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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2006

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning 01-01-2006 and ending 12-31-2006

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: PLANNED PARENTHOOD HUDSON PECONIC INC. Number and street: 4 Skyline Drive. City or town: Hawthorne, NY 10532.

D Employer identification number: 11-2454790. E Telephone number: (914) 467-7300. F Accounting method: Accrual.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Sch B.

G Web site: www.plannedparenthood.org/hudsonpeconic

J Organization type (check only one): 501(c)(3)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 17,222,655

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events and activities, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning of year, Other changes in net assets, Net assets or fund balances at end of year.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach Schedule) (cash \$ ⁰ noncash \$ ⁰) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ ⁰ noncash \$ ⁰) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	25a	409,616	409,616	
b Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	25b			
c Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b and c	26	7,402,389	6,333,244	423,959
27 Pension plan contributions not included on lines 25a, b and c	27	241,264	194,335	13,448
28 Employee benefits not included on lines 25a - 27	28	820,135	660,609	45,714
29 Payroll taxes	29	679,532	550,557	37,315
30 Professional fundraising fees	30			
31 Accounting fees	31	56,000		56,000
32 Legal fees	32			
33 Supplies	33	488,277	488,277	
34 Telephone	34	175,852	133,678	11,811
35 Postage and shipping	35	51,645	29,677	15,132
36 Occupancy	36	1,261,427	1,093,616	51,878
37 Equipment rental and maintenance	37	209,465	149,359	22,735
38 Printing and publications	38	121,969	76,987	38,582
39 Travel	39	244,480	156,838	24,631
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42	494,105	397,368	28,196
43 Other expenses not covered above (itemize)				
a See Additional Data Table	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	15,857,829	13,123,063	811,430

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$⁰, (ii) the amount allocated to Program services \$⁰, (iii) the amount allocated to Management and general \$⁰, and (iv) the amount allocated to Fundraising \$⁰

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ PLANNED PARENTHOOD HUDSON PECONIC, INC PROVIDES FAMILY PLANNING, PRENATAL SERVICES, ABORTION SERVICES, OPTIONS COUNSELING, HIV TESTING & COUNSELING, CANCER DETECTION, SEXUALLY TRANSMITTED INFECTION TESTING & TREATMENT, COUNSELING REFERRALS AND HEALTH EDUCATION All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
a CLINICAL SERVICES PROVIDES MEDICAL, EDUCATIONAL AND CONSULTATION SERVICES. PATIENT VISITS WERE 79,350 IN 2006. (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	11,583,429
b COMMUNITY EDUCATION PROVIDES EDUCATION, OUTREACH AND PUBLIC INFORMATION ON REPRODUCTIVE HEALTH CARE AND FAMILY PLANNING. (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	1,095,196
c PUBLIC AFFAIRS & PUBLIC ADVOCACY PROVIDES VOLUNTEER COORDINATED EFFORTS TO PROMOTE SERVICES AND ADVOCATE FOR REPRODUCTIVE HEALTHCARE. (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	444,438
d _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	13,123,063

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	1,893,082	45	2,472,277
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	1,663,565		
	b Less allowance for doubtful accounts	529,707	898,490	47c 1,133,858
	48a Pledges receivable	67,116		
	b Less allowance for doubtful accounts		195,053	48c 67,116
	49 Grants receivable	806,811	49	734,710
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)			
	b Less allowance for doubtful accounts			51c
	52 Inventories for sale or use	275,473	52	309,779
	53 Prepaid expenses and deferred charges	169,818	53	196,063
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54a	0
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55a Investments—land, buildings, and equipment basis				
b Less accumulated depreciation (attach schedule)			55c	
56 Investments—other (attach schedule)	9,137,314	56	10,209,830	
57a Land, buildings, and equipment basis	12,331,674			
b Less accumulated depreciation (attach schedule)	5,496,141	7,008,132	57c 6,835,533	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)	158,347	58 <input type="checkbox"/>	170,700	
59 Total assets (must equal line 74) Add lines 45 through 58	20,542,520	59	22,129,866	
Liabilities	60 Accounts payable and accrued expenses	1,150,371	60	1,138,072
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/> _____)	335,117	65 <input type="checkbox"/>	0
66 Total liabilities Add lines 60 through 65	1,485,488	66	1,138,072	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	18,354,189	67	20,105,441
	68 Temporarily restricted	564,600	68	748,110
	69 Permanently restricted	138,243	69	138,243
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	19,057,032	73	20,991,794	
74 Total liabilities and net assets / fund balances Add lines 66 and 73	20,542,520	74	22,129,866	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	17,955,267
b	Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	b1		675,425
2	Donated services and use of facilities	b2		57,187
3	Recoveries of prior year grants	b3		
4	Other (specify) <input type="checkbox"/>	b4		105,489
	Add lines b1 through b4		b	838,101
c	Subtract line b from line a		c	17,117,166
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) _____	d2		
	Add lines d1 and d2		d	838,101
e	Total revenue (Part I, line 12) Add lines c and d		e	17,117,166

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	16,020,505
b	Amounts included on line a but not on Part I, line 17			
1	Donated services and use of facilities	b1		57,187
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify) <input type="checkbox"/>	b4		105,489
	Add lines b1 through b4		b	162,676
c	Subtract line b from line a		c	15,857,829
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17) Add lines c and d		e	15,857,829

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>	Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <u>31</u>		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	No
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions	75c	No
d Does the organization have a written conflict of interest policy?	75d	Yes

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information <i>(See the instructions.)</i>	Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	No
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	No
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	No
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a	Yes
b If "Yes," enter the name of the organization PPHP ACTION FUND _____ and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a Enter direct or indirect political expenditures (See line 81 instructions) 81a <u>101,612</u>		
b Did the organization file Form 1120-POL for this year?	81b	No

Part VI Other Information (continued)

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 57,187
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 0
86b Gross receipts, included on line 12, for public use of club facilities 0
87 501(c)(12) orgs. Enter a Gross income from members or shareholders 0
87b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 0
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX No
88b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI No
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0, section 4912 0, section 4955 0
89b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction No
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0
89d Enter Amount of tax on line 89c, above, reimbursed by the organization 0
89e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction? No
89f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract? No
89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
90a List the states with which a copy of this return is filed NY
90b Number of employees employed in the pay period that includes March 12, 2006 (See instructions) 196
91a The books are in care of ANDREW BRACCO CFO Telephone no (914) 467-7300
4 SKYLINE DRIVE
Located at hawthorne, NY ZIP + 4 10532
91b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No

If "Yes," enter the name of the foreign country _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year **92**

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a SELF PAY					2,789,390
b OTHER					891,343
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					5,913,404
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	87,919	
96 Dividends and interest from securities			14	329,964	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			03	42,341	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a MISC			03	107,734	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				567,958	9,594,137
105 Total (add line 104, columns (B), (D), and (E))					10,162,095

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	See Additional Data Table

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	Yes	No

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	***** Signature of officer		2007-11-15 Date
	andrew bracco CFO Type or print name and title		

Paid Preparer's Use Only	Preparer's signature ALAN WOGHIN	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 RSM MCGLADREY INC 1185 AVENUE OF THE AMERICAS NEW YORK, NY 10036			EIN Phone no (212) 372-1000

SCHEDULE A (Form 990 or 990EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

2006

Department of the Treasury Internal Revenue Service

Name of the organization PLANNED PARENTHOOD HUDSON PECONIC INC

Employer identification number

11-2454790

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

Table with 5 columns: (a) Name and address of each employee paid more than \$50,000, (b) Title and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances. Rows include Cliff S Blumstein, Judith Factor, Jane Hagerty, Ian Van Praagh, and Jennifer Leonardi.

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000, (b) Type of service, (c) Compensation. Rows include Wilton Anesthesia Associates and Loeb and Troper.

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000, (b) Type of service, (c) Compensation. Row 1 contains 'None'.

Part III Statements About Activities (See page 2 of the instructions.)**Yes No**

1 During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>101,612</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	Yes	
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) 🗨	2a		No
a Sale, exchange, or leasing property?	2b		No
b Lending of money or other extension of credit?	2c		No
c Furnishing of goods, services, or facilities?	2d	Yes	
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2e		No
e Transfer of any part of its income or assets?	3a		No
3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3b	Yes	
b Did the organization have a section 403(b) annuity plan for its employees?	3c		No
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3d		No
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	4a		No
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4b		No
b Did the organization make any taxable distributions under section 4966?	4c		No
c Did the organization make a distribution to a donor, donor advisor, or related person?			
d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____			
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____			
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ <u>0</u>			
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0</u>			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b** A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12** An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

 Type I Type II Type III - Functionally Integrated Type III - Other
Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					▶

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	2,534,691	2,349,276	6,055,262	5,807,982	16,747,211
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	13,874,382	13,378,690	8,804,559	8,036,865	44,094,496
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	685,991	129,550	99,401	106,246	1,021,188
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					209,276
23 Total of lines 15 through 22	17,128,037	15,951,908	15,002,411	13,989,815	62,072,171
24 Line 23 minus line 17	3,253,655	2,573,218	6,197,852	5,952,950	17,977,675
25 Enter 1% of line 23	171,280	159,519	150,024	139,898	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					359,554
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					
c Total support for section 509(a)(1) test Enter line 24, column (e)					17,977,675
d Add Amounts from column (e) for lines 18 1,021,188 19 0 22 26 b					1,230,464
e Public support (line 26c minus line 26d total)					16,747,211
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					93 16 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year (2005) (2004) (2003) (2002)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2005) (2004) (2003) (2002)					
c Add Amounts from column (e) for lines 15 16 17 20 21					
d Add Line 27a total and line 27b total					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See page 7 of the instructions.)**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31	

32 Does the organization maintain the following	32a	
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32b	
b Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32c	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32d	
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		

33 Does the organization discriminate by race in any way with respect to	33a	
a Students' rights or privileges?	33b	
b Admissions policies?	33c	
c Employment of faculty or administrative staff?	33d	
d Scholarships or other financial assistance?	33e	
e Educational policies?	33f	
f Use of facilities?	33g	
g Athletic programs?	33h	
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		

34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4-Year Averaging Period Under Section 501(h)(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 13 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		No	
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	Yes		101,612
i Total lobbying expenditures (Add lines c through h.)			101,612

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash
- (ii) Other assets

b Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization
- (ii) Purchases of assets from a noncharitable exempt organization
- (iii) Rental of facilities, equipment, or other assets
- (iv) Reimbursement arrangements
- (v) Loans or loan guarantees
- (vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)		No
a(ii)		No
b(i)		No
b(ii)		No
b(iii)		No
b(iv)		No
b(v)		No
b(vi)		No
c		No

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? **Yes** **No**

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
PLANNED PARENTHOOD	501 (C) (4)	AFFILIATE
HUDSON PECONIC		
ACTION FUND		

Additional Data**Software ID:****Software Version:****EIN:** 11-2454790**Name:** PLANNED PARENTHOOD HUDSON PECONIC INC**Form 990, Part II, Line 43 - Other expenses not covered above (itemize):**

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a CONSULTANTS & CONTRACTUAL SERV	43a	620,310	389,815	163,347	67,148
b PPFA DUES	43b	164,209	159,209		5,000
c DUES & SUBSCRIPTIONS	43c	166,065	151,340	14,475	250
d STAFF RECRUITMENT	43d	107,914	64,183	41,303	2,428
e BAD DEBT EXPENSE	43e	250,000	250,000		
f BANK CHARGE & CREDIT CARD FEES	43f	31,197	25,713	5,484	
g PUBLIC INFO & OUTREACH	43g	162,553	144,628		17,925
h INSURANCE	43h	187,857	187,857		
i OTHER	43i	7,101	4,421	2,680	
j MEDICATIONS	43j	727,265	727,265		
k EDUCATION	43k	26,020	2,905	17,837	5,278
l LABORATORY SERVICES	43l	751,182	751,182		

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
andrew bracco 4 Skyline Drive Hawthorne, NY 10532	vp finance and IT 35 0	25,962	2,987	0
leslie pargament 4 Skyline Drive Hawthorne, NY 10532	vp compliance and hr 35 0	129,808	22,519	0
reina schiffin 4 Skyline Drive Hawthorne, NY 10532	president and ceo 35 0	253,846	53,295	0
saima anjam 4 Skyline Drive Hawthorne, NY 10532	board member 1 0	0	0	0
rev mark bigelow 4 Skyline Drive Hawthorne, NY 10532	board member 1 0	0	0	0
deborah de witt 4 Skyline Drive Hawthorne, NY 10532	board member 1 0	0	0	0
c douglas dixon 4 Skyline Drive Hawthorne, NY 10532	board member 1 0	0	0	0
emily feiner lcsww 4 Skyline Drive Hawthorne, NY 10532	board member 1 0	0	0	0
susan e gamache 4 Skyline Drive Hawthorne, NY 10532	secretary 1 0	0	0	0
mari hayes 4 Skyline Drive Hawthorne, NY 10532	vice chair 1 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
traci alexander ciriaco 4 Skyline Drive Hawthorne, NY 10532	board member 1 0	0	0	0
carlos r de los santos phd 4 Skyline Drive Hawthorne, NY 10532	board member 1 0	0	0	0
nadine thompkins dennis 4 Skyline Drive Hawthorne, NY 10532	board member 1 0	0	0	0
janis l enzenbacher md 4 Skyline Drive Hawthorne, NY 10532	board member 1 0	0	0	0
kate friedman 4 Skyline Drive Hawthorne, NY 10532	board member 1 0	0	0	0
dr ray goldsteen 4 Skyline Drive Hawthorne, NY 10532	board member 1 0	0	0	0
katie lange dolan 4 Skyline Drive Hawthorne, NY 10532	board member 1 0	0	0	0
ruth lapidus 4 Skyline Drive Hawthorne, NY 10532	board member 1 0	0	0	0
jane h matluck 4 Skyline Drive Hawthorne, NY 10532	vice chair 1 0	0	0	0
rev melanie miller 4 Skyline Drive Hawthorne, NY 10532	board member 1 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
daphne d philipson 4 Skyline Drive Hawthorne, NY 10532	board member 1 0	0	0	0
mark sakitt 4 Skyline Drive Hawthorne, NY 10532	treasurer 1 0	0	0	0
gail wright sirmans 4 Skyline Drive Hawthorne, NY 10532	board member 1 0	0	0	0
kerry sperling moelis 4 Skyline Drive Hawthorne, NY 10532	board member 1 0	0	0	0
wendy van de walle 4 Skyline Drive Hawthorne, NY 10532	chair 1 0	0	0	0
jane e yahil phd 4 Skyline Drive Hawthorne, NY 10532	board member 1 0	0	0	0
marsha z laufer phd 4 Skyline Drive Hawthorne, NY 10532	board member 1 0	0	0	0
rev dr rose nils mccrary 4 Skyline Drive Hawthorne, NY 10532	board member 1 0	0	0	0
j henry neale jr 4 Skyline Drive Hawthorne, NY 10532	board member 1 0	0	0	0
mary e rubin 4 Skyline Drive Hawthorne, NY 10532	board member 1 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
rabbi arthur schwartz 4 Skyline Drive Hawthorne, NY 10532	board member 1 0	0	0	0
maria isabel soto md 4 Skyline Drive Hawthorne, NY 10532	board member 1 0	0	0	0
wayne stix 4 Skyline Drive Hawthorne, NY 10532	board member 1 0	0	0	0
judith d widmann 4 Skyline Drive Hawthorne, NY 10532	board member 1 0	0	0	0

Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A-	PPHP PROVIDES MEDICAL AND NONMEDICAL BIRTH CONTROL SERVICES
93F	ABORTIONS, COUNSELING, MEDICAL EXAMINATIONS, TESTING FOR
0	SEXUALLY TRANSMITTED DISEASES AND TREATMENTS, CANCER
0	SCREENING, HIV TESTING AND COUNSELING REFERRALS AND
0	COMMUNITY EDUCATION SERVICES FOR THE GENERAL PUBLIC WITH
0	CONCENTRATIONS IN THE YOUNG ADULT AND LOW INCOME POPULATIONS
0	FEES RECEIVED OFFSET A PORTION OF THE ACTUAL EXPENSES
0	INCURRED

TY 2006 Depreciation and Depletion Schedule

Name: PLANNED PARENTHOOD HUDSON PECONIC INC

EIN: 11-2454790

Asset	Amount
LAND	
BUILD IMPROVEMENT	229,842
FURNITURE & EQUIP	212,798
LEASEHOLD IMPROVE	51,465
VEHICLES	

TY 2006 Other Assets Schedule

Name: PLANNED PARENTHOOD HUDSON PECONIC INC

EIN: 11-2454790

Description	Beginning of Year Amount	End of Year Amount
SECURITY DEPOSITS	61,130	65,995
DUE FROM PPFA	84,587	103,092
OTHER ASSETS	12,630	1,613

TY 2006 Other Changes in Net Assets Schedule

Name: PLANNED PARENTHOOD HUDSON PECONIC INC

EIN: 11-2454790

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	675,425

TY 2006 Other Expenses Included Schedule

Name: PLANNED PARENTHOOD HUDSON PECONIC INC

EIN: 11-2454790

Description	Amount
AGAINST SPECIAL EVENT REVENUE	105,489

TY 2006 Other Liabilities Schedule

Name: PLANNED PARENTHOOD HUDSON PECONIC INC

EIN: 11-2454790

Description	Beginning of Year Amount	End of Year Amount
RESERVE FOR RATE ADJUSTMENT	300,000	
DEFFERED REVENUE	35,117	

TY 2006 Other Revenues Included Schedule

Name: PLANNED PARENTHOOD HUDSON PECONIC INC

EIN: 11-2454790

Description	Amount
AGAINST SPECIAL EVENT REVENUE	105,489

TY 2006 Special Events Schedule

Name: PLANNED PARENTHOOD HUDSON PECONIC INC

EIN: 11-2454790

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
EAST END AUCTION	103,950	247,440	103,950	41,759	62,191
STONYBROOK WINE TASTING EVENT	21,380	61,635	21,380	14,408	6,972
ANNUAL EMPOWER LUNCHEON	22,500	213,020	22,500	49,322	-26,822
OTHER SPECIAL EVENTS		327,916			

TY 2006 Non Electing Public Charities Statement

Name: PLANNED PARENTHOOD HUDSON PECONIC INC

EIN: 11-2454790

Statement:

TY 2006 Self Dealing Statement

Name: PLANNED PARENTHOOD HUDSON PECONIC INC

EIN: 11-2454790

Line Number	Explanation
2d	SEE 990 PART V

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

TY 2006 Supplemental Support Schedule

Name: PLANNED PARENTHOOD HUDSON PECONIC INC

EIN: 11-2454790

Year	Gifts, Grants and Contributions Received	Membership Fees Received	Gross Receipts From Admissions, Etc.	Gross Investment Income And Post 1975UBI	Net UBI Pre 1975	Tax Revenues Levied For Organization's Benefit	Value Of Services, Facilities Furnished By Government	Other Income	Total
2005	2,534,691		13,874,382	685,991				32,973	17,128,037
2004	2,349,276		13,378,690	129,550				94,392	15,951,908
2003	6,055,262		8,804,559	99,401				43,189	15,002,411
2002	5,807,982		8,036,865	106,246				38,722	13,989,815