

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2005

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 2005 calendar year, or tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PLANNED PARENTHOOD ADVOCATES OF INDIANA, INC.	D Employer identification number 35-1959672
	Please use IRS label or print or type See Specific Instructions Number and street (or P.O. box if mail is not delivered to street address) Room/suite 200 SOUTH MERIDIAN 400	E Telephone number 317-637-4343

• 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? 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.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶ **N/A**

M Check if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: ▶ **WWW.PPIN.ORG**

J Organization type (check only one) ▶ 501(c) (**4**) ◀ (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **141,472.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	41,643.		
	b Indirect public support	1b	99,600.		
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 141,243. noncash \$ _____)				1d 141,243.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)				2
	3 Membership dues and assessments				3
	4 Interest on savings and temporary cash investments				4 229.
	5 Dividends and interest from securities				5
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)				6c
7 Other investment income (describe ▶ _____)				7	
8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	8a				
	8b				
c Gain or (loss) (attach schedule)	8c				
d Net gain or (loss) (combine line 8c, columns (A) and (B))				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 1a)	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	
10 a Gross sales of inventory, less returns and allowances	10a				
	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 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				12 141,472.	
Expenses	13 Program services (from line 44, column (B))			13 85,116.	
	14 Management and general (from line 44, column (C))			14	
	15 Fundraising (from line 44, column (D))			15	
	16 Payments to affiliates (attach schedule)			16	
	17 Total expenses (add lines 16 and 44, column (A))				17 85,116.
18 Excess or (deficit) for the year (subtract line 17 from line 12)				18 56,356.	
Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))			19 17,153.	
	20 Other changes in net assets or fund balances (attach explanation)			20 0.	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)				21 73,509.

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523001 02-03-06

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2005)

**PLANNED PARENTHOOD ADVOCATES OF
INDIANA, INC.**

Form 990 (2005)

35-1959672 Page 2

**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.

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
22 Grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> 22				
23 Specific assistance to individuals (attach schedule) 23				
24 Benefits paid to or for members (attach schedule) 24				
25 Compensation of officers, directors, etc. 25	0.	0.	0.	0.
26 Other salaries and wages 26				
27 Pension plan contributions 27				
28 Other employee benefits 28				
29 Payroll taxes 29				
30 Professional fundraising fees 30				
31 Accounting fees 31	250.	250.		
32 Legal fees 32				
33 Supplies 33	536.	536.		
34 Telephone 34	1,031.	1,031.		
35 Postage and shipping 35	5,021.	5,021.		
36 Occupancy 36	950.	950.		
37 Equipment rental and maintenance 37	180.	180.		
38 Printing and publications 38	2,002.	2,002.		
39 Travel 39				
40 Conferences, conventions, and meetings 40	662.	662.		
41 Interest 41				
42 Depreciation, depletion, etc. (attach schedule) 42				
43 Other expenses not covered above (itemize):				
a _____ 43a				
b _____ 43b				
c _____ 43c				
d _____ 43d				
e _____ 43e				
f _____ 43f				
g SEE STATEMENT 1 43g	74,484.	74,484.		
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 44	85,116.	85,116.	0.	0.

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Form 990 (2005)

**PLANNED PARENTHOOD ADVOCATES OF
INDIANA, INC.**

Form 990 (2005)

35-1959672 Page 4

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	20,228.	45	73,962.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts	9,808.	47c	
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments - land, buildings, and equipment: basis			
	b Less: accumulated depreciation		55c	
56 Investments - other		56		
57 a Land, buildings, and equipment: basis				
b Less: accumulated depreciation		57c		
58 Other assets (describe ▶ DUE TO/DUE FROM)	40.	58	9,400.	
59 Total assets (must equal line 74). Add lines 45 through 58	30,076.	59	83,362.	
Liabilities	60 Accounts payable and accrued expenses	12,923.	60	9,853.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ▶ _____)		65	
66 Total liabilities. Add lines 60 through 65)	12,923.	66	9,853.	
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	17,153.	67	73,509.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	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; column (B) must equal line 21)	17,153.	73	73,509.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	30,076.	74	83,362.	

Form 990 (2005)

**PLANNED PARENTHOOD ADVOCATES OF
INDIANA, INC.**

Form 990 (2005)

35-1959672 Page 6

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued) Yes No

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 23

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 X

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 this organization through common supervision or common control? 75c X

Note. Related organizations include section 509(a)(3) supporting organizations.
If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.

d Does the organization have a written conflict of interest policy? 75d X

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	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
ERICA BLAIR 200 SOUTH MERIDIAN ST, STE 400 INDIANAPOLIS, IN 46225	0.	0.	0.	0.
JAYSON M. BOYERS 200 SOUTH MERIDIAN ST, STE 400 INDIANAPOLIS, IN 46225	0.	0.	0.	0.
PAUL CARMONY 200 SOUTH MERIDIAN ST, STE 400 INDIANAPOLIS, IN 46225	0.	0.	0.	0.
CATHERINE LOVE-JACOBSON 200 SOUTH MERIDIAN ST, STE 400 INDIANAPOLIS, IN 46225	0.	0.	0.	0.
LEONARD PAS 200 SOUTH MERIDIAN ST, STE 400 INDIANAPOLIS, IN 46225	0.	0.	0.	0.
MARIANNE STOUT 200 SOUTH MERIDIAN ST, STE 400 INDIANAPOLIS, IN 46225	0.	0.	0.	0.
DAVID A TABER, M.D. 200 SOUTH MERIDIAN ST, STE 400 INDIANAPOLIS, IN 46225	0.	0.	0.	0.
----- ----- -----				

Part VI Other Information (See the instructions.) Yes No

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 76 X

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 X

78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a X
 b If "Yes," has it filed a tax return on Form 990-T for this year? N/A 78b

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79 X

80 a 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 X
 b If "Yes," enter the name of the organization ▶ PLANNED PARENTHOOD OF INDIANA, INC. and check whether it is exempt or nonexempt

81 a Enter direct or indirect political expenditures. (See line 81 instructions) 81a 0.
 b Did the organization file Form 1120-POL for this year? 81b X

**PLANNED PARENTHOOD ADVOCATES OF
INDIANA, INC.**

Form 990 (2005)

35-1959672 Page 7

Part VI Other Information (continued)

		Yes	No
82 a 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?	82a		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		
			N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	X	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	X	
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.	85b		X
c Dues, assessments, and similar amounts from members	85c		N/A
d Section 162(e) lobbying and political expenditures	85d		N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?			N/A
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?	85g		
			N/A
85h			
86 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on line 12	86a		N/A
b Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87 501(c)(12) organizations. Enter. a Gross income from members or shareholders	87a		N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		N/A
88 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	88		X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>			
b 501(c)(3) and 501(c)(4) organizations. 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	89b		X
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.
90 a List the states with which a copy of this return is filed <u>IN</u>			
b Number of employees employed in the pay period that includes March 12, 2005	90b		0
91 a The books are in care of <u>CONNIE MOLLAND</u> Telephone no. <u>317-637-4343</u> Located at <u>200 S. MERIDIAN ST., SUITE 400, INDIANAPOLIS, IN</u> ZIP + 4 <u>46225</u>			
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)?	91b		X
If "Yes," enter the name of the foreign country <u>N/A</u>			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <u>N/A</u>	91c		X
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		N/A

Form 990 (2005)

PLANNED PARENTHOOD ADVOCATES OF
INDIANA, INC.

Form 990 (2005)

35-1959672 Page 8

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
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	229.	
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.		229.	0.
105 Total (add line 104, columns (B), (D), and (E))					229.

Note: Line 105 plus line 1d, 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).
▼	

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).

Please Sign Here	Signature of officer <i>Shawn Antell</i>	Date 5/15/07	Type or print name and title. Connie McLand VP Finance & Admin
	Preparer's signature SHAWN ANTELL <i>Shawn Antell CPA</i>	Date 5/14/07	Preparer's SSN or PTIN
Paid Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4 ANTELL & MCNULTY, PC P.O. BOX 627 INDIANAPOLIS, IN 46206-0627	EIN	Phone no. 317-472-6200
	523163 02-03-08		

Form 990 (2005)

FORM 990	OTHER EXPENSES			STATEMENT	1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
SALARIES	58,268.	58,268.			
FRINGE BENEFITS	11,337.	11,337.			
CONTRACTUAL	1,349.	1,349.			
BANK CHARGES	445.	445.			
INSURANCE	1,315.	1,315.			
REGIONAL & NATIONAL DUES	975.	975.			
CAMPAIGN CONTRIBUTIONS TO PAC	795.	795.			
TOTAL TO FM 990, LN 43	74,484.	74,484.			

FORM 990 PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 2

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
RABBI JONATHAN ADLAND 200 SOUTH MERIDIAN ST, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 0.00	0.	0.	0.
GEORGE BAKKER 200 SOUTH MERIDIAN ST, SUITE 400 INDIANAPOLIS, IN 46225	TREASURER 0.00	0.	0.	0.
KRISTIN E FISHER 200 SOUTH MERIDIAN ST, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 0.00	0.	0.	0.
ADAIRIUS GARDNER 200 SOUTH MERIDIAN ST, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 0.00	0.	0.	0.
BARRY A. CHAMBERS 200 SOUTH MERIDIAN ST, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 0.00	0.	0.	0.

PLANNED PARENTHOOD ADVOCATES OF INDIANA,

35-1959672

ROBERT EDMANDS, M.D. 200 SOUTH MERIDIAN ST, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 0.00	0.	0.	0.
BETH EILER, ACSW 200 SOUTH MERIDIAN ST, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 0.00	0.	0.	0.
CLAUDETTE EINHORN 200 SOUTH MERIDIAN ST, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 0.00	0.	0.	0.
MICHAEL E. GERY 200 SOUTH MERIDIAN ST, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 0.00	0.	0.	0.
JEAN E. HADLEY 200 SOUTH MERIDIAN ST, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 0.00	0.	0.	0.
MARTHA JULIAN 200 SOUTH MERIDIAN ST, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 0.00	0.	0.	0.
CHERYL KUZMAN 200 SOUTH MERIDIAN ST, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 0.00	0.	0.	0.
ROBIN H. LEDYARD, M.D. 200 SOUTH MERIDIAN ST, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 0.00	0.	0.	0.
ROSE C. MAYS 200 SOUTH MERIDIAN ST, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 0.00	0.	0.	0.
JESSICA MORGAN 200 SOUTH MERIDIAN ST, SUITE 400 INDIANAPOLIS, IN 46225	SECRETARY 0.00	0.	0.	0.
YVONNE PERKINS 200 SOUTH MERIDIAN ST, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 0.00	0.	0.	0.
BETSY RUSS 200 SOUTH MERIDIAN ST, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 0.00	0.	0.	0.
KAREN SANDOCK 200 SOUTH MERIDIAN ST, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 0.00	0.	0.	0.

PLANNED PARENTHOOD ADVOCATES OF INDIANA,

35-1959672

DEBORAH SIMON 200 SOUTH MERIDIAN ST, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 0.00	0.	0.	0.
DORIS SIMS 200 SOUTH MERIDIAN ST, SUITE 400 INDIANAPOLIS, IN 46225	CHAIR-ELECT 0.00	0.	0.	0.
MARY RUTH SNYDER, PHD 200 SOUTH MERIDIAN ST, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 0.00	0.	0.	0.
MARYANN THOMPSON 200 SOUTH MERIDIAN ST, SUITE 400 INDIANAPOLIS, IN 46225	CHAIR 0.00	0.	0.	0.
RUTHANNE WILTROUT 200 SOUTH MERIDIAN ST, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		0.	0.	0.

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

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

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

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

Name of Exempt Organization: PLANNED PARENTHOOD ADVOCATES OF INDIANA, INC.
Employer identification number: 35-1959672
Number, street, and room or suite no.: 200 SOUTH MERIDIAN, NO. 400
City, town or post office, state, and ZIP code: INDIANAPOLIS, IN 46225

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

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

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

- The books are in the care of KATHY PITTS, Telephone No. 317-637-4166, FAX No.
If the organization does not have an office or place of business in the United States, check this box
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)...

I request an additional 3-month extension of time until MAY 15, 2007
For calendar year, or other tax year beginning JUL 1, 2005 and ending JUN 30, 2006
If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period
State in detail why you need the extension: ADDITIONAL TIME NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN.

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

Signature and Verification

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

Signature [Signature] Title CPA Date 11/10/06

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return...
We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
Other

Director By: Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Name
Number and street (include suite, room, or apt. no.) or a P.O. box number
City or town, province or state, and country (including postal or ZIP code)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.		
Type or print. File by the extended due date for filing the return See instructions.	Name of Exempt Organization PLANNED PARENTHOOD ADVOCATES OF INDIANA, INC.	Employer identification number 35-1959672
	Number, street, and room or suite no. If a P.O. box, see instructions. 200 SOUTH MERIDIAN, NO. 400	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. INDIANAPOLIS, IN 46225	

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

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

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

- The books are in the care of **KATHY PITTS**
Telephone No. **317-637-4166** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole group**, check this box . If it is for **part of the group**, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2007**.

5 For calendar year _____, or other tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006**.

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

7 State in detail why you need the extension
ADDITIONAL TIME NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____ **N/A**

Signature and Verification

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

Signature *[Handwritten Signature]* Title *CPA* Date *2/8/7*

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)

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05-01-05