result of application of FIN 48 these will be accounted for as an adjustment to the opening balance of retained earnings Additional disclosures about the amounts of such liabilities will be required also PPNYC presently discloses or recognizes income tax positions based on management's estimate of whether it is reasonably possible or probable, respectively, that a liability has been incurred for unrecognized income tax benefits by applying FASB Statement No 5, Accounting for Contingencies PPNYC has elected to defer the application of FIN 48 in accordance with FASB Staff Position ("FSP") FIN 48-3 This FSP defers the effective date of FIN 48 for nonpublic enterprises, such as PPNYC, included within its scope to the annual financial statements for fiscal years beginning after December 15, 2008 PPNYC will be required to adopt FIN 48 in its 2009 annual financial statements Management is currently assessing the impact of FIN 48 on its consolidated financial position and results of operations and has determined that the adoption of FIN 48 will not have a material effect on its financial statements										

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**SCHEDULE G** 

Department of the

Internal Revenue

Treasury

(Form 990 or 990-EZ)

As Filed Data -

DLN: 93493320022139

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2008

Open to Public Inspection

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  1 Indicate whether the organization raised funds through any of the following activities. Check all that apply a	Service						
Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  1 Indicate whether the organization raised funds through any of the following activities. Check all that apply a	Name of the organization PLANNED PARENTHOOD O	F NEW YORK CITY INC					fication number
1 Indicate whether the organization raised funds through any of the following activities: Check all that apply a	Dart T. Fundraising	Activities Complete of th	o organ	ızətion i	answared "Ves" to E		lino 17
a   Mail solicitations   Bear   Solicitation of non-government grants   Solicitation of government gra	<u> </u>	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·	iiile 17.
b   Email solicitations   G   Solicitation of government grants   G   Phone solicitations   G   Phone solicitations   G   Special fundraising events    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 activities?   Yes   V   N    b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table  (i) Name of individual or entity (fundraiser)   (ii) Activity   Gross receipts   G   (iv) Gross receipts   G   (v) Amount paid to (or retained by) fundraiser listed in coll (i)   Organization    Sanky Perlowin Associates   Direct Mail Program   No   496,042   94,500   401,542    401,542		ganization raised funds throug	gh any of	_	_		
C Phone solicitations 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 activities? Yes V No.  b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table  (i) Name of individual or entity (fundraiser)  (ii) Activity  (iii) Activity  (iii) Activity  (iv) Gross receipts from activity  (v) Amount paid to (or retained by) fundraiser listed in col (i)  Sanky Perlowin Associates  Designing and Supervising Direct Mail Program  No 496,042  94,500  401,542	<u>'</u>			е   • Г		,	
Designing and Supervising  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 activities?  Yes V  No  (ii) Activity  Designing and Supervising  Direct Mail Program  No  496,042  94,500  401,542	<u>-</u>			a F	_	=	
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?  Ves. V. N.  b. If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.  (ii) Name of individual or entity (fundraiser)  (iii) Activity  (iii) Activity  (iii) Activity  (iii) Activity  (iii) Did fundraiser have custody or control of contributions?  Yes. No  Designing and Supervising  Direct Mail Program  No  496,042  94,500  401,542		ons		9 1	Special fulldraising	events	
to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table  (ii) Name of individual or entity (fundraiser)  (ii) Activity  (iii) Activity  (iii) Activity  (iii) Did fundraiser have custody or control of contributions?  Yes No  Designing and Supervising Direct Mail Program  No 496,042  94,500  401,542	or key employees listed	d in Form 990, Part VII) or en	tity in co	nnection	with professional fund	raising activities?	, , , , , , , , , , , , , , , , , , , ,
(i) Name of Individual or entity (fundraiser)  (ii) Activity  (ii) Activity  (iii) Activity  (iii) Activity  (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  (vii) Amount paid to (or retained by) organization  (vii) Amount paid to (or retained by) organization  (vii) Amount paid to (or retained by) organization  (viii) Amount paid to (or retained by) organization		·	•		_		
(ii) Name of individual or entity (fundraiser)  (iii) Activity  (iii) Activity  (iii) Activity  (iv) Gross receipts from activity  (or retained by) fundraiser listed in col (i)  (iv) Gross receipts from activity  (or retained by) fundraiser listed in col (i)  (or retained by) organization  (vi) A mount paid to (or retained by) organization  (vi) A mount paid to (or retained by) fundraiser listed in col (i)  (vi) A mount paid to (or retained by) organization  (vii) A mount paid to (or retained by) organization  (vii) A mount paid to (or retained by) organization							
or entity (fundraiser)  (ii) Activity  control of contributions?  Yes No  Designing and Supervising Direct Mail Program  No 496,042  94,500  401,542	(i) Name of individual	(ii) A ctivity			(iv) Gross receipts	1	
Sanky Perlowin Associates Direct Mail Program No 496,042 94,500 401,542	• •				1		
Sanky Perlowin Associates Direct Mail Program No 496,042 94,500 401,542				1		col (i)	organization
Sanky Perlowin Associates Direct Mail Program No 496,042 94,500 401,542		Designing and Supervising	Yes	NO			
Total	Sanky Perlowin Associates			No	496,042	94,500	401,542
Total							
Total							
Total							
Total P							
Total •							
Total •							
Total •							
	Total		l	<u> </u>			

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

Contributions   386,399   117,383   21,957   525,	Pai	rt I	Fundraising Events. Com more than \$15,000 on Form					repor	ted		
1   Gross receipts   428,119   158,853   21,957   608,				SPRING LUNCHEON	ART 20	2	(Add co	l <b>(a)</b> th			
Saminus line 2)	⊈	1	Cross research			, ,		60	8,929		
Saminus line 2)	}eve⊪	2	Less Charitable	386,399	117,383	3 21,957		52	5,739		
Solution of the organization of the organization operates gaming activities in each of these states?  A Cash Prizes		3	•	41,720	41,470			8	3,190		
The composition of the direct expenses of the composition of the compo		4	Cash Prizes	0		0					
9 Net income summary Combine lines 3 and 8 in column (d).  78, 78, 78, 78, 78, 78, 78, 78, 78, 78,	မှ	5	Non-cash Prizes	0		0					
9 Net income summary Combine lines 3 and 8 in column (d).  78, 78, 78, 78, 78, 78, 78, 78, 78, 78,	pens	6	Rent/Facility costs	0	(	0					
9 Net income summary Combine lines 3 and 8 in column (d).  78, 78, 78, 78, 78, 78, 78, 78, 78, 78,	巠	7	Other direct expenses	81,023	72,836	8,061		16	1,920		
9 Net income summary Combine lines 3 and 8 in column (d).  78, 78, 78, 78, 78, 78, 78, 78, 78, 78,	Serie Series	8	Direct expense summary Add line	es 4 through 7 in column	(d)			16	1,920		
\$15,000 on Form 990-EZ, line 6a.  (a) Bingo   (b) Pull tabs/Instant   bingo/progressive   bingo   col (a) through col (b) progressive   bingo   col (a) through col (a) throug				_				-7	8,730		
(a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (d) Total gaming (	Par	t II			'Yes" to Form 990, Pa	art IV, line 19, or repo	rted mo	re thai	า		
2 Cash prizes	Revenue			(a) Bingo	bingo/progressive	(c) O ther gaming					
3 Non-cash prizes		1	Gross revenue								
6 Volunteer labor	8 9 9	2	Cash prizes								
6 Volunteer labor	, pen	3	Non-cash prizes								
6 Volunteer labor	ញ សូ	4	Rent/facility costs								
7 Direct expense summary Add lines 2 through 5 in column (d)	툽	5	Other direct expenses								
7 Direct expense summary Add lines 2 through 5 in column (d)		6	Volunteer labor	┌ Yes	Yes	<u>                                   </u>					
9 Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states?		-		s 2 through 5 in column (	d)						
b If "Yes," Explain	а	Is	the organization licensed to operate			· · · · · · · · · · · · · · · · · · ·	· 9a		No		
11 Does the organization operate gaming activities with nonmembers?		La companya di managanta di mana									
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?		Is	the organization a grantor, beneficial	y or trustee of a trust or	a member of a partnersh	np or other entity					

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

# OMB No 1545-0047

Open to Public

## **SCHEDULE H** (Form 990)

Department of the Treasury Internal Revenue Service

# Hospitals

 $\blacktriangleright$  Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

Name of the organization PLANNED PARENTHOOD OF NEW YORK CITY INC Employer identification number

Pa	Int I Charity Care and	l Certain O	ther Com	munity Benefits a		-2621497 r 2008)			
	onality care and	. 30		Delicites a	Copaonal Ioi			Yes	No
1a	Does the organization have a	charity care	policy? If "N	lo," skip to question 68	a		1a		
b	If "Yes," is it a written policy	?					1b		
2	If the organization has multip care policy to the various hos		ındıcate whic	ch of the following best	describes application	of the charity			
	Applied uniformly to all ho	ospitals /idual hospita	ls	Applied uniforml	y to most hospitals				
3	Answer the following based o organization's patients	n the charity	care eligibili	ty criteria that applies	to the largest number	of the			
а	a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care								
	Г 100% Г 150%	Γ 2	00%	<b>~</b> Other	%				
ь	Does the organization use FP	G to determin	ne eligibility	for providing <i>discounte</i>	d care to low income ir	ndıvıduals? If			
	"Yes," indicate which of the f	ollowing is the	e family inco	me limit for eligibility f	or discounted care .		3b		
	Г 200%	Г 300	% Г	<sub>350%</sub>	0% <b>Г</b> 0 ther _	%			
c	If the organization does not u determining eligibility for free test or other threshold, regar	or discounte	d care Inclu	ide in the description v	whether the organizatio				
4	Does the organization's polic	y provide free	ordiscount	ed care to the "medica	illy indigent"?		4		
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?									
b	If "Yes," did the organization	's charity car	e expenses	exceed the budgeted a	mount?		5b		
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?									
<b>6a</b> Does the organization prepare an annual community benefit report?									
6b	If "Yes," does the organization	on make it ava	allable to the	public?			6b		
	Complete the following table worksheets with the Schedule		ksheets prov	vided in the Schedule H	linstructions Do not	submit these			
7	Charity Care and Certain C		nıtv Benefits	at Cost					
	Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community b expense	enefit	(f) Pero	
а	Charity care at cost (from worksheets 1 and 2)								
b	Unreimbursed Medicaid (from worksheet 3, column a)								
c	Unreimbursed costs—other means-tested government programs (from worksheet 3, column b)								
d	<b>Total</b> Charity Care and Means-Tested Programs								
e	Other Benefits Community health improvement services and community benefit operations (from (worksheet 4)								
f	Health professions education (from worksheet 5)								
g	Subsidized health services (from worksheet 6)								
h	Research (from worksheet 7)								
	Cash and in-kind contributions to community groups (from worksheet 8)								
-	Total Other Benefits								
К	Total (line 7d and 7յ)								

	activities) (Optional	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total communit building expense			1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		(e) Net communit building expense			rcent of expense
1	Physical improvements and housing											
2	Economic development											
3	Community support											
4	· · ·											
5	Environmental improvements  Leadership development and training											
	for community members											
	Coalition building  Community health improvement											
	advocacy											
8 9	Workforce development											
10	Other Total											
	t IIII Bad Debt, Medicar	e. & Colle	ction Prac	tices (Optional	or 2008)				l			
				( - <i>p</i>								
Sect	ion A. Bad Debt Expense										Yes	No
1	Does the organization report b			dance with Heathca	re Financi	al M	1 anag	jeme	ent Association	1		
2	Enter the amount of the organi			e (at cost)		٠,	. 2	İ		<u> </u>	+	+
3	Enter the estimated amount of		-	•	t)	r	_					
	attributable to patients eligible		_			L	3			_		
4	Provide in Part VI the text of t In addition, describe the costi for including other bad debt an	ng methodolo	gy used in d	etermining the amo								
Sect	ion B. Medicare							ı				
5	Enter total revenue received fi		-	-		·	5					
6	Enter Medicare allowable cost					•	6			_		
7 8	Enter line 5 less line 6—surpl Describe in Part VI the extent the costing methodology or so following methods was used	to which any	shortfall rep	orted on line 7 sho					•			
	Cost accounting system	Гс	ost to charge	e ratio	┌ O the	r						
Sect	ion C. Collection Practices											
9a	Does the organization have a	written debt c	ollection pol	ıcy?						9a		
9b	If "Yes," does the organization									O.		
Dа	patients who are known to qua rt IV Management Com						rt V I	•	<u> </u>	9b		
	(a) Name of entity			on of primary	(c) O r	ganı % c		ck	(d) Officers, directors trustees, or key employees' profi % or stock ownership%	profi	Physic t % or nershi	stock
1									<u> </u>			
2										-		
3												
4												
5												
										+		
6												
7												
8												
9										+		
					-							
10		<u> </u>										
11												
12												
								]				
13												
13								I				

Part V Facility Information (Required for 2008)									-
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Ortical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
margaret sanger center 26 bleecker street new york, NY 10012									article 28 Diagnostic & treatment center
Bronx Center 349 East 149th street bronx, NY 10451									article 28 Diagnostic & treatment center
boro hall center 44 court street brooklyn,NY 11201									article 28 Diagnostic & treatment center

P	art VI S	Supplemental Information (Optional for 2008)
Со	mplete this	part to provide the following information
1	Provide th	e description required for Part I, line 3c, Part I, line 7 , Part III, line 4 , Part III, line 8 , and Part III, line 9b
_		
_		
_		
_		
_		
_		
2	Needs Ass	essment. Describe how the organization assesses the health care needs of the communities it serves
_		
_		
3		<b>lucation of Eligibility for Assistance.</b> Describe how the organization informs and educates patients and persons who may be atient care about their eligibility for assistance under federal, state, or local government programs or under the organization's re policy
_		
4		y Information. Describe the community the organization serves, taking into account the geographic area and demographic its it serves
_		
5		y Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health munities the organization serves
6		y other information important to describing how the organization's hospitals or other health care facilities further its exempt y promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
_		
_		
7		nization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in the health of the communites served
_		
8	Ifapplicab	le, identify all states with which the organization, or a related organization, files a community benefit report

efile GRAPHIC print - DO NOT PROCESS

Part I Questions Regarding Compensation

As Filed Data -

DLN: 93493320022139

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.

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Department of the Treasury Internal Revenue Service

Schedule J

(Form 990)

Name of the organization
PLANNED PARENTHOOD OF NEW YORK CITY INC

13-2621497

					Yes	Νo	
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III		•				
	First class or charter travel	Г	Housing allowance or residence for personal use				
	Travel for companions		Payments for business use of personal residence				
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees				
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)				
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "N			1b			
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive		, ,	2			
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all t						
	Compensation committee	Ë	Written employment contract			1	
	Independent compensation consultant	굣	Compensation survey or study				
	Form 990 of other organizations	<u>  -</u>	Approval by the board or compensation committee				
4	During the year, did any person listed in Form 990,	Part VII	I, Section A, line 1a				
а	a Receive a severance payment or change of control payment?						
b	<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?						
С	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo	
	If "Yes" to any of lines 4a-c, list the persons and pi	ovide th	ne applicable amounts for each item in Part III				
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.				
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	, did the organization pay or accrue any				
а	The organization?			5a		Νo	
b	Any related organization?			5b		Νo	
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	, did the organization pay or accrue any				
а	The organization?			6a		No	
b	Any related organization?			6b		Νo	
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes,"	,		7		No	
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III		·	8		No	

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

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

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

(A) Name		<b>(B)</b> Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	ase (III) Other		compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
JOAN MALIN	(1) (11)	222,857			15,619	10,391	248,867		
CAROLINE D GREENE	(1) (11)	205,719				14,890	220,609		
MAUREEN E PAUL	(1) (11)				16,100	5,142	338,382		
Louis K Corso	(1) (11)				11,845	5,638	186,303		
GERALD ZUPNICK	(1) (11)	283,377			20,221	16,260	319,858		
ANNE M ROBINSON	(1) (11)					14,890	178,905		
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
-	(i)								
	(ii)								

#### Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation

Software ID:

**Software Version:** 

**EIN:** 13-2621497

Name: PLANNED PARENTHOOD OF NEW YORK CITY INC

#### Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
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OMB No 1545-0047

2008

Open to Public Inspection

# 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.

Name of the organization PLANNED PARENTHOOD OF NEW YORK CITY INC Employer identification number

13-2621497

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	public information- promotes the right to privacy and freedom of choice in managing reproductive decisions and sexual behavior informs the public on current issues regarding reproductive rights, new contraceptive technologies and related health issues activities include conferences, public service ads, speeches and presentations Expenses \$ 1718750 including grants of \$ 0 Revenue \$ 0

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The return is made available to the Board through our secure Intranet. The CFo and ceo review the 990 before it is presented to the budget and finance committee and to the board.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Members of the PPNYC board of directors and executive staff are required to file an annual conflict of interest disclosure form detailing affiliations that might pose potential conflicts of interest. Significant conflicts require the specific directors or executive staff members to refrain from participation in matters that reasonably could be affected by such affiliation. Final determination rests with the board of directors or its executive committee.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The CEO compensation is determined by the Executive Committee of the Board of Directors after completing the performance evaulation and using a comparative information. For other officers, thee CEO and the VP of HR use the compensation surveys and studies

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		upon request

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

#### DLN: 93493320022139

# 2008

OMB No 1545-0047

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Schedule R (Form 990) 2008

# **Related Organizations and Unrelated Partnerships**

Department of the Treasury Internal Revenue Service

SCHEDULE R

(Form 990)

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

**Employer identification number** Name of the organization PLANNED PARENTHOOD OF NEW YORK CITY INC 13-2621497 Part I **Identification of Disregarded Entities** Name, address, and EIN of disregarded entity Direct controlling Legal domicile (state Total income End-of-year assets Primary activity or foreign country) entity **Identification of Related Tax-Exempt Organizations** Name, address, and EIN of related organization Legal domicile (state Primary activity Exempt Code section Public charity status Direct controlling or foreign country) (if section 501(c)(3)) voice for choice planned parenthood of new york city action fund advocate on behalf of 26 bleecker street women's reproductive NY 501(c)(4) new york, NY10012 health care issues 13-3731867

Cat No 50135Y

( <b>A)</b> Name, address, and EIN of related organization	Prın	(B) nary activity	(C) Legal domicile (state or foreign country)	( <b>D)</b> Direct controlling entity	Incom Inve	(E) ominant e(related, estment, related)	Share	<b>(F)</b> e of total income	<b>(G)</b> Share of end-of- year assets	(H Disprop allocat	l) ortionate cions?	(I) Code V—UBI amount on Box 20 of K-1	(J) Genera manag partne	al o ging
										Yes	No		Yes	No
Part IV Identification of	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related org	anızatıon	<b>(B)</b> Primary activity		(C) Legal domicile (state or foreign country)	2	<b>(D)</b> Direct contro entity	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	( <b>G)</b> hare of I-of-yea assets	( <b>H)</b> Percentage r ownership		

Dart V	Transactions	with	Delated	Organizations
Partv	Halisactions	WILLI	Relateu	Organizations

Part V Transactions with Related Organizations				
Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No
<b>1</b> During the tax year, did the orgranization 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	у	1a		No
<b>b</b> Gift, grant, or capital contribution to other organization(s)		1b		No
<b>c</b> Gift, grant, or capital contribution from other organization(s)		1c		No
<b>d</b> Loans or loan guarantees to or for other organization(s)		1d		No
e Loans or loan guarantees by other organization(s)		1e		No
<b>f</b> Sale of assets to other organization(s)				No
g Purchase of assets from other organization(s)		1g		No
h Exchange of assets		1h		No
i Lease of facilities, equipment, or other assets to other organization(s)		1i		No
= 1		1:		No
j Lease of facilities, equipment, or other assets from other organization(s)		1 <u>j</u> 1k		No
k Performance of services or membership or fundraising solicitations for other orga	• •	11		No
l Performance of services or membership or fundraising solicitations by other organ	nization(s)	<u> </u>		140
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets		1m		
n Sharing of paid employees		1n	Yes	
• Reimbursement paid to other organization for expenses		10		No
<b>p</b> Reimbursement paid by other organization for expenses		1р		No
<b>q</b> Other transfer of cash or property to other organization(s)		1q		No
r Other transfer of cash or property from other organization(s)		1r	_	No
		<u> </u>	1	
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	d transaction thresholds		
(A) Name of other organization(s)	( <b>B</b> ) Transaction type(a-r)	<b>(C)</b> Amount Involved		
(1) PLANNED PARENTHOOD OF NYC ACTION FUND INC	М		4,28	1
(2) PLANNED PARENTHOOD OF NYC ACTION FUND INC	N		58,42	2

	Name of other organization(s)	type(a-r)	Allount involved
(1)	PLANNED PARENTHOOD OF NYC ACTION FUND INC	М	4,281
(2)	PLANNED PARENTHOOD OF NYC ACTION FUND INC	N	58,422
(3)			
(4)			
(5)			
(6)			
	·		·

#### Part VI Unrelated Organizations Taxable as a Partnership

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

								1	_							
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	organizations		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets			( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No						
			-	-	-	-	-	Schodule	R (Form	000) 2009						