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**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

**A** For the 2007 calendar year, or tax year beginning 7/01/07, and ending 6/30/08

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

**C** Name of organization: **PLANNED PARENTHOOD GREATER MEMPHIS REGION, INC.**  
 Number and street (or P O box if mail is not delivered to street address): **1407 UNION AVENUE, SUITE 300**  
 City or town, state or country, and ZIP + 4: **MEMPHIS TN 38104**

**D** Employer identification number: **62-6073178**

**E** Telephone number: **901-725-1717**

**F** Accounting method:  Cash  Accrual  Other (specify)

**G** Website: PLANNEDPARENTHOOD.ORG/MEMPHIS/

**J** Organization type (check only one):  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

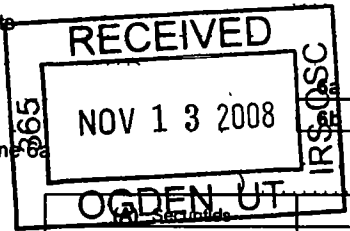
**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **2,654,417**

**H** and **I** are not applicable to section 527 organizations.  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates: **N/A**  
**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list. See instructions.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number: \_\_\_\_\_  
**M** Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

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

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	390,719		
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d	789,151		
	e	Total (add lines 1a through 1d) (cash \$ <u>1,179,870</u> noncash \$ _____)	1e		1,179,870	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		1,412,272	
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4		62,275	
	5	Dividends and interest from securities	5			
	6a	Gross rents				
	b	Less rental expenses				
c	Net rental income or (loss) Subtract line 6b from line 6a	6c				
7	Other investment income (describe)	7				
8a	Gross amount from sales of assets other than inventory					
b	Less cost or other basis and sales expenses	8a				
c	Gain or (loss) (attach schedule)	8b				
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c				
8d		8d				
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a				
b	Less direct expenses other than fundraising expenses	9b				
c	Net income or (loss) from special events Subtract line 9b from line 9a	9c				
10a	Gross sales of inventory, less returns and allowances	10a				
b	Less cost of goods sold	10b				
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c				
11	Other revenue (from Part VII, line 103)	11				
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		2,654,417		
Expenses	13	Program services (from line 44, column (B))	13	1,850,232		
	14	Management and general (from line 44, column (C))	14	171,297		
	15	Fundraising (from line 44, column (D))	15	114,712		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses. Add lines 16 and 44, column (A)	17	2,136,241		
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	518,176		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	3,325,794		
	20	Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 1</b>	20	-161,160		
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	3,682,810		



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**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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A <b>SEE STATEMENT 2</b>	<b>25a</b>	108,160	87,610	15,142
<b>b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B	<b>25b</b>			
<b>c</b> 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)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b>	674,030	516,260	99,457
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b>			
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b>	123,979	98,568	15,528
<b>29</b> Payroll taxes	<b>29</b>			
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b>	13,847	11,078	1,384
<b>32</b> Legal fees	<b>32</b>	1,760		1,760
<b>33</b> Supplies	<b>33</b>	331,120	331,120	
<b>34</b> Telephone	<b>34</b>	16,853	14,339	1,259
<b>35</b> Postage and shipping	<b>35</b>	10,577	4,659	298
<b>36</b> Occupancy	<b>36</b>	221,090	186,329	21,200
<b>37</b> Equipment rental and maintenance	<b>37</b>	29,571	25,066	1,250
<b>38</b> Printing and publications	<b>38</b>	21,708	12,151	209
<b>39</b> Travel	<b>39</b>	18,545	17,451	561
<b>40</b> Conferences, conventions, and meetings	<b>40</b>			
<b>41</b> Interest	<b>41</b>	124	98	26
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>42</b>	44,946	41,061	3,885
<b>43</b> Other expenses not covered above (itemize)				
<b>a</b> <b>SEE STATEMENT 3</b>	<b>43a</b>	519,931	504,442	9,338
<b>b</b>	<b>43b</b>			
<b>c</b>	<b>43c</b>			
<b>d</b>	<b>43d</b>			
<b>e</b>	<b>43e</b>			
<b>f</b>	<b>43f</b>			
<b>g</b>	<b>43g</b>			
<b>44</b> Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b>	2,136,241	1,850,232	171,297

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 \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,

(iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**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?

**▶ EDUCATION AND FAMILY PLANNING MEDICAL SERVICES**

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 PATIENT SERVICES - PROVIDING ACCESS TO HIGH QUALITY, AFFORDABLE REPRODUCTIVE HEALTH CARE SERVICES FOR ALL, ESPECIALLY UNDERSERVED, LOW INCOME, AND ADOLESCENT POPULATIONS.**

(Grants and allocations \$ ) If this amount includes foreign grants, check here  **1,561,993**

**b EDUCATION - A LEADING PROVIDER OF EDUCATION, WITH SPECIAL EMPHASIS ON FAMILY PLANNING, DECISION-MAKING SKILLS AND DISEASE PREVENTION.**

(Grants and allocations \$ ) If this amount includes foreign grants, check here  **252,859**

**c PATIENT ADVOCACY - ADVOCATING PUBLIC POLICY THAT SUSTAINS REPRODUCTIVE FREEDOM AND HEALTH CARE AND THAT POSITIVELY AFFECTS THE HEALTH OF WOMEN, MEN, AND THEIR FAMILIES.**

(Grants and allocations \$ ) If this amount includes foreign grants, check here  **35,380**

**d**

(Grants and allocations \$ ) If this amount includes foreign grants, check here

**e Other program services (attach schedule)**

(Grants and allocations \$ ) If this amount includes foreign grants, check here

**f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶ **1,850,232****

**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
45	Cash—non-interest-bearing	344,826	45	460,269
46	Savings and temporary cash investments	1,417,743	46	1,817,367
47a	Accounts receivable	41,698		
b	Less allowance for doubtful accounts	25,025	47c	16,673
48a	Pledges receivable			
b	Less allowance for doubtful accounts		48c	
49	Grants receivable	9,897	49	13,882
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(f)(1)) and persons described in section 4958(c)(3)(B) (att schedule)		50b	
51a	Other notes and loans receivable (attach schedule)			
b	Less allowance for doubtful accounts		51c	
52	Inventories for sale or use	36,333	52	39,297
53	Prepaid expenses and deferred charges	61,511	53	34,205
54a	Investments—publicly-traded securities		54a	
b	Investments—other securities (attach schedule)		54b	
55a	Investments—land, buildings, and equipment basis			
b	Less accumulated depreciation (attach schedule)		55c	
56	Investments—other (attach schedule)	SEE STMT 4	56	1,245,469
57a	Land, buildings, and equipment: basis	611,619		
b	Less accumulated depreciation (attach schedule) SEE STATEMENT 5	495,230	57c	116,389
58	Other assets, including program-related investments (describe SEE STATEMENT 6)	33,575	58	34,233
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58	3,427,869	59	3,777,784
60	Accounts payable and accrued expenses	51,899	60	26,443
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 SEE STATEMENT 7)	50,176	65	68,531
66	<b>Total liabilities.</b> Add lines 60 through 65	102,075	66	94,974
<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>				
67	Unrestricted	1,966,548	67	2,430,023
68	Temporarily restricted		68	7,318
69	Permanently restricted	1,359,246	69	1,245,469
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>				
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	<b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	3,325,794	73	3,682,810
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	3,427,869	74	3,777,784

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	<b>2,493,257</b>
<b>b</b>	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	<b>b1</b>		-48,042
2	Donated services and use of facilities	<b>b2</b>		
3	Recoveries of prior year grants	<b>b3</b>		
4	Other (specify):	<b>b4</b>		-113,118
	<b>SEE STATEMENT 8</b>			
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	-161,160
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	<b>2,654,417</b>
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>		
2	Other (specify):	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	<b>2,654,417</b>

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

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	<b>2,136,241</b>
<b>b</b>	Amounts included on line a but not Part I, line 17:			
1	Donated services and use of facilities	<b>b1</b>		
2	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
3	Losses reported on Part I, line 20	<b>b3</b>		
4	Other (specify):	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	<b>2,136,241</b>
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>		
2	Other (specify):	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	<b>2,136,241</b>

**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
<b>SEE STATEMENT 9</b>				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question (75a-d), Yes, No. 75a: Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. 75b: 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). 75c: 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. 75d: Does the organization have a written conflict of interest policy?

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.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1: N/A

Part VI Other Information (See the instructions.)

Table with 3 columns: Question (76-81b), 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. 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. 78a: Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78b: If "Yes," has it filed a tax return on Form 990-T for this year? 79: Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement. 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? 80b: If "Yes," enter the name of the organization and check whether it is [ ] exempt or [ ] nonexempt. 81a: Enter direct and indirect political expenditures (See line 81 instructions.) 81b: Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

		Yes	No
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?		X
b	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.)		
	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
83b			
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
84b			
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	N/A	
85b			
c	Dues, assessments, and similar amounts from members		
	85c		
d	Section 162(e) lobbying and political expenditures		
	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85g			
h	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?	N/A	
85h			
86	501(c)(7) orgs Enter: a Initiation fees and capital contributions included on line 12		
	86a		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b		
87	501(c)(12) orgs Enter: a Gross income from members or shareholders		
	87a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b		
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		X
b	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		X
88b			
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		
b	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		X
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
g	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?		X
89g			
90a	List the states with which a copy of this return is filed TN		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	29
91a	The books are in care of JO KENDRICK 1407 UNION AVENUE Located at MEMPHIS, TN	Telephone no.	901-725-1717
		ZIP + 4	38104
b	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.		
		Yes	No
91b			X



**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
		X

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 <b>PATIENT FEES</b>					<b>1,412,272</b>
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	62,275	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not 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					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue. a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		62,275	1,412,272
105 Total (add line 104, columns (B), (D), and (E))					<b>1,474,547</b>

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).
93A	<b>THE INCOME FROM PATIENT FEES CAN BE DIRECTLY TRACED TO PROVIDING VOLUNTARY FERTILITY CONTROL, INCLUDING CONTRACEPTION, ABORTION, AND STERILIZATION AVAILABLE TO ALL</b>

**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
N/A	%			
	%			
	%			
	%			

**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
	<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**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
	<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, 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.

*Barry Chase* 11/16/08  
 Signature of officer Date

**BARRY CHASE, CEO**  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature <i>[Signature]</i>	Date <b>11/04/08</b>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Instr X) <b>P00505342</b>
Firm's name (or yours if self-employed), address, and ZIP + 4 <b>WHITEHORN TANKERSLEY &amp; CO., PLLC 670 OAKLEAF OFFICE LANE MEMPHIS, TN 38117-4811</b>	EIN <b>62-1039882</b>	Phone no <b>901-767-5080</b>	

**SCHEDULE A  
(Form 990 or 990-EZ)**

**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

OMB No 1545-0047

**2007**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

**PLANNED PARENTHOOD GREATER MEMPHIS REGION, INC.**

Employer identification number

**62-6073178**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(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 empl benefit plans & deferred comp	(e) Expense account and other allowances
LEAH P. SMITH 1407 UNION AVE, STE MEMPHIS TN 38104	NURSE PRACTI 40	79,124	10,786	0
JO KENDRICK 1407 UNION AVE, STE MEMPHIS TN 38104	ACCTG MGR 40	70,600	5,600	0
Total number of other employees paid over \$50,000 ▶		0		

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
RUSSELL T. HORTON 988 HANDFORTH COVE COLLIERVILLE TN 38017	PHYSICIAN SVCS	179,790
Total number of others receiving over \$50,000 for professional services ▶		0

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		

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

Schedule A (Form 990 or 990-EZ) 2007

**Part III Statements About Activities (See page 2 of the instructions.)**

	Yes	No
<p><b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including 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 ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)</p> <p>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</p>	1	<b>X</b>
<p><b>2</b> 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.)</p>		
<p><b>a</b> Sale, exchange, or leasing of property?</p>	2a	<b>X</b>
<p><b>b</b> Lending of money or other extension of credit?</p>	2b	<b>X</b>
<p><b>c</b> Furnishing of goods, services, or facilities?</p>	2c	<b>X</b>
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b></p>	2d	<b>X</b>
<p><b>e</b> Transfer of any part of its income or assets?</p>	2e	<b>X</b>
<p><b>3a</b> 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.)</p>	3a	<b>X</b>
<p><b>b</b> Did the organization have a section 403(b) annuity plan for its employees?</p>	3b	<b>X</b>
<p><b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement</p>	3c	<b>X</b>
<p><b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d	<b>X</b>
<p><b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g</p>	4a	<b>X</b>
<p><b>b</b> Did the organization make any taxable distributions under section 4966?</p>	4b	
<p><b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c	
<p><b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ► _____</p>		
<p><b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____</p>		
<p><b>f</b> 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 ► _____</p>		0
<p><b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____</p>		0

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 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 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(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	
<b>Total</b>					

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,116,231	1,183,204	1,254,353	953,221	4,507,009
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	1,371,810	1,271,390			2,643,200
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	38,070	17,079	5,743	63	60,955
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. <b>STMT 10</b>	2,086	1,426	1,497		5,009
23 Total of lines 15 through 22	2,528,197	2,473,099	1,261,593	953,284	7,216,173
24 Line 23 minus line 17	1,156,387	1,201,709	1,261,593	953,284	4,572,973
25 Enter 1% of line 23	25,282	24,731	12,616	9,533	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	▶	26a	91,459
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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	▶	26b	
c Total support for section 509(a)(1) test. Enter line 24, column (e)	▶	26c	4,572,973
d Add: Amounts from column (e) for lines 18 <u>60,955</u> 19 _____	▶	26d	65,964
22 <u>5,009</u> 26b _____	▶	26e	4,507,009
e Public support (line 26c minus line 26d total)	▶	26f	98.5575%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶		

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. N/A

(2006)	(2005)	(2004)	(2003)	
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. <span style="float: right;">N/A</span>	(2006)	(2005)	(2004)	(2003)

c Add: Amounts from column (e) for lines: 15 _____ 16 _____	▶	27c	
17 _____ 20 _____ 21 _____	▶	27d	
d Add: Line 27a total _____ and line 27b total _____	▶	27e	
e Public support (line 27c total minus line 27d total)	▶	27f	
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	▶	27g	%
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	▶	27h	%
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 2003 through 2006, 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 9 of the instructions.)**  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	N/A	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			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
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 )	32d		
33 Does the organization discriminate by race in any way with respect to			
a Students' rights or privileges?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance?	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities?  If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h		
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 11 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

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**

(The term "expenditures" means amounts paid or incurred )

	(a) Affiliated group totals	(b) To be completed for all electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table-		
<b>If the amount on line 40 is-</b>		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
<b>The lobbying nontaxable amount is-</b>		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000	<b>41</b>	
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	

**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) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> 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 14 of the instructions.) **N/A**

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:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- 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
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount

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 14 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
<b>51a(i)</b>		<b>X</b>
<b>a(ii)</b>		<b>X</b>
<b>b(i)</b>		<b>X</b>
<b>b(ii)</b>		<b>X</b>
<b>b(iii)</b>		<b>X</b>
<b>b(iv)</b>		<b>X</b>
<b>b(v)</b>		<b>X</b>
<b>b(vi)</b>		<b>X</b>
<b>c</b>		<b>X</b>

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

**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
<b>N/A</b>		

**Statement 1 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

<u>Description</u>	<u>Amount</u>
NET UNREALIZED GAINS ON INVESTMENTS	\$ -48,042
INCREASE IN CSV LIFE INSURANCE	659
CHANGE IN VALUE OF BENEFICIAL INTEREST IN ASSETS	<u>-113,777</u>
TOTAL	<u>\$ -161,160</u>

Statement 2 - Form 990, Part II, Line 25a - Compensation of Current Officers

<u>Name</u>	<u>Program Services</u>	<u>Management &amp; General</u>	<u>Fundraising</u>
EXPENSES	\$	\$	\$
BARRY CHASE COMPENSATION	87,610	15,142	5,408
TOTAL	<u>\$ 87,610</u>	<u>\$ 15,142</u>	<u>\$ 5,408</u>

## Federal Statements

**Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
EXPENSES	\$	\$	\$	\$
ADVERTISING	47,918	47,918		
BAD DEBTS	14,805	14,805		
BANK CHARGES	9,339	7,881	771	687
DUES AND SUBSCRIPTIONS	27,353	23,103	2,522	1,728
INSURANCE GENERAL	2,638	2,365	134	139
MISCELLANEOUS	10,949	5,331	5,174	444
OFFICE SUPPLIES	26,701	23,487	399	2,815
OUTSIDE LAB AND MEDICAL SVCS	67,635	67,635		
PATIENT LIABILITY INSURANCE	58,988	58,988		
PERSONNEL RECRUITMENT	1,963	1,643	50	270
ADVOCACY/COMMUNITY AFFAIRS	35,380	35,380		
OTHER PROFESSIONAL SERVICES	216,262	215,906	288	68
TOTAL	\$ 519,931	\$ 504,442	\$ 9,338	\$ 6,151

# Federal Statements

## Statement 4 - Form 990, Part IV, Line 56 - Other Investments

Description	Beginning of Year	End of Year	Basis of Valuation
ENDOWMENT INVESTMENT SECURITIES	\$ 1,359,246	\$ 1,245,469	MARKET
TOTAL	<u>\$ 1,359,246</u>	<u>\$ 1,245,469</u>	

## Statement 5 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
CLINICAL FURNISHINGS	\$ 10,341	\$ 10,341	\$ 10,341	\$ 10,341
MEDICAL INSTRUMENTS	110,407	84,983	110,407	93,085
LABORATORY EQUIPMENT	34,403	21,425	34,403	24,858
LEASEHOLD IMPROVEMENT	114,206	114,206	114,206	114,206
COMPUTER EQUIPMENT	226,398	133,937	237,740	165,231
FURNITURE & FIXTURES	102,047	85,392	104,522	87,509
TOTAL	<u>\$ 597,802</u>	<u>\$ 450,284</u>	<u>\$ 611,619</u>	<u>\$ 495,230</u>

## Statement 6 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
CSV LIFE INSURANCE POLICY	\$ 33,575	\$ 34,233
TOTAL	<u>\$ 33,575</u>	<u>\$ 34,233</u>

## Statement 7 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
ACCRUED AND WITHHELD LIABILITIES	\$ 50,176	\$ 68,531
TOTAL	<u>\$ 50,176</u>	<u>\$ 68,531</u>

**Statement 8 - Form 990, Part IV-A - Other Revenue Included on Financial Statements**

<u>Description</u>	<u>Amount</u>
INCREASE IN CSV LIFE INSURANCE	\$ 659
CHANGE IN VALUE OF BENEFICIAL INTEREST IN ASSETS	<u>-113,777</u>
TOTAL	<u>\$ -113,118</u>

**Statement 9 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees**

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
BARRY CHASE 5693 ASHLEY SQUARE NORTH MEMPHIS TN 38120	PRESIDENT	40	108,160	7,046	0
NORA BOONE 668 S. MCLEAN MEMPHIS TN 38104	CH BOARD DEV	0	0	0	0
KATE GILLILAND CONNELL 208 LOMBARDY RD. MEMPHIS TN 38111	CHAIR	0	0	0	0
ASHLEY COFFIELD 332 NORTH WILLETT MEMPHIS TN 38112	PAST CHAIR	0	0	0	0
CAREN CREASON 1845 COWDEN AVE. MEMPHIS TN 38104	DIRECTOR	0	0	0	0
DR. ELLA HORTON 8706 TREE COURT COVE CORDOVA TN 38016	DIRECTOR	0	0	0	0
JAKATAE JESSUP 8 NORTH ALICIA DR. MEMPHIS TN 38112	DIRECTOR	0	0	0	0
JOHN MARSHALL JONES 2025 COWDEN AVE. MEMPHIS TN 38104	DIRECTOR	0	0	0	0
KINDLE NANCE 519 S. EDGEWOOD #104 MEMPHIS TN 38104	SECRETARY	0	0	0	0
		0	0	0	0

## Federal Statements

## Statement 9 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
SHERI LIPMAN 1737 FAXON AVENUE MEMPHIS TN 38112	DIRECTOR	0	0	0	0
PERRE COLEMAN MAGNESS 165 CHEROKEE DRIVE MEMPHIS TN 38111	DIRECTOR	0	0	0	0
KEENON MCCLOY 728 CHARLES PLACE MEMPHIS TN 38103	VICE CHAIR	0	0	0	0
SUSAN MOSKOP 526 E. PARKWAY SOUTH MEMPHIS TN 38104	DIRECTOR	0	0	0	0
ROBIN RASMUSSEN 115 SKYVIEW COVE HOLLY SPRINGS MS 38635	CH FUND DEV	0	0	0	0
HARRIET ROBERTS 5222 MARY STARNES DR. MEMPHIS TN 38117	DIRECTOR	0	0	0	0
REV. CASEY THOMPSON 1750 UNION MEMPHIS TN 38104	AT LARGE	0	0	0	0
DANIEL UNOWSKY 6719 HUNTSMAN COVE MEMPHIS TN 38120	DIRECTOR	0	0	0	0
NICOLE MARIE WALTHOUR 8841 GAINESWAY DR GERMANTOWN TN 38138	COUNSEL	0	0	0	0



Federal Statements

Statement 9 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
KYLE WEBB 96 E. CARLOS MEMPHIS TN 38117	TREASURER	0	0	0	0
CHEY WIDDOP 3571 S. GALLOWAY DRIVE MEMPHIS TN 38111	DIRECTOR	0	0	0	0

**Federal Statements**

**Statement 10 - Schedule A, Part IV-A, Line 22 - Other Income**

<u>Description</u>	<u>2006</u>	<u>2005</u>	<u>2004</u>	<u>2003</u>
CSV LIFE INSURANCE INCREASE	\$ 2,086	\$ 1,426	\$ 1,497	\$
TOTAL	<u>\$ 2,086</u>	<u>\$ 1,426</u>	<u>\$ 1,497</u>	<u>\$ 0</u>

State of Tennessee



Department of State  
Corporate Filings  
312 Eighth Avenue North  
6th Floor, William R. Snodgrass Tower  
Nashville, TN 37243

ARTICLES OF AMENDMENT  
TO THE CHARTER  
(Nonprofit)

For Office Use Only

FILED

CORPORATE CONTROL NUMBER (IF KNOWN) 0078851

PURSUANT TO THE PROVISIONS OF SECTION 48-60-105 OF THE TENNESSEE NONPROFIT CORPORATION ACT, THE UNDERSIGNED CORPORATION ADOPTS THE FOLLOWING ARTICLES OF AMENDMENT TO ITS CHARTER:

1. PLEASE INSERT THE NAME OF THE CORPORATION AS IT APPEARS OF RECORD:

Memphis Regional Planned Parenthood, Inc.

IF CHANGING THE NAME, INSERT THE NEW NAME ON THE LINE BELOW:

Planned Parenthood Greater Memphis Region, Inc.

2. PLEASE MARK THE BLOCK THAT APPLIES:

AMENDMENT IS TO BE EFFECTIVE WHEN FILED BY THE SECRETARY OF STATE.

AMENDMENT IS TO BE EFFECTIVE, 7/1/07 (MONTH, DAY, YEAR)

(NOT TO BE LATER THAN THE 90TH DAY AFTER THE DATE THIS DOCUMENT IS FILED.) IF NEITHER BLOCK IS CHECKED, THE AMENDMENT WILL BE EFFECTIVE AT THE TIME OF FILING.

3. PLEASE INSERT ANY CHANGES THAT APPLY:

A. PRINCIPAL ADDRESS: N/A

STREET ADDRESS

CITY

STATE/COUNTY

B. REGISTERED AGENT:

C. REGISTERED ADDRESS:

STREET ADDRESS

CITY

TH  
STATE

ZIP CODE

COUNTY

D. OTHER CHANGES:

4. THE CORPORATION IS A NONPROFIT CORPORATION.

5. THE MANNER (IF NOT SET FORTH IN THE AMENDMENT) FOR IMPLEMENTATION OF ANY EXCHANGE, RECLASSIFICATION, OR CANCELLATION OF MEMBERSHIPS IS AS FOLLOWS:  
N/A

6. THE AMENDMENT WAS DULY ADOPTED ON 8/23/07 (MONTH, DAY, YEAR)  
BY (Please mark the block that applies):

THE INCORPORATORS WITHOUT MEMBER APPROVAL, AS SUCH WAS NOT REQUIRED.

THE BOARD OF DIRECTORS WITHOUT MEMBER APPROVAL, AS SUCH WAS NOT REQUIRED.

THE MEMBERS

7. INDICATE WHICH OF THE FOLLOWING STATEMENTS APPLIES BY MARKING THE APPLICABLE BLOCK:

ADDITIONAL APPROVAL FOR THE AMENDMENT (AS PERMITTED BY §48-60-301 OF THE TENNESSEE NONPROFIT CORPORATION ACT) WAS NOT REQUIRED.

ADDITIONAL APPROVAL FOR THE AMENDMENT WAS REQUIRED BY THE CHARTER AND WAS OBTAINED.

President  
SIGNER'S CAPACITY

9/19/07  
DATE

Barry Chase  
SIGNATURE

BARRY CHASE  
NAME OF SIGNER (TYPED OR PRINTED)

RECEIVED  
STATE OF TENNESSEE  
FILED  
SEP 26 AM 8:08  
FILED  
SECRETARY OF STATE

0138-8430

**Secretary of State**  
**Division of Business Services**  
**312 Eighth Avenue North**  
**6th Floor, William R. Snodgrass Tower**  
**Nashville, Tennessee 37243**

DATE: 09/26/07  
REQUEST NUMBER: 6136-0456  
TELEPHONE CONTACT: (615) 741-2286  
FILE DATE/TIME: 09/26/07 0808  
EFFECTIVE DATE/TIME: 09/26/07 1630  
CONTROL NUMBER: 0078651

TO:  
PLANNED PARENTHOOD GREATER MEMPHIS  
REGION, INC.  
1407 UNION AVE/300  
MEMPHIS, TN 38104

RE:  
PLANNED PARENTHOOD GREATER MEMPHIS REGION, INC.  
ARTICLES OF AMENDMENT TO THE CHARTER.

THIS WILL ACKNOWLEDGE THE FILING OF THE ATTACHED DOCUMENT WITH AN  
EFFECTIVE DATE AS INDICATED ABOVE.

WHEN CORRESPONDING WITH THIS OFFICE OR SUBMITTING DOCUMENTS FOR  
FILING, PLEASE REFER TO THE CORPORATION CONTROL NUMBER GIVEN ABOVE.

PLEASE BE ADVISED THAT THIS DOCUMENT MUST ALSO BE FILED IN THE OFFICE  
OF THE REGISTER OF DEEDS IN THE COUNTY WHEREIN A CORPORATION HAS ITS  
PRINCIPAL OFFICE IF SUCH PRINCIPAL OFFICE IS IN TENNESSEE.

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-----  
FOR: ARTICLES OF AMENDMENT TO THE CHARTER

ON DATE: 09/26/07

FROM:  
MEMPHIS REGIONAL PLANNED PARENTHOOD INC  
1407 UNION AVE.  
3RD FLOOR  
MEMPHIS, TN 38104-3671

	FEE	
RECEIVED:	\$20.00	\$0.00
TOTAL PAYMENT RECEIVED:		\$20.00

RECEIPT NUMBER: 00004273045  
ACCOUNT NUMBER: 00319176



SS-4452

*Riley C. Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE